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|------|------------|
| Form | <b>990</b> |

## \*\* PUBLIC DISCLOSURE COPY \*\* 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.

Department of the Treasury Internal Revenue Service

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



| AF                                      | or th                   | e 2020 calendar year, or tax year beginning JUL 1, 2020 and e   | ending JT       | JN 30, 2021                |                                |
|---|-------------------------|---|-----------------|----------------------------|--------------------------------|
| B c<br>a                                | heck if pplicab         | c Name of organization  |                 | D Employer identi          | fication number                |
|   | Addre<br>chang          | ss DIRECT RELIEF  |                 |                            |                                |
|   | Name                    |   |                 | 95-183111                  | 6                              |
|   | Initial<br>return       |   | Room/suite      | E Telephone numb           | er                             |
|   | Final<br>return         | 6100 WALLACE BECKNELL ROAD  |                 | 805-964-476                | 7                              |
|   | termir<br>ated          |   |                 | <b>G</b> Gross receipts \$ | 1,932,711,790.                 |
| X                                       |                         |   |                 | H(a) Is this a group       |                                |
|   | Applic<br>tion<br>pendi |   |                 | for subordinate            | es? Yes X No                   |
|   |                         | SAME AS C ABOVE   |                 | H(b) Are all subordinates  | included? Yes No               |
|   |                         | empt status: 🗴 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) o  | or 527          | If "No," attach            | a list. See instructions       |
|   |                         | te: WWW.DIRECTRELIEF.ORG  |                 | H(c) Group exempt          |                                |
|   |                         | rorganization: X Corporation Trust Association Other  | <b>L</b> Year ( | of formation: 1948         | M State of legal domicile: CA  |
| Pa                                      | art I                   | Summary   |                 |                            | _                              |
| e                                       | 1                       | Briefly describe the organization's mission or most significant activities:                                   | THE HEA         | LTH AND LIVES O            | Ľ                              |
| anc                                     |                         | PEOPLE AFFECTED BY POVERTY OR EMERGENCY SITUATIONS.   |                 |                            |                                |
| Activities & Governance                 |                         | Check this box if the organization discontinued its operations or dispose                                     |                 |                            |                                |
| 200                                     |                         | Number of voting members of the governing body (Part VI, line 1a)   |                 |                            | •                              |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                         | Number of independent voting members of the governing body (Part VI, line 1b)                                 |                 |                            |                                |
| ies                                     |                         | Total number of individuals employed in calendar year 2020 (Part V, line 2a)                                  |                 |                            |                                |
| ti                                      |                         | Total number of volunteers (estimate if necessary)  |                 |                            | ·                              |
| Aci                                     |                         | Total unrelated business revenue from Part VIII, column (C), line 12  |                 |                            |                                |
|   | d d                     | Net unrelated business taxable income from Form 990-T, Part I, line 11  | <u></u>         | Prior Year                 | Current Year                   |
|   | 8                       | Contributions and grants (Part VIII, line 1h)   |                 | 1,998,290,774              |                                |
| anı                                     | 9                       |   |                 | 0                          |                                |
| Revenue                                 |                         | Program service revenue (Part VIII, line 2g)<br>Investment income (Part VIII, column (A), lines 3, 4, and 7d) |                 | 1,274,736                  |                                |
| Be                                      |                         | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                      |                 | , ,                        |                                |
|   |                         | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                            |                 | 1,999,565,510              | . 1,929,697,287.               |
|   |                         | Grants and similar amounts paid (Part IX, column (A), lines 1-3)  |                 | 1,464,047,679              | , , ,                          |
|   | 14                      | Benefits paid to or for members (Part IX, column (A), line 4)   |                 | 0                          |                                |
| Ś                                       | 15                      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                             |                 | 13,250,024                 | . 14,900,375.                  |
| ISe                                     |                         | Professional fundraising fees (Part IX, column (A), line 11e)   |                 | 0                          | . 0.                           |
| Expenses                                |                         | Total fundraising expenses (Part IX, column (D), line 25)   | 323.            |                            |                                |
| ŭ                                       | 17                      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  |                 | 82,522,092                 | . 157,561,140.                 |
|   |                         | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                     |                 | 1,559,819,795              | . 1,903,454,935.               |
|   | 19                      | Revenue less expenses. Subtract line 18 from line 12  |                 | 439,745,715                | . 26,242,352.                  |
| or                                      |                         |   |                 | ginning of Current Year    | End of Year                    |
| t Assets -<br>d Balanc                  | 20                      | Total assets (Part X, line 16)  |                 | 968,151,460                | . 992,717,205.                 |
| Ass                                     |                         | Total liabilities (Part X, line 26)   |                 | 15,942,199                 | . 17,827,933.                  |
| Fund                                    | 22                      | Net assets or fund balances. Subtract line 21 from line 20  |                 | 952,209,261                | . 974,889,272.                 |
| Pa                                      | irt II                  | Signature Block   |                 |                            |                                |
| Und                                     | er pena                 |   | and stateme     | nts, and to the best of n  | ny knowledge and belief, it is |

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|             | COPY   |                                    |              | COPY                |                       |  |  |  |  |
|-------------|--|------------------------------------|--------------|---------------------|-----------------------|--|--|--|--|
| Sign        | Signature of officer                               |                                    |              | Date                |                       |  |  |  |  |
| Here        | JONATHAN STEINER, VP OF FINANCE/C                  | CFO                                |              |                     |                       |  |  |  |  |
|             | Type or print name and title                       |                                    |              |                     |                       |  |  |  |  |
|             | Print/Type preparer's name                         | Preparer's signature               | Date 2/28/22 | Check PTI           | N                     |  |  |  |  |
| Paid        | LAUREN A. HAVERLOCK                                | self-employed P0054                | 15829        |                     |                       |  |  |  |  |
| Preparer    | Firm's name MOSS ADAMS LLP                         | -                                  |              | Firm's EIN 🕨 91-018 | 9318                  |  |  |  |  |
| Use Only    | Firm's address 🕨 10960 WILSHIRE BLVD SUIT          | 'E 1100                            |              |                     |                       |  |  |  |  |
|             | LOS ANGELES, CA 90024 Phone no.310-477-0450        |                                    |              |                     |                       |  |  |  |  |
| May the II  | RS discuss this return with the preparer shown abo | ve? See instructions               |              | X                   | Yes No                |  |  |  |  |
| 032001 12-2 | 3-20 LHA For Paperwork Reduction Act Notic         | ce, see the separate instructions. |              | F                   | orm <b>990</b> (2020) |  |  |  |  |

|        | 990 (2020) DIRECT RELIEF   | 95-183111        | .6 Page <b>2</b> |
|--------|--|------------------|------------------|
| Pa     | rt III Statement of Program Service Accomplishments  |                  |                  |
|        | Check if Schedule O contains a response or note to any line in this Part III   |                  | X                |
| 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?  | [                | Yes X No         |
|        | If "Yes," describe these new services on Schedule O.   |                  |                  |
| 3      | Did the organization cease conducting, or make significant changes in how it conducts, any program 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 m   | easured by ex    | penses.          |
|        | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others  | , the total expe | enses, and       |
|        | revenue, if any, for each program service reported.  |                  |                  |
| 4a     | (Code:         ) (Expenses \$ 1,141,512,891.         including grants of \$ 1,140,808,736.         ) (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 2021,  |                  |                  |
|        | 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 \$121,731,914. including grants of \$ 117,820,496. ) (Revenue  | ÷\$              | 0.)              |
|        | DISEASE PREVENTION AND TREATMENT - TO ALLEVIATE THE DISEASE BURDEN IN  |                  |                  |
|        | RESOURCECONSTRAINED  |                  |                  |
|        | 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 2021, DIRECT RELIEF PROVIDED HEALTHCARE  |                  |                  |
|        | PARTNERS IN 46 COUNTRIES WITH 11.8 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 \$610,589,106. including grants of \$ 450,959,322. ) (Revenue  |                  | 0.)              |
|        | 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.)   |                  |                  |
|        |  | 0.               | )                |
| 4e     | (Expenses \$         21,300,866.         including grants of \$         21,404,866.)         (Revenue \$           Total program service expenses ▶         1,895,134,777. |                  |                  |
|        |  |                  | Form 990 (2020)  |
| 032002 | 2 12-23-20   |                  | . ,              |

|        | 990 (2020) DIRECT RELIEF 95-183111   | .6   | P   | age <b>3</b> |  |  |  |  |  |  |  |
|--------|--|------|-----|--------------|--|--|--|--|--|--|--|
| Par    | t 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    | X   | <u> </u>     |  |  |  |  |  |  |  |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2    | X   | <u> </u>     |  |  |  |  |  |  |  |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  | 3    |     | x            |  |  |  |  |  |  |  |
|        | public office? If "Yes," complete Schedule C, Part I   |      |     |              |  |  |  |  |  |  |  |
| 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    |     | X            |  |  |  |  |  |  |  |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   |      |     |              |  |  |  |  |  |  |  |
|        | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5    |     | X            |  |  |  |  |  |  |  |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |      |     |              |  |  |  |  |  |  |  |
|        | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6    |     | X            |  |  |  |  |  |  |  |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |      |     |              |  |  |  |  |  |  |  |
| _      | the environment, historic land areas, or historic structures? 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   |      |     |              |  |  |  |  |  |  |  |
|        | 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?  |      |     | x            |  |  |  |  |  |  |  |
| 40     | If "Yes," complete Schedule D, Part IV   | 9    |     |              |  |  |  |  |  |  |  |
| 10     | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments   | 10   | х   |              |  |  |  |  |  |  |  |
| 44     | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10   | Λ   |              |  |  |  |  |  |  |  |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X  |      |     |              |  |  |  |  |  |  |  |
|        | as applicable.<br>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |      |     |              |  |  |  |  |  |  |  |
| d      |  | 11a  | x   |              |  |  |  |  |  |  |  |
| h      | Part VI  |      |     |              |  |  |  |  |  |  |  |
| U      |  | 11b  |     | x            |  |  |  |  |  |  |  |
| ~      | assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i><br>Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total |      |     |              |  |  |  |  |  |  |  |
| U      | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c  |     | x            |  |  |  |  |  |  |  |
| Ь      | 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  |      |     |              |  |  |  |  |  |  |  |
| u      | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d  |     | x            |  |  |  |  |  |  |  |
| e      | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e  | х   |              |  |  |  |  |  |  |  |
|        | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |      |     |              |  |  |  |  |  |  |  |
| •      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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   |     | x            |  |  |  |  |  |  |  |
| 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   |     | x            |  |  |  |  |  |  |  |
| 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   |     | x            |  |  |  |  |  |  |  |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |      |     |              |  |  |  |  |  |  |  |
|        | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18   |     | x            |  |  |  |  |  |  |  |
| 19     | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"   |      |     |              |  |  |  |  |  |  |  |
|        | complete Schedule G, Part III  | 19   |     | x            |  |  |  |  |  |  |  |
| 20a    | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a  |     | x            |  |  |  |  |  |  |  |
| b      | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b  |     | <u> </u>     |  |  |  |  |  |  |  |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |      |     |              |  |  |  |  |  |  |  |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II  | 21   | X   |              |  |  |  |  |  |  |  |
| 032003 | 12-23-20   | Form | 990 | (2020)       |  |  |  |  |  |  |  |

032003 12-23-20

5 2020.05080 DIRECT RELIEF

DIRECT RELIEF

| Form    | 990 (2020) DIRECT RELIEF 95-18311  | 16          | Р        | age <b>4</b> |
|---------|--|-------------|----------|--------------|
| Pa      | rt 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         |          | x            |
| b       | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b         |          |              |
|         | 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         |          |              |
| Ь       | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d         |          | <u> </u>     |
|         | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                   | 2 TU        |          | <u> </u>     |
| 200     | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a         |          | x            |
| h       | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and                     | 254         |          | <u> </u>     |
| D D     | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete                          |             |          |              |
|         |  | 25b         |          | x            |
| 06      | Schedule L, Part I   | 250         |          | <u> </u>     |
| 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%  | 26          |          | x            |
| 07      | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II   | 20          |          |              |
| 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                    | 07          | x        |              |
|         | entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>         | 27          | A        | -            |
| 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         |          | X<br>X       |
|         | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b         |          | <u> </u>     |
| 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         | v        | X            |
| 29      | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>                                | 29          | x        | <u> </u>     |
| 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<br>X       |
| 31      | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                             | 31          |          | <u> </u>     |
| 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          | x        | <u> </u>     |
| 34      | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                      |             | v        | 1            |
| <u></u> | Part V, line 1   | 34          | X        | <u> </u>     |
|         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a         | x        | <u> </u>     |
| b       | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                      |             | v        | 1            |
| ~~      | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  | 35b         | x        | <u> </u>     |
| 36      | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                     |             |          |              |
| <u></u> | If "Yes," complete Schedule R, Part V, line 2  | 36          |          | X            |
| 37      | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                               |             |          |              |
| ~~      | and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                            | 37          |          | X            |
| 38      | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                                 |             | v        |              |
| Da      | Note: All Form 990 filers are required to complete Schedule O           Ct V         Statements Regarding Other IRS Filings and Tax Compliance | 38          | Х        | L            |
| Fal     |  |             |          |              |
|         | Check if Schedule O contains a response or note to any line in this Part V   | <u></u>     |          |              |
|         |  | 7           | Yes      | No           |
|         | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable <b>1a</b> 6'  | -           |          |              |
|         | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b>  | 4           |          |              |
| с       | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                             |             | v        |              |
|         | (gambling) winnings to prize winners?  | <u>  1c</u> | X<br>000 |              |
| 032004  | 4 12-23-20   | Form        | 220      | (2020)       |

| Form | 990 (2020) DIRECT RELIEF   | 95-183111                   | 6        | Р   | age <b>5</b> |
|------|--|-----------------------------|----------|-----|--------------|
| Par  | t 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                                    | <b>2a</b> 117               |          |     |              |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax return         | s?                          | 2b       | х   |              |
|      | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)            |                             |          |     |              |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?                        |                             | 3a       |     | X            |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C          | )                           | 3b       |     |              |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other at           |                             |          |     |              |
|      | financial account in a foreign country (such as a bank account, securities account, or other financial ac            | count)?                     | 4a       | х   |              |
| b    | 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 Ac                | counts (FBAR).              |          |     |              |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                |                             | 5a       |     | X            |
| b    | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact         | ion?                        | 5b       |     | X            |
| с    | 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       |     | X            |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributio            | ns or gifts                 |          |     |              |
|      | 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 serv | ices provided to the payor? | 7a       |     | X            |
| 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             | s required                  |          |     |              |
|      | to file Form 8282?   |                             | 7c       |     | x            |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d                          |          |     |              |
| е    | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co             | ntract?                     | 7e       |     | х            |
| f    | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra            | ct?                         | 7f       |     | X            |
| g    | If the organization received a contribution of qualified intellectual property, did the organization file For        | m 8899 as required?         | 7g       |     |              |
| h    | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizati         | on file a Form 1098-C?      | 7h       |     |              |
| 8    | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained                        | by the                      |          |     |              |
|      | sponsoring organization have excess business holdings at any time during the year?                                   |                             | 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?                    |                             | 9b       |     |              |
| 10   | Section 501(c)(7) organizations. Enter:  |                             |          |     |              |
| а    | Initiation fees and capital contributions included on Part VIII, line 12   | 10a                         |          |     |              |
| b    | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                          | 10b                         |          |     |              |
| 11   | Section 501(c)(12) organizations. Enter:   |                             |          |     |              |
| а    | Gross income from members or shareholders  | 11a                         |          |     |              |
| b    | Gross income from other sources (Do not net amounts due or paid to other sources against                             |                             |          |     |              |
|      | amounts due or received from them.)  | 11b                         |          |     |              |
| 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form                 | 1041?                       | 12a      |     |              |
| b    | If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                | 12b                         |          |     |              |
| 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                     |                             |          |     |              |
|      | organization is licensed to issue qualified health plans   | 13b                         |          |     |              |
| с    | Enter the amount of reserves on hand   | 13c                         |          |     |              |
| 14a  |  |                             | 14a      |     | x            |
| b    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule              | 0                           | 14b      |     |              |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration           | ation or                    |          |     |              |
|      | excess parachute payment(s) during the year?   |                             | 15       |     | X            |
|      | If "Yes," see instructions and file Form 4720, Schedule N.   |                             |          |     |              |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment              | income?                     | 16       |     | X            |
|      | If "Yes," complete Form 4720, Schedule O.  |                             |          |     |              |
|      |  |                             | <b>F</b> |     | (0000)       |

Form **990** (2020)

032005 12-23-20

| t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a   | "No" re  | espons   | se   |
|--|--|--|--|
| 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  |
|  |  |  |  |
|  |  | Yes  | No   |
| Enter the number of voting members of the governing body at the end of the tax year 1a   |  |  |  |
| 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.  |  |  |  |
| Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>   |  |  |  |
| Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other   |  |  |  |
|  | 2  |  | X  |
|  |  |  |  |
| of officers, directors, trustees, or key employees to a management company or other person?  | 3  |  | x  |
|  | 4  |  | X  |
|  | 5  |  | x  |
|  |  |  | x  |
|  |  |  |  |
|  | 7a   |  | x  |
|  | 14   |  |  |
|  | 76   |  | x  |
|  |  |  |  |
|  | 00   | x  |  |
|  |  |  |  |
|  | uo   |  |  |
|  |  |  | x  |
|  | 9  |  | А  |
| TOTI D. POICIES (This Section B requests information about policies not required by the Internal Revenue Code.)  |  |  |  |
|  |  | Yes  | No<br>X  |
| -  | <u>10a</u>   |  |  |
|  |  |  |  |
|  |  |  |  |
|  | 11a  | X  |  |
|  |  |  |  |
| Did the organization have a written conflict of interest policy? If "No," go to line 13  |  |  |  |
|  | 12b  | Х  |  |
| Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe   |  |  |  |
| in Schedule O how this was done  | 12c  | Х  |  |
| Did the organization have a written whistleblower policy?  | 13   | Х  |  |
| Did the organization have a written document retention and destruction policy?   | 14   | Х  |  |
| Did the process for determining compensation of the following persons include a review and approval by independent   |  |  |  |
| persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  |  |  |  |
| The organization's CEO, Executive Director, or top management official   | 15a  | Х  |  |
| Other officers or key employees of the organization  | 15b  | Х  |  |
| If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |  |  |  |
| 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  |  | X  |
|  |  |  |  |
|  |  |  |  |
|  | 16b  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | s only)  | availa   | hle  |
|  | S Offiy)   | avana  | DIC  |
|  |  |  |  |
|  | d finan  |  |  |
| Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and  | u iinano   | Jial   |  |
| statements available to the public during the tax year.  |  |  |  |
|  |  |  |  |
| State the name, address, and telephone number of the person who possesses the organization's books and records   |  |  |  |
| State the name, address, and telephone number of the person who possesses the organization's books and records<br>DIRECT RELIEF, JONATHAN STEINER, VP OF FINANCE, CFO - 805-964-4767 |  |  |  |
| State the name, address, and telephone number of the person who possesses the organization's books and records   |  | <b>990</b>   |  |
|  | Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or charges on Schedule O. See instructions. Check if Schedule O. Contains a response or note to any line in this Part VI         Sinn A. Governing Body and Management       1a       13         Bit here are matrial differences in voting rights among members of the governing body, or if the governing body degrate thread sufforms in voting rights among members of the governing body, or if the governing body degrate thread sufforms the accentive committee, replain on Schedule 0.       13         Did any officer, director, trustee, or key employee have a tamily relationship or a business relationship with any other officer, director, trustee, or key employee have a tamily relationship or a business relationship with any other officer, director, trustee, or key employee have a tamily relationship or a business relationship with any other officer, director, trustee, or key employee have a tamily relationship or a business relationship with any other officer, director, trustee, or key employee have a single meming documents since the prior 5m 980 was filed?         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 more members of the governing body?         Each committee with authority to act on behalf of the governing body?       Each committee with authority to act on behalf or within actions undersken during the year by the following: The governing body?         Each committee with authority to act on behalf of the governing body?       Each committee with authority to act on behalf or the gove | IVI       Governance, Management, and Disclosure       For each 'Yes' regionse to fines 2 through To bedaw, and for a 'No' re         Ive the Bib of Ub 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         Ston A. Coverning Body and Management       Imagement (Imagement)       Imagement)         Enter the number of voting members of the governing body at the end of the tax year       Imagement)       Imagement)         Inter as a finite differences in voting inflas anong members of the governing body, or if the governing body and the end of the tax year       Imagement)       Imagement)         Inter as a finite differences in voting inflas anong members on the governing body, or if the governing body and the ary other       Imagement)       Imagement)         Inter as a finite differences in voting on the same independent       Imagement)       Imagement)       Imagement)         Did any officer, director, trustee, or key employees to a management company or other person?       Imagement)       Imagement)         Did the organization have members or stockholders?       Imagement)       Imagement)       Imagement)         Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?       Imagement)       Imagement)         A can yoorenance decisions of the organization reserved to (or subject to approval by) members, stockholders, | Image: Concentrance, Management, and Disclosure for each 'Yes' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to lines 2 through 7b below, and for a 'No' response to the taw yies in this Part VI         Check 65 below 0 contains a response or note to any line in this Part VI       Image: Check 7b below, describe the circumstances, processes, or charge on Schedule 0. See instructions. Check 65 below 0 contains a response or note to any line in this Part VI.         Check 65 below 0 contains a response or note to any line in this Part VI.       Image: Check 7b below, describe 0 contains 0 |

| Form 990 (2020) DIRECT RELIEF   | 95-1831116  | Page 7      |
|---|---|-------------|
| Part VII Compensation of Officers, Directors, Trustees, Key Employees                           | s, 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 Em             | ployees   |             |
| 1a Complete this table for all persons required to be listed. Report compensation for the calen | dar vear ending with or within the organization's | s tax vear. |

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.

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

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

| Name and title         Average<br>hours per<br>week         Description<br>below         Reportable<br>compension<br>promises and structure<br>(week         Reportable<br>compension<br>from related<br>organization         Reportable<br>compension         Beportable<br>compension   | (A)                                  | (B)       |        |         | (     | C)     |                |      | (D)          | (E)          | (F)           |
|---|--------------------------------------|-----------|--------|---------|-------|--------|----------------|------|--------------|--------------|---------------|
| hours per vex.         box.         answer         compensation of momentation organizations.         annunt of momentation of momentatindefficingeficindef of momentation of momentatindef of momentatine | Name and title                       | Average   | (do    |         |       |        |                | ane  | Reportable   | Reportable   | Estimated     |
| Use any<br>organization<br>organizations<br>lies         Indificult<br>model<br>organizations<br>(W-2/1099-MISC)         Indificult<br>organizations<br>(W-2/1099-MISC)         Compensation<br>organizations<br>(W-2/1099-MISC)           (1) THOMAS TIGHE         40,00<br>HIPFI SINOH         40,00<br>40,00         X         509,534.         0.         55,894.           (2) DAWN LONG<br>SENIOR VP, COO         50,00         X         509,534.         0.         55,894.           (3) DAWN LONG<br>SENIOR VP, COO         50,00         X         220,925.         0.         23,726.           (4) DOWNLD ROANE         40,00         X         227,091.         0.         45,259.           (5) ADAM GROWAN         40,00         X         227,091.         0.         45,259.           (5) ADAM GROWAN         40,00         X         227,015.         0.         38,162.           (9) P RESCRACH & ANALYSIS         0.00         X         236,834.         0.         26,953.           (9) DOUG FROELICH         40.00         X         225,526.         0.         19,390.           (9) DOUG FROELICH         40.00         X         225,526.         0.         0.           (11) MARK LINEHAN         5.00         X         225,526.         0.         19,390.           (9) DOUG FROELICH         40  |                                      | hours per | box    | , unles | ss pe | rson i | s botł         | n an | compensation | compensation | amount of     |
| (1)         THOMAS TIGHE         40.00         X         509,534.         0.         55,894.           CHIEF EXECUTIVE OFFICER         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         40.00         X         290,325.         0.         23,726.           (4)         DONALD ROAME         40.00         X         227,011.         0.         45,259.           (5)         ADAN ROUMAN         40.00         X         227,015.         0.         33,057.           (6)         ADDEW SCHROEDER         40.00         X         227,015.         0.         38,162.           (7)         JONATHAN STEINER         40.00         X         225,526.         0.         19,390.           VP OF PERACHC & ANALYSIS         0.00         X         225,526.         0.         19,390.           (10)         PARTHER BENNET         40.00         X         195,562.         0.         0.           (11) <mark linerha<="" td="">         1.0</mark>   |                                      |           |        | cer an  | dad   | Irecto | r/trus         | tee) |              |              |               |
| (1)         THOMAS TIGHE         40.00         X         509,534.         0.         55,894.           CHIEF EXECUTIVE OFFICER         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         40.00         X         290,325.         0.         23,726.           (4)         DONALD ROAME         40.00         X         227,011.         0.         45,259.           (5)         ADAN ROUMAN         40.00         X         227,015.         0.         33,057.           (6)         ADDEW SCHROEDER         40.00         X         227,015.         0.         38,162.           (7)         JONATHAN STEINER         40.00         X         225,526.         0.         19,390.           VP OF PERACHC & ANALYSIS         0.00         X         225,526.         0.         19,390.           (10)         PARTHER BENNET         40.00         X         195,562.         0.         0.           (11) <mark linerha<="" td="">         1.0</mark>   |                                      |           | irecto |         |       |        |                |      |              | <b>v</b>     |               |
| (1)         THOMAS TIGHE         40.00         X         509,534.         0.         55,894.           CHIEF EXECUTIVE OFFICER         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         40.00         X         290,325.         0.         23,726.           (4)         DONALD ROAME         40.00         X         227,011.         0.         45,259.           (5)         ADAN ROUMAN         40.00         X         227,015.         0.         33,057.           (6)         ADDEW SCHROEDER         40.00         X         227,015.         0.         38,162.           (7)         JONATHAN STEINER         40.00         X         225,526.         0.         19,390.           VP OF PERACHC & ANALYSIS         0.00         X         225,526.         0.         19,390.           (10)         PARTHER BENNET         40.00         X         195,562.         0.         0.           (11) <mark linerha<="" td="">         1.0</mark>   |                                      |           | e or d | tee     |       |        | sated          |      | , e          | (1099-10130) |               |
| (1)         THOMAS TIGHE         40.00         X         509,534.         0.         55,894.           CHIEF EXECUTIVE OFFICER         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         40.00         X         290,325.         0.         23,726.           (4)         DONALD ROAME         40.00         X         227,011.         0.         45,259.           (5)         ADAN ROUMAN         40.00         X         227,015.         0.         33,057.           (6)         ADDEW SCHROEDER         40.00         X         227,015.         0.         38,162.           (7)         JONATHAN STEINER         40.00         X         225,526.         0.         19,390.           VP OF PERACHC & ANALYSIS         0.00         X         225,526.         0.         19,390.           (10)         PARTHER BENNET         40.00         X         195,562.         0.         0.           (11) <mark linerha<="" td="">         1.0</mark>   |                                      |           | truste | al trus |       | yee    | mper           |      |              |              | •             |
| (1)         THOMAS TIGHE         40.00         X         509,534.         0.         55,894.           CHIEF EXECUTIVE OFFICER         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         5.00         X         404,379.         0.         30,209.           (3)         DANN LONG         40.00         X         290,325.         0.         23,726.           (4)         DONALD ROAME         40.00         X         227,011.         0.         45,259.           (5)         ADAN ROUMAN         40.00         X         227,015.         0.         33,057.           (6)         ADDEW SCHROEDER         40.00         X         227,015.         0.         38,162.           (7)         JONATHAN STEINER         40.00         X         225,526.         0.         19,390.           VP OF PERACHC & ANALYSIS         0.00         X         225,526.         0.         19,390.           (10)         PARTHER BENNET         40.00         X         195,562.         0.         0.           (11) <mark linerha<="" td="">         1.0</mark>   |                                      |           | idual  | ution   | er    | an plo | est co<br>oyee | er   |              |              | organizations |
| (1) THOMAS TIGRE       40.00       x       509,534.       0.       55,894.         CHIEF EXECUTIVE OFFICER       5.00       x       4044,379.       0.       30,209.         (3) DANN LONG       40.00       x       4044,379.       0.       30,209.         (3) DANN LONG       40.00       x       4044,379.       0.       30,209.         (3) DANN LONG       40.00       x       290,325.       0.       23,726.         (4) DONALD ROAME       40.00       x       227,091.       0.       45,559.         (5) ADAN GROMAN       40.00       x       235,898.       0.       33,057.         (6) ANDREW SCHROEDER       40.00       x       227,015.       0.       38,162.         (7) JONATHAN STEINER       40.00       x       226,834.       0.       26,953.         (7) JONATHAN STEINER       40.00       x       225,526.       0.       19,390.         (9) PO FRANTERSHIPS & PHILANTHROPY       0.00       x       225,526.       0.       19,390.         (9) PO PRATNERSHIPS & PHILANTHROPY       0.00       x       0.       0.       0.       0.         (10) FAMELA GANN       10.00       x       0.       0.       0.  |                                      | line)     | Indiv  | Instit  | Offic | Key (  | High<br>empl   | Form |              |              |               |
| (2)         BHUPI SINGH         40.00         X         404,379         0.         30,209           (3)         DANN LONG         5.00         X         4044,379         0.         30,209           (3)         DANN LONG         5.00         X         290,325         0.         23,726           (4)         DONALD ROANE         40.00         X         290,325         0.         23,726           (4)         DONALD ROANE         40.00         X         227,091         0.         45,259           (5)         ADAN GROUMAN         40.00         X         235,898         0.         33,057.           (6)         ANDREW SCHROEDER         40.00         X         227,015         0.         38,162.           (7)         JONATHAN SPEINER         40.00         X         225,526         0.         19,390.           (9)         FORELCH         40.00         X         225,526         0.         19,390.           (9)         DOUG FROELCH         40.00         X         195,562         0.         19,390.           (10)         PARTNERSHIPS & PHILANTHROPY         0.00         X         0.         0.         0.           (11)         MARK  | (1) THOMAS TIGHE                     | 40.00     |        |         |       |        |                |      |              |              |               |
| EXECUTIVE VP, SENIOR ADVISOR         5.00         X         404,379.         0.         30,209.           (3) DAWN LONG         40.00         X         290,325.         0.         23,726.           (4) DORADD ROANE         40.00         X         227,091.         0.         45,259.           (5) ADAN GROUMAN         40.00         X         235,898.         0.         33,057.           (5) ADAN GROUMAN         40.00         X         227,015.         0.         38,162.           (7) JORATAR SCHROEDER         40.00         X         227,015.         0.         38,162.           (7) JORATAN STEINER         40.00         X         225,526.         0.         19,390.           VP OF FINANCE, CFO         5.00         X         225,526.         0.         19,390.           (9) DOUG FROELICH         40.00         X         225,526.         0.         19,390.           (9) POR FROELICH         40.00         X         225,526.         0.         19,390.           (10) PAMELA GANN         10.00         X         225,526.         0.         19,390.           (11) MARK LINEMAN         5.00         X         0.         0.         0.           (12) LINDA GUUCK   | CHIEF EXECUTIVE OFFICER              | 5.00      |        |         | х     |        |                |      | 509,534.     | Ο.           | 55,894.       |
| (3) DANN LONG       40.00       x       290,325.       0.       23,726.         (4) DONALD ROANE       40.00       x       227,091.       0.       45,259.         (4) DONALD ROANE       40.00       x       227,091.       0.       45,259.         (5) ADAN GROUMAN       40.00       x       227,091.       0.       45,259.         (5) ADAN GROUMAN       40.00       x       235,898.       0.       33,057.         (6) ANDREW SCHROEDER       40.00       x       227,015.       0.       38,162.         (7) JONATHAN STEINER       40.00       x       225,526.       0.       19,390.         (9) P FINNERSHITS & PHILANTHROPY       0.00       x       225,526.       0.       19,390.         (9) DOR FROELICH       40.00       x       195,562.       0.       47,058.         (10) PAMELA GAN       10.00       x       0.       0.       0.         VICE CHAIR, COMITTEE CHAIR       1.00       x       0.       0.       0.         (11) MARK LINEHAN       5.00       x       0.       0.       0.       0.         (12) LINDA GROUK       5.00       x       0.       0.       0.       0.       0.     <  | (2) BHUPI SINGH                      | 40.00     |        |         |       |        |                |      |              |              |               |
| SENIOR VP, COO         5.00         X         290,325.         0.         23,726.           (4) DONALD ROANE         40.00         X         227,091.         0.         45,259.           VP OF CORFORATE ENGAGEMENT         0.00         X         227,091.         0.         45,259.           (5) ADAN GROWAN         40.00         X         235,898.         0.         33,057.           (6) ANDREW SCHROEDER         40.00         X         227,015.         0.         38,162.           (7) JONATHAN STEINER         40.00         X         226,834.         0.         26,953.           (8) HEATHER BENNETT         40.00         X         225,526.         0.         19,390.           (9) DOUG FROELICH         40.00         X         225,526.         0.         47,058.           (10) PAMELA GANN         10.00         X         X         0.         0.         0.           (11) MARK LINEHAN         5.00         X         X         0.         0.         0.           (12) LIDA GUUCK         5.00         X         0.         0.         0.         0.           (13) MARK LINEHAN         5.00         X         0.         0.         0.         0.  | EXECUTIVE VP, SENIOR ADVISOR         | 5.00      |        |         | х     |        |                |      | 404,379.     | Ο.           | 30,209.       |
| (4)         DOALD ROANE         40.00         x         227,091         x         45,259           (5)         ADAN GROUMAN         40.00         x         227,091         0.         45,259.           (5)         ADAN GROUMAN         40.00         x         235,898.         0.         33,057.           (6)         ADNEW SCHROEDER         40.00         x         235,898.         0.         38,162.           (7)         JONATHAN STEINER         40.00         x         236,834.         0.         26,953.           (7)         JONATHAN STEINER         40.00         x         236,834.         0.         26,953.           (8)         HEATHER BENNET         40.00         x         225,526.         0.         19,390.           (9)         DOUG FROELCH         40.00         x         225,526.         0.         47,058.           (10)         PARTINES & 0.00         x         195,562.         0.         47,058.           (10)         PARENTE CHAIR         1.00 x         X         0.         0.           (11)         MARK LINEHAN         5.00         X         0.         0.           (12) LINDA GLUCK         5.00         X         0. <td>(3) DAWN LONG</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | (3) DAWN LONG                        | 40.00     |        |         |       |        |                |      |              |              |               |
| VP OF CORPORATE ENGAGEMENT         0.00         X         227,091.         0.         45,259.           (5)         ADAN GROUMAN         40.00         X         235,898.         0.         33,057.           (6)         ADREW SCHROEDER         40.00         X         235,898.         0.         33,057.           (6)         ADREW SCHROEDER         40.00         X         227,015.         0.         38,162.           (7)         JONATHAN STEINER         40.00         X         226,834.         0.         26,953.           (8)         HEATHER BENNETT         40.00         X         225,526.         0.         19,390.           (9)         DOUG FROELICH         40.00         X         225,526.         0.         19,390.           (10)         PARELE BENNET         40.00         X         195,562.         0.         47,058.           (10)         PAREL CANN         10.00         X         X         0.         0.         0.           (11)         MARK LINEHAN         5.00         X         X         0.         0.         0.           (12) LINDA GLUCK         5.00         X         X         0.         0.         0.         0. <td>SENIOR VP, COO</td> <td>5.00</td> <td></td> <td></td> <td>х</td> <td></td> <td></td> <td></td> <td>290,325.</td> <td>0.</td> <td>23,726.</td>   | SENIOR VP, COO                       | 5.00      |        |         | х     |        |                |      | 290,325.     | 0.           | 23,726.       |
| (5) ADAN GROUMAN         40.00         x         235,898.         x         235,898.         x  | (4) DONALD ROANE                     | 40.00     |        |         |       |        |                |      |              |              |               |
| DIRECTOR, IT         0.00         x         235,898.         0.         33,057.           (6) ANDREW SCHROEDER         40.00         x         227,015.         0.         38,162.           (7) JONATHAN STEINER         40.00         x         227,015.         0.         38,162.           (7) JONATHAN STEINER         40.00         x         226,834.         0.         26,953.           (8) HEATHER BENNETT         40.00         x         225,526.         0.         19,390.           (9) DOUG FROELICH         40.00         x         195,562.         0.         47,058.           (10) PAMELA GANN         10.00         x         x         0.         0.         0.           CHAIR         1.00         x         x         0.         0.         0.         0.           (11) MARK LINEHAN         5.00         x         x         0.         0.         0.           (12) LINDA GLUCK         5.00         x         0.         0.         0.         0.           (13) JAMES SELBERT         5.00         x         0.         0.         0.         0.           SECRETARY, COMMITTEE CHAIR         1.00         x         x         0.         0.   | VP OF CORPORATE ENGAGEMENT           | 0.00      |        |         |       |        | x              |      | 227,091.     | 0.           | 45,259.       |
| (6)         ANDREW SCHROEDER         40.00         x         227,015.         0.38,162.           (7)         JONATHAN STEINER         40.00         x         236,834.         0.26,953.           (7)         JONATHAN STEINER         40.00         x         236,834.         0.26,953.           (8)         HEATHER BENETT         40.00         x         225,526.         0.19,390.           (9)         DOUG FROELICH         40.00         x         195,562.         0.47,058.           (10)         PMELA GANN         10.00         x         x         195,562.         0.           (11)         MARK LINEHAN         5.00         x         x         0.         0.         0.           (12)         LINDA GLUCK         5.00         x         x         0.         0.         0.           TERASURER, COMMITTEE CHAIR         1.00         x         x         0.         0.         0.           SECRETARY, COMMITTEE CHAIR         1.00         x         x         0.         0.         0.           (13)         JAMES SELBERT         5.00         X         0.         0.         0.           SECRETARY, COMMITTEE CHAIR         1.00         x         X<   | (5) ADAN GROUMAN                     | 40.00     |        |         |       |        |                |      |              |              |               |
| VP OF RESEARCH & ANALYSIS         0.00         X         227,015.         0.         38,162.           (7) JONATHAN STEINER         40.00         X         236,834.         0.         26,953.           (8) HEATHER BENNETT         40.00         X         225,526.         0.         19,390.           (9) DOUG FROELICH         40.00         X         195,562.         0.         47,058.           (10) FAMELA GANN         10.00         X         X         0.         0.         0.           (11) MARK LINEHAN         5.00         X         0.         0.         0.         0.           (12) LINDA GLUCK         5.00         X         0. <td< td=""><td>DIRECTOR, IT</td><td>0.00</td><td></td><td></td><td></td><td></td><td>X</td><td></td><td>235,898.</td><td>0.</td><td>33,057.</td></td<>   | DIRECTOR, IT                         | 0.00      |        |         |       |        | X              |      | 235,898.     | 0.           | 33,057.       |
| (7) JONATHAN STEINER       40.00       x       236,834.       0.       26,953.         (8) HEATHER BENNETT       40.00       x       225,526.       0.       19,390.         (9) DOG FROELCH       40.00       x       225,526.       0.       19,390.         (9) DOG FROELCH       40.00       x       225,526.       0.       19,390.         (10) PAMELA GANN       10.00       x       x       0.       0.         (11) MARK LINEHAN       5.00       x       0.       0.       0.         VICE CHAIR, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.         TREASURER, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.       0.         SECRETARY, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.       0.         (14) SIRI MARSHALL       5.00       x       x       0.       0.       0.       0.       0.       0.         ASSISTANT SECRETARY, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.       0.         (14) SIRI MARSHALL       5.00       x       0.       0.       0.       0.       0.  | (6) ANDREW SCHROEDER                 | 40.00     |        |         |       |        |                |      |              |              |               |
| VP OF FINANCE, CFO         5.00         X         236,834.         0.         26,953.           (8) HEATHER BENNETT         40.00         X         225,526.         0.         19,390.           (9) DOUG FROELICH         40.00         X         195,562.         0.         47,058.           (10) PAMELA GANN         10.00         X         X         0.         0.         0.           (11) MARK LINEHAN         5.00         X         0.         0.         0.         0.           VICE CHAIR, COMMITTEE CHAIR         1.00         X         X         0.         0.         0.           VILE CHAIR, COMMITTEE CHAIR         1.00         X         X         0.         0.         0.           VILE CHAIR, COMMITTEE CHAIR         1.00         X         X         0.         0.         0.           (11) MARK SILDEK         5.00         X         X         0.         0.         0.           (12) LINDA GLUCK         5.00         X         X         0.         0.         0.           (13) JAMES SELBERT         5.00         X         X         0.         0.         0.           ASSISTANT SECRETARY, COMMITTEE CHAIR         1.00         X         X </td <td>VP OF RESEARCH &amp; ANALYSIS</td> <td>0.00</td> <td></td> <td></td> <td></td> <td></td> <td>x</td> <td></td> <td>227,015.</td> <td>0.</td> <td>38,162.</td>   | VP OF RESEARCH & ANALYSIS            | 0.00      |        |         |       |        | x              |      | 227,015.     | 0.           | 38,162.       |
| (8) HEATHER BENNETT         40.00         x         225,526.         0.         19,390.           (9) DOUG FROELICH         40.00         x         195,562.         0.         19,390.           (10) PAMELA GANN         10.00         x         195,562.         0.         47,058.           (11) MARK LINEMAN         1.00         x         x         0.         0.         0.           VICE CHAIR, COMMITTEE CHAIR         1.00         x         x         0.         0.         0.           VICE CHAIR, COMMITTEE CHAIR         1.00         x         x         0.         0.         0.           VICE CHAIR, COMMITTEE CHAIR         1.00         x         x         0.         0.         0.           (11) MARK LINEHAN         5.00           0.         0.         0.           VICE CHAIR, COMMITTEE CHAIR         1.00         x         x         0.         0.         0.           (13) JAMES SELBERT         5.00           0.         0.         0.           ASSISTANT SECRETARY, COMMITTEE CHAIR         1.00         x         x         0.         0.         0.           ASSISTANT TREASURER, COMMITTEE CHAIR         1.00         <  | (7) JONATHAN STEINER                 | 40.00     |        |         |       |        |                |      |              |              |               |
| VP OF PARTNERSHIPS & PHILANTHROPY         0.00         X         225,526.         0.         19,390.           (9) DOUG FROELICH         40.00         X         195,562.         0.         47,058.           (10) PAMELA GANN         10.00         X         195,562.         0.         47,058.           (10) PAMELA GANN         10.00         X         X         0.         0.         0.           CHAIR         1.00         X         X         0.         0.         0.         0.           (11) MARK LINEHAN         5.00         X         X         0.         0.         0.         0.           VICE CHAIR, COMMITTEE CHAIR         1.00         X         X         0.         0.         0.         0.           (12) LINDA GLUCK         5.00         X         X         0.         0.         0.         0.           (13) JAMES SELBERT         5.00         X         X         0.         0.         0.         0.           (14) SIRI MARSHALL         5.00         X         X         0.         0.         0.         0.         0.           ASSISTANT TREASURER, COMMITTEE CHAIR         1.00         X         X         0.         0.         <   | VP OF FINANCE, CFO                   | 5.00      |        |         | Х     |        |                |      | 236,834.     | 0.           | 26,953.       |
| (9) DOUG FROELICH       40.00       x       195,562.       0.       47,058.         (10) PAMELA GANN       10.00       x       x       0.       0.       0.         CHAIR       1.00       x       x       0.       0.       0.       0.         (11) MARK LINEHAN       5.00       x       x       0.       0.       0.       0.         VICE CHAIR, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.       0.         (12) LINDA GLUCK       5.00       x       x       0.       0.       0.       0.         TREASURER, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.       0.         (13) JAMES SELBERT       5.00       x       x       0.       0.       0.       0.         SECRETARY, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.       0.         (14) SIRI MARSHALL       5.00       X       X       0.       0.       0.       0.         ASSISTANT SECRETARY, COMMITTEE CHAIR       1.00       X       X       0.       0.       0.       0.         (15) BYRON SCOTT, MD       5.00       X  | (8) HEATHER BENNETT                  | 40.00     |        |         |       |        |                |      |              |              |               |
| VP OF OPERATIONS         0.00         X         195,562.         0.         47,058.           (10) PAMELA GANN         10.00         X         X         0.         0.         0.           CHAIR         1.00         X         X         0.         0.         0.         0.           (11) MARK LINEHAN         5.00         X         X         0.         0.         0.         0.           VICE CHAIR, COMMITTEE CHAIR         1.00         X         X         0.         0.         0.         0.           (12) LINDA GLUCK         5.00         X         X         0.         0.         0.         0.           TREASURER, COMMITTEE CHAIR         1.00         X         X         0.         0.         0.           (13) JAMES SELBERT         5.00         X         X         0.         0.         0.           SECRETARY, COMMITTEE CHAIR         1.00         X         X         0.         0.         0.           (14) SIRI MARSHALL         5.00         X         X         0.         0.         0.           ASSISTANT SECRETARY, COMMITTEE CHAIR         1.00         X         X         0.         0.         0.           (1  | VP OF PARTNERSHIPS & PHILANTHROPY    | 0.00      |        |         |       |        | х              |      | 225,526.     | 0.           | 19,390.       |
| (10) PAMELA GANN       10.00       x       x       0.       0.       0.         CHAIR       1.00       x       x       0.       0.       0.       0.         (11) MARK LINEHAN       5.00       x       x       0.       0.       0.       0.         (12) LINDA GLUCK       5.00       x       x       0.       0.       0.       0.         (13) JAMES SELBERT       5.00       x       x       0.       0.       0.       0.         (14) SIRI MARSHALL       5.00       x       x       0.       0.       0.       0.         ASSISTANT SECRETARY, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.       0.         (14) SIRI MARSHALL       5.00   | (9) DOUG FROELICH                    | 40.00     |        |         |       |        |                |      |              |              |               |
| CHAIR         1.00         X         X         0.         0.         0.           (11)         MARK LINEHAN         5.00  | VP OF OPERATIONS                     | 0.00      |        |         |       |        | Х              |      | 195,562.     | 0.           | 47,058.       |
| (11) MARK LINEHAN       5.00       x       x       0.       0.       0.         VICE CHAIR, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.       0.         (12) LINDA GLUCK       5.00       x       x       0.       0.       0.       0.         TREASURER, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.       0.         (13) JAMES SELBERT       5.00       x       x       0.       0.       0.       0.         SECRETARY, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.       0.         (14) SIRI MARSHALL       5.00       x       x       0.       0.       0.       0.         ASSISTANT SECRETARY, COMMITTEE CHAIR       1.00       x       x       0.       0.       0.         (15) BYRON SCOTT, MD       5.00       x       x       0.       0.       0.       0.         (16) JAMES MCGONIGLE       5.00       x       0.       0.       0.       0.       0.         (17) THOMAS STURGESS       5.00       x       0.       0.       0.       0.       0.         COMMITTEE CHAIR       1.0   | (10) PAMELA GANN                     | 10.00     |        |         |       |        |                |      |              |              |               |
| VICE CHAIR, COMMITTEE CHAIR1.00XXX0.0.0.(12) LINDA GLUCK5.005.00XX0.0.0.TREASURER, COMMITTEE CHAIR1.00XXX0.0.0.(13) JAMES SELBERT5.00XXX0.0.0.SECRETARY, COMMITTEE CHAIR1.00XXX0.0.0.(14) SIRI MARSHALL5.00XX0.0.0.0.ASSISTANT SECRETARY, COMMITTEE CHAIR1.00XX0.0.0.0.(15) BYRON SCOTT, MD5.00XX0.0.0.0.ASSISTANT TREASURER, COMMITTEE CHAIR1.00XX0.0.0.0.(16) JAMES MCGONIGLE5.00XX0.0.0.0.0.(17) THOMAS STURGESS5.00XX0.0.0.0.0.COMMITTEE CHAIR1.00XX0.0.0.0.0.  | CHAIR                                | 1.00      | Х      |         | Х     |        |                |      | ٥.           | 0.           | 0.            |
| (12) LINDA GLUCK       5.00       X       X       0.       0.       0.         TREASURER, COMMITTEE CHAIR       1.00       X       X       0.       0.       0.       0.         (13) JAMES SELBERT       5.00       X       X       0.       0.       0.       0.         SECRETARY, COMMITTEE CHAIR       1.00       X       X       0.       0.       0.       0.         (14) SIRI MARSHALL       5.00       X       X       0.       0.       0.       0.         ASSISTANT SECRETARY, COMMITTEE CHAIR       1.00       X       X       0.       0.       0.         (15) BYRON SCOTT, MD       5.00       X       X       0.       0.       0.       0.         (16) JAMES MCGONIGLE       5.00       X       X       0.       0.       0.       0.         (17) THOMAS STURGESS       5.00       X       X       0.       0.       0.       0.         COMMITTEE CHAIR       1.00       X       X       0.       0.       0.       0.  | (11) MARK LINEHAN                    | 5.00      |        |         |       |        |                |      |              |              |               |
| TREASURER, COMMITTEE CHAIR1.00XXX0.0.0.(13) JAMES SELBERT5.00XX0.0.0.SECRETARY, COMMITTEE CHAIR1.00XX0.0.0.(14) SIRI MARSHALL5.00XX0.0.0.ASSISTANT SECRETARY, COMMITTEE CHAIR1.00XX0.0.0.(15) BYRON SCOTT, MD5.00XX0.0.0.ASSISTANT TREASURER, COMMITTEE CHAIR1.00XX0.0.0.(16) JAMES MCGONIGLE5.00II0.0.0.COMMITTEE CHAIR1.00XI0.0.0.(17) THOMAS STURGESS5.00III0.0.0.COMMITTEE CHAIR1.00XI0.0.0.0.  | VICE CHAIR, COMMITTEE CHAIR          | 1.00      | Х      |         | Х     |        |                |      | 0.           | 0.           | 0.            |
| (13) JAMES SELBERT       5.00       X       X       0.       0.       0.         SECRETARY, COMMITTEE CHAIR       1.00       X       X       0.       0.       0.       0.         (14) SIRI MARSHALL       5.00       X       X       0.       0.       0.       0.         ASSISTANT SECRETARY, COMMITTEE CHAIR       1.00       X       X       0.       0.       0.         (15) BYRON SCOTT, MD       5.00       X       X       0.       0.       0.         ASSISTANT TREASURER, COMMITTEE CHAIR       1.00       X       X       0.       0.       0.         (16) JAMES MCGONIGLE       5.00       Image: Committee Chair       1.00       X       X       0.       0.       0.         (17) THOMAS STURGESS       5.00       Image: Study of the study o   | (12) LINDA GLUCK                     | 5.00      |        |         |       |        |                |      |              |              |               |
| SECRETARY, COMMITTEE CHAIR1.00XXX0.0.0.(14) SIRI MARSHALL5.00XX0.0.0.ASSISTANT SECRETARY, COMMITTEE CHAIR1.00XX0.0.0.(15) BYRON SCOTT, MD5.00XX0.0.0.ASSISTANT TREASURER, COMMITTEE CHAIR1.00XX0.0.0.(16) JAMES MCGONIGLE5.00XX0.0.0.(17) THOMAS STURGESS5.00XV0.0.0.(17) THOMAS STURGESS1.00XV0.0.0.   | TREASURER, COMMITTEE CHAIR           | 1.00      | Х      |         | Х     |        |                |      | 0.           | 0.           | 0.            |
| (14) SIRI MARSHALL5.00XX0.0.ASSISTANT SECRETARY, COMMITTEE CHAIR1.00XX0.0.0.(15) BYRON SCOTT, MD5.005.000.0.0.0.ASSISTANT TREASURER, COMMITTEE CHAIR1.00XX0.0.0.(16) JAMES MCGONIGLE5.000.0.0.0.0.COMMITTEE CHAIR1.00XV0.0.0.(17) THOMAS STURGESS5.000.0.0.0.0.COMMITTEE CHAIR1.00X0.0.0.0.   | (13) JAMES SELBERT                   | 5.00      |        |         |       |        |                |      |              |              |               |
| ASSISTANT SECRETARY, COMMITTEE CHAIR1.00XXX0.0.0.(15) BYRON SCOTT, MD5.005.00XX0.0.0.ASSISTANT TREASURER, COMMITTEE CHAIR1.00XX0.0.0.0.(16) JAMES MCGONIGLE5.005.000.0.0.0.0.COMMITTEE CHAIR1.00XV0.0.0.0.(17) THOMAS STURGESS5.000.0.0.0.0.COMMITTEE CHAIR1.00XV0.0.0.   | SECRETARY, COMMITTEE CHAIR           | 1.00      | Х      |         | Х     |        |                |      | ٥.           | 0.           | 0.            |
| (15) BYRON SCOTT, MD       5.00       X       X       0.       0.       0.         ASSISTANT TREASURER, COMMITTEE CHAIR       1.00       X       X       0.       0.       0.       0.         (16) JAMES MCGONIGLE       5.00         0.       0.       0.       0.         COMMITTEE CHAIR       1.00       X       X       0.       0.       0.       0.         (17) THOMAS STURGESS       5.00        0.       0.       0.       0.         COMMITTEE CHAIR       1.00       X       V       0.       0.       0.  | (14) SIRI MARSHALL                   | 5.00      |        |         |       |        |                |      |              |              |               |
| ASSISTANT TREASURER, COMMITTEE CHAIR1.00XX0.0.0.(16) JAMES MCGONIGLE5.005.000.0.0.0.COMMITTEE CHAIR1.00X0.0.0.0.(17) THOMAS STURGESS5.000.0.0.0.0.COMMITTEE CHAIR1.00X0.0.0.0.  | ASSISTANT SECRETARY, COMMITTEE CHAIR | 1.00      | Х      |         | Х     |        |                |      | 0.           | 0.           | 0.            |
| (16) JAMES MCGONIGLE       5.00       0.       <  | (15) BYRON SCOTT, MD                 | 5.00      |        |         |       |        |                |      |              |              |               |
| COMMITTEE CHAIR         1.00 x         0. <td>ASSISTANT TREASURER, COMMITTEE CHAIR</td> <td>1.00</td> <td>Х</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>   | ASSISTANT TREASURER, COMMITTEE CHAIR | 1.00      | Х      |         | Х     |        |                |      | 0.           | 0.           | 0.            |
| (17) THOMAS STURGESS         5.00         0.<   | (16) JAMES MCGONIGLE                 |           |        |         |       |        |                |      |              |              |               |
| COMMITTEE CHAIR         1.00 x         0. <td>COMMITTEE CHAIR</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td>0.</td> <td>0.</td>   | COMMITTEE CHAIR                      |           | Х      |         |       |        |                |      | 0.           | 0.           | 0.            |
|   | (17) THOMAS STURGESS                 |           |        |         |       |        |                |      |              |              |               |
|   | COMMITTEE CHAIR                      | 1.00      | Х      |         |       |        |                |      | 0.           | 0.           | 0.            |

032007 12-23-20

Form 990 (2020)

9

| Form 990 (2020) DIRECT RELIEF                                       | P                      |                                 |                    |                   |              |                                 |          |                           | 95-183            | 3111  | 6        | P                 | age <b>8</b> |
|---|------------------------|---------------------------------|--------------------|-------------------|--------------|---------------------------------|----------|---------------------------|-------------------|-------|----------|-------------------|--------------|
| Part VII Section A. Officers, Directors, Trust                      | tees, Key Emp          | oloy                            | ees,               | and               | l Hig        | ghes                            | st C     | ompensated Employee       | s (continued)     |       |          |                   |              |
| (A)   | (B)                    |                                 |                    | _ (0              |              |                                 |          | (D)                       | (E)               |       |          | (F)               |              |
| Name and title  | Average                | (do                             | not c              | Posi<br>heck r    |              |                                 | one      | Reportable                | Reportable        |       | E        | stimate           | ed           |
|   | hours per              | box                             | , unle             | ss per<br>nd a di | son i        | s botł                          | n an     | compensation              | compensation      | n     | ar       | nount             | of           |
|   | week                   |                                 |                    |                   | recio        | i/irus                          | lee)     | from                      | from related      |       |          | other             |              |
|   | (list any<br>hours for | recto                           |                    |                   |              |                                 |          | the                       | organizations     |       |          | ipensa            |              |
|   | related                | ordi                            | ee                 |                   |              | ated                            |          | organization              | (W-2/1099-MIS     | C)    |          | rom th            |              |
|   | organizations          | ustee                           | trustee            |                   | ae           | upens                           |          | (W-2/1099-MISC)           |                   |       |          | anizat<br>d relat |              |
|   | below                  | lual tr                         | tional             |                   | yolqr        | st con<br>yee                   | <u> </u> |                           |                   |       |          | anizati           |              |
|   | line)                  | In dividual trustee or director | In stit utio nal 1 | Officer           | ƙey employee | Highest compensated<br>employee | Former   |                           |                   |       | org      | amean             | 0110         |
| (18) STEVE WEINTRAUB  | 5.00                   |                                 |                    |                   | ×            | 1 0                             |          |                           |                   |       |          |                   |              |
| COMMITTEE CHAIR   | 1.00                   | х                               |                    |                   |              |                                 |          | 0.                        |                   | ٥.    |          |                   | Ο.           |
| (19) JANE OLSON   | 5.00                   |                                 |                    |                   |              |                                 |          |                           |                   |       |          |                   |              |
| COMMITTEE CHAIR   | 1.00                   | х                               |                    |                   |              |                                 |          | 0.                        |                   | ٥.    |          |                   | ٥.           |
| (20) MARK SCHWARTZ  | 5.00                   |                                 |                    |                   |              |                                 |          |                           |                   |       |          |                   |              |
| COMMITTEE CHAIR   | 1.00                   | x                               |                    |                   |              |                                 |          | 0.                        |                   | ٥.    |          |                   | ٥.           |
| (21) STAYCE D. HARRIS   | 2.00                   |                                 |                    |                   |              |                                 |          |                           |                   |       |          |                   |              |
| DIRECTOR  | 1.00                   | x                               |                    |                   |              |                                 |          | 0.                        |                   | ٥.    |          |                   | ٥.           |
| (22) BITSY BECTON-BACON   | 2.00                   |                                 |                    |                   |              |                                 |          |                           |                   |       |          |                   |              |
| DIRECTOR  | 1.00                   | x                               |                    |                   |              |                                 |          | 0.                        |                   | ٥.    |          |                   | ٥.           |
| (23) EVAN MARWELL   | 2.00                   |                                 |                    |                   |              |                                 |          | ·.                        |                   | ••    |          |                   | ••           |
| DIRECTOR  | 1.00                   | x                               |                    |                   |              |                                 |          | 0.                        |                   | ٥.    |          |                   | ٥.           |
| (24) LOUIS BUGLIOLI   | 2.00                   |                                 |                    |                   |              |                                 |          |                           |                   | ••    |          |                   | ••           |
| DIRECTOR  | 1.00                   | x                               |                    |                   |              |                                 |          | 0.                        |                   | ٥.    |          |                   | ٥.           |
| (25) CHARLES FENZI, MD  | 2.00                   |                                 |                    |                   |              |                                 |          |                           |                   | ••    |          |                   | ••           |
| DIRECTOR  | 1.00                   | x                               |                    |                   |              |                                 |          | 0.                        |                   | ٥.    |          |                   | ٥.           |
| (26) HARRY MCMAHON  | 2.00                   |                                 |                    |                   |              |                                 |          |                           |                   | ••    |          |                   | ••           |
| DIRECTOR  | 1.00                   | x                               |                    |                   |              |                                 |          | 0.                        |                   | ٥.    |          |                   | Ο.           |
| dh. Quhtatal  | -                      |                                 |                    |                   |              |                                 |          | 2,552,164.                |                   | 0.    |          | 319               | 708.         |
| c Total from continuation sheets to Part VII                        |                        |                                 |                    |                   |              |                                 |          | 0.                        |                   | 0.    |          | •=•,              | 0.           |
| d Total (add lines 1b and 1c)                                       |                        |                                 |                    |                   |              |                                 |          | 2,552,164.                |                   | 0.    |          | 319,              |              |
| 2 Total number of individuals (including but no                     |                        |                                 |                    |                   |              |                                 |          |                           | 000 of roportable | •     |          | •=•,              |              |
| compensation from the organization                                  |                        | 030                             | 11310              | u au              | 000          | ) ••••                          | 010      | eceived more than \$100,  |                   |       |          |                   | 39           |
|   |                        |                                 |                    |                   |              |                                 |          |                           |                   |       |          | Yes               | No           |
| <b>3</b> Did the organization list any <b>former</b> officer,       | director trust         | ee k                            | ev e               | emol              | ove          | e or                            | hia      | hest compensated emp      | ovee on           |       |          |                   |              |
| line 1a? If "Yes," complete Schedule J for su                       | -                      |                                 |                    | •                 |              |                                 | Ŭ        |                           |                   |       | 3        |                   | х            |
| <ul><li>4 For any individual listed on line 1a, is the su</li></ul> |                        |                                 |                    |                   |              |                                 |          |                           |                   |       | <u> </u> |                   |              |
| and related organizations greater than \$150                        |                        |                                 |                    |                   |              |                                 |          |                           |                   |       | 4        | х                 |              |
| 5 Did any person listed on line 1a receive or a                     |                        |                                 |                    |                   |              |                                 |          |                           |                   |       |          |                   |              |
| rendered to the organization? <i>If "Yes," com</i>                  |                        |                                 |                    |                   |              |                                 |          |                           |                   |       | 5        |                   | x            |
| Section B. Independent Contractors                                  |                        | <u>- 0 1</u>                    | 51 30              | <u>ICH Ļ</u>      | 5613         | 011 .                           |          |                           |                   |       | Ŭ        |                   | 1            |
| 1 Complete this table for your five highest cor                     | npensated inc          | lepe                            | nde                | nt co             | ontra        | acto                            | rs th    | nat received more than \$ | 100.000 of comp   | ensat | tion fro | om                |              |
| the organization. Report compensation for t                         |                        |                                 |                    |                   |              |                                 |          |                           |                   |       |          |                   |              |
| (A)   |                        |                                 |                    | 0                 |              |                                 |          | (B)                       |                   |       | (0       | C)                |              |
| Name and business   | address                |                                 |                    |                   |              |                                 |          | Description of s          | ervices           | С     | -        | nsatio            | n            |
| SLSCO LTD   |                        |                                 |                    |                   |              |                                 |          |                           |                   |       |          |                   |              |
| PO BOX 17017, GALVESTON, TX 77552                                   |                        |                                 |                    |                   |              |                                 |          | LABOR - CONSTRUCTI        | ON                |       |          | 584,              | 701.         |
| SRA CONSTRUCTION COMPANY LTD  |                        |                                 |                    |                   |              |                                 |          |                           |                   |       |          |                   |              |
| OAK ST, PO BOX F-41730, FREEPORT, BAR                               | IAMAS                  |                                 |                    |                   |              |                                 |          | LABOR - CONSTRUCTI        | ON                |       |          | 425,              | 180.         |
| BUILD HEALTH INTERNATIONAL INC., CUMM                               | IINGS                  |                                 |                    |                   |              |                                 |          |                           |                   |       |          |                   |              |
| CENTER, SUITE 120B, BEVERLY, MA 01915                               | 5                      |                                 |                    |                   |              |                                 |          | LABOR - CONSTRUCTI        | ON                |       |          | 369,              | 422.         |
| IRW CONCIERGE SERVICES, LUIS VIGOREAU                               | JX                     |                                 |                    |                   |              |                                 |          |                           |                   |       |          |                   |              |
| AVE, #1353, PMB 721, GUAYNABO, PUERTO                               |                        |                                 |                    |                   |              |                                 | þ        | LEGAL SERVICES            |                   |       |          | 246,              | 746.         |
| CROWE LLP   |                        |                                 |                    |                   |              |                                 |          |                           |                   |       |          |                   |              |
| PO BOX 51660, LOS ANGELES, CA 90051-5                               | 5960                   |                                 |                    |                   |              |                                 |          | REPLENISHMENT PROG        | RAM AUDITS        |       |          | 222,              | 843.         |
| 2 Total number of independent contractors (ir                       |                        | ot lin                          | nited              | d to t            | thos         | e lis                           | ted      | above) who received mo    | ore than          |       |          |                   |              |
| \$100,000 of compensation from the organiz                          | 0                      |                                 |                    |                   | 11           |                                 |          |                           |                   |       |          |                   |              |
| SEE PART VII, SECTION A CONTINU                                     |                        | TS                              |                    |                   |              |                                 |          |                           |                   |       | Form     | <b>990</b> (      | 2020)        |

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| Form 990 DIRECT RELIE   | F             |                                |                       |         |              |                                |           |                 | 95-18311                     | .16                |  |  |  |
|---|---------------|--------------------------------|-----------------------|---------|--------------|--------------------------------|-----------|-----------------|------------------------------|--------------------|--|--|--|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
| (A)(B)(C)(D)(E)(F)Name and titleAveragePositionReportableReportableEstimate                                     |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
| Name and title  | Average       | (-                             |                       |         |              |                                | 1. 3      | Reportable      | Reportable                   | Estimated          |  |  |  |
|   | hours         | (Cl                            | neck<br>I             | ( all 1 | that         | app<br>I                       | ly)       | compensation    | compensation<br>from related | amount of          |  |  |  |
|   | per<br>week   |                                |                       |         |              | e                              |           | from<br>the     | organizations                | other compensation |  |  |  |
|   | (list any     | tor                            |                       |         |              | Highest com pensated em ployee |           | organization    | (W-2/1099-MISC)              | from the           |  |  |  |
|   | hours for     | Individual trustee or director |                       |         |              | ed em                          |           | (W-2/1099-MISC) | (                            | organization       |  |  |  |
|   | related       | tee or                         | ustee                 |         |              | ensati                         |           |                 |                              | and related        |  |  |  |
|   | organizations | l trus                         | Institutional trustee |         | Key employee | dmo                            |           |                 |                              | organizations      |  |  |  |
|   | below         | ividua                         | litutio               | Officer | em p         | hesto                          | Former    |                 |                              |                    |  |  |  |
|   | line)         | Ind                            | Inst                  | Offi    | Key          | Hig                            | For       |                 |                              |                    |  |  |  |
| (27) ANNALISA PIZZARELLO  | 2.00          |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
| DIRECTOR  | 1.00          | Х                              |                       |         |              |                                |           | ٥.              | ٥.                           | 0.                 |  |  |  |
| (28) JAMIE RUFFING, PHD   | 2.00          |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
| DIRECTOR  | 1.00          | х                              |                       |         |              |                                |           | 0.              | Ο.                           | 0.                 |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         | -            |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         | <u> </u>     |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         | <u> </u>     |                                | <u> </u>  |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   | ļ             |                                |                       |         |              |                                | L         |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |
| Total to Part VII, Section A, line 1c   | <u></u>       | <u></u>                        | <u></u>               | <u></u> | <u></u>      | <u></u>                        | <u></u> . |                 |                              |                    |  |  |  |
|   |               |                                |                       |         |              |                                |           |                 |                              |                    |  |  |  |

032201 04-01-20

|   |       |        | 2020) DIRECT RELIEF  |                    |                             |  | 95-183111                            | 6 Page <b>9</b>   |
|---|-------|--------|--|--------------------|-----------------------------|--|--------------------------------------|---|
| Pa  | rt V  | /111   | Statement of Revenue   |                    |                             |  |                                      |   |
|   |       |        | Check if Schedule O contains a response                              | or note to any lin |                             | (=)  |                                      | X   |
|   |       |        |  |                    | <b>(A)</b><br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
| s s   | 1     | а      | Federated campaigns 1a   |                    |                             |  |                                      |   |
| Contributions, Gifts, Grants<br>and Other Similar Amounts |       |        | Membership dues 1b   |                    |                             |  |                                      |   |
| n G   |       |        | Fundraising events 1c  |                    |                             |  |                                      |   |
| ifts<br>ar A  |       |        | Related organizations 1d   | 3,543,927.         |                             |  |                                      |   |
| s,<br>Dili  |       |        | Government grants (contributions) 1e                                 |                    |                             |  |                                      |   |
| r Sig   |       | f      | All other contributions, gifts, grants, and                          |                    |                             |  |                                      |   |
| ibut<br>the   |       |        |  | 923,592,510.       |                             |  |                                      |   |
| d O   |       | -      |  | 752,853,391.       |                             |  |                                      |   |
| <u> </u>  |       | h      | Total. Add lines 1a-1f   |                    | 1,927,136,437.              |  |                                      |   |
|   |       |        |  | Business Code      |                             |  |                                      |   |
| <u>ce</u>   | 2     | а      |  |                    |                             |  |                                      |   |
| Program Service<br>Revenue                                |       | b      |  |                    |                             |  |                                      |   |
| am Ser  |       | c      |  |                    |                             |  |                                      |   |
| grai<br>Re  |       | d      |  |                    |                             |  |                                      |   |
| jo  |       | e<br>f | All other program service revenue                                    |                    |                             |  |                                      |   |
| -   |       |        | Total. Add lines 2a-2f   |                    |                             |  |                                      |   |
|   | 3     | 9      | Investment income (including dividends, intere                       |                    |                             |  |                                      |   |
|   | •     |        | other similar amounts)   |                    | 56,035.                     |  |                                      | 56,035.   |
|   | 4     |        | Income from investment of tax-exempt bond p                          |                    |                             |  |                                      |   |
|   | 5     |        | Royalties  |                    |                             |  |                                      |   |
|   |       |        | (i) Real   | (ii) Personal      |                             |  |                                      |   |
|   | 6     | а      | Gross rents 6a   |                    |                             |  |                                      |   |
|   |       | b      | Less: rental expenses 6b   |                    |                             |  |                                      |   |
|   |       | С      | Rental income or (loss) 6c   |                    |                             |  |                                      |   |
|   |       |        | Net rental income or (loss)  | 1                  |                             |  |                                      |   |
|   | 7     | а      | Gross amount from sales of (i) Securities                            | (ii) Other         |                             |  |                                      |   |
|   |       |        | assets other than inventory <b>7a</b> 5,519,318.                     |                    |                             |  |                                      |   |
|   |       | b      | Less: cost or other basis  |                    |                             |  |                                      |   |
| venue   |       |        | and sales expenses   |                    |                             |  |                                      |   |
| 0   |       |        | Gain or (loss)   | L                  | 2,504,815.                  |  |                                      | 2,504,815.  |
| Other R   |       |        | Net gain or (loss)         Gross income from fundraising events (not | ····· •            | 2,304,013.                  |  |                                      | 2,304,013.  |
| Ę   | 0     | a      | including \$ of  |                    |                             |  |                                      |   |
| Ŭ   |       |        | contributions reported on line 1c). See                              |                    |                             |  |                                      |   |
|   |       |        | Part IV, line 18   |                    |                             |  |                                      |   |
|   |       | b      | Less: direct expenses 8b   |                    |                             |  |                                      |   |
|   |       |        | Net income or (loss) from fundraising events                         | ►                  |                             |  |                                      |   |
|   | 9     | а      | Gross income from gaming activities. See                             |                    |                             |  |                                      |   |
|   |       |        | Part IV, line 19 9a  |                    |                             |  |                                      |   |
|   |       |        | Less: direct expenses9b  |                    |                             |  |                                      |   |
|   |       |        | Net income or (loss) from gaming activities                          | ····· ►            |                             |  |                                      |   |
|   | 10    | а      | Gross sales of inventory, less returns                               |                    |                             |  |                                      |   |
|   |       | _      | and allowances 10a   |                    |                             |  |                                      |   |
|   |       |        | Less: cost of goods sold 10k   |                    |                             |  |                                      |   |
|   |       | С      | Net income or (loss) from sales of inventory                         | Business Code      |                             |  |                                      |   |
| sn  | 11    | 2      |  | Juoiness Oue       |                             |  |                                      |   |
| neo   | ''    | a<br>b |  |                    |                             |  |                                      |   |
| Miscellaneous<br>Revenue                                  |       | c      |  |                    |                             |  |                                      |   |
| lisce   |       |        | All other revenue  |                    |                             |  |                                      |   |
| Σ   |       |        | Total. Add lines 11a-11d   |                    |                             |  |                                      |   |
|   | 12    |        | Total revenue. See instructions                                      |                    | 1,929,697,287.              | 0.   | 0.                                   | 2,560,850.  |
| 03200   | 9 12- | 23-    |  |                    |                             |  |                                      | Form <b>990</b> (2020)  |

DIRECT RELIEF

## 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).

| not include amounts reported on lines 6b,   |   |   | (C)  |   |
|---|---|---|--|---|
| 8b, 9b, and 10b of Part VIII.   | Total expenses  | <b>(B)</b><br>Program service<br>expenses   | Management and general expenses  | <b>(D)</b><br>Fundraising<br>expenses   |
| Grants and other assistance to domestic organizations   |   | 210 510 551   |  |   |
|   | 310,519,771.  | 310,519,771.  |  |   |
|   | 104 000   | 104 000   |  |   |
|   | 104,000.  | 104,000.  |  |   |
| <b>3</b>  |   |   |  |   |
|   | 1 420 369 649.  | 1 420 369 649   |  |   |
|   | _,,   | _,,   |  |   |
|   |   |   |  |   |
|   | 1,627,713.  | 535,675.  | 801,555.   | 290,483   |
|   | , ,   | ,   | ,  | ,   |
|   |   |   |  |   |
|   |   |   |  |   |
|   | 10,529,475.   | 7,067,929.  | 1,974,929.   | 1,486,617   |
| -   |   |   |  |   |
| section 401(k) and 403(b) employer contributions)   | 456,498.  | 320,385.  | 68,837.  | 67,276  |
|   | 1,515,935.  | 1,038,568.  | 263,961.   | 213,406   |
|   | 770,754.  | 512,709.  | 144,515.   | 113,530   |
| Fees for services (nonemployees):   |   |   |  |   |
| Management  |   |   |  |   |
|   | 116,915.  | 49,536.   | 67,379.  |   |
|   | 197,876.  | 92,162.   | 103,973.   | 1,741   |
|   |   |   |  |   |
|   |   |   |  |   |
| Investment management fees  |   |   |  |   |
| Other. (If line 11g amount exceeds 10% of line 25,  |   |   |  |   |
| column (A) amount, list line 11g expenses on Sch 0.)  | 4,673,543.  | 3,933,947.  | 512,420.   | 227,176   |
| Advertising and promotion   | 197,924.  | 37,368.   | 47,374.  | 113,182   |
| Office expenses   |   | 90,817.   | 14,313.  | 11,020  |
| Information technology  | 350,544.  | 192,846.  | 32,853.  | 124,845   |
| Royalties   |   |   |  |   |
| Occupancy   |   | ,   | /  | 19,822  |
| Travel  | 187,183.  | 174,689.  | 12,457.  | 37.   |
| Payments of travel or entertainment expenses  |   |   |  |   |
| for any federal, state, or local public officials   |   |   |  |   |
| Conferences, conventions, and meetings  | <b>,</b> -  |   |  | 451   |
| Interest  | 261,296.  | 243,715.  | 11,188.  | 6,393   |
|   | 1 200 242   | 1 046 405   |  | F   |
| Depreciation, depletion, and amortization   | , ,   | , ,   | /  | 52,700  |
| Insurance   | 669,089.  | 428,406.  | 156,341.   | 84,342  |
|   |   |   |  |   |
| line 24e amount exceeds 10% of line 25, column (A)  |   |   |  |   |
|   | 126 254 029   | 126 254 029   |  |   |
|   | , ,   |   |  |   |
|   | , ,   |   | 56 161   | 15,703  |
|   | , ,   |   | /  | 86,914  |
|   | ,   | /   | /  | 2,185   |
|   | , ,   | · · · · · ·   | /  | 2,185   |
|   | ±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | -, , , , , , , , , , , , , , , , , , ,  | 5,302,333.   | 2,711,025   |
|   |   |   |  |   |
|   |   |   |  |   |
| Check here |   |   |  |   |
|   | and domestic governments. See Part IV, line 21<br>Grants and other assistance to domestic<br>individuals. See Part IV, line 22<br>Grants and other assistance to foreign<br>organizations, foreign governments, and foreign<br>individuals. See Part IV, lines 15 and 16<br>Benefits paid to or for members<br>Compensation of current officers, directors,<br>trustees, and key employees<br>Compensation not included above to disqualified<br>persons (as defined under section 4958(f)(1)) and<br>persons described in section 4958(c)(3)(B)<br>Other salaries and wages<br>Pension plan accruals and contributions (include<br>section 401(k) and 403(b) employer contributions)<br>Other employee benefits<br>Payroll taxes<br>Fees for services (nonemployees):<br>Management<br>Legal<br>Accounting<br>Lobbying<br>Professional fundraising services. See Part IV, line 17<br>Investment management fees<br>Other. (If line 11g amount exceeds 10% of line 25,<br>column (A) amount, list line 11g expenses on Sch 0.)<br>Advertising and promotion<br>Office expenses<br>Information technology<br>Royalties<br>Occupancy<br>Travel<br>Payments of travel or entertainment expenses<br>for any federal, state, or local public officials<br>Conferences, conventions, and meetings<br>Interest<br>Payments to affiliates<br>Depreciation, depletion, and amortization<br>Insurance<br>Other expenses. Itemize expenses on to covered<br>above (List miscellaneous expenses on line 24e. If | and domestic governments. See Part IV, line 21       310,519,771.         Grants and other assistance to domestic<br>individuals. See Part IV, line 22       104,000.         Grants and other assistance to domestic<br>individuals. See Part IV, lines 15 and 16       1,420,369,649.         Benefits paid to or for members       Compensation of current officers, directors,<br>trustees, and key employees       1,627,713.         Compensation not included above to disqualified<br>persons (as defined under section 4958(f)(11) and<br>persons described in the tig expenses on Sch 0.)       4,673,543.         Accounting       116,915.       4,673,543.         Accounting       116,150.         Information technology       350,544.         Royatties       655,279.         Conferences, conventions, and meetings       1,389,343.         Interest | and domestic governments. See Part IV, line 21         310, 519, 771.         310, 519, 771.           Grants and other assistance to domestic<br>individuals. See Part IV, line 22         104,000.         104,000.           Grants and other assistance to foreign<br>organizations, foreign governments, and foreign<br>individuals. See Part IV, lines 15 and 16         1,420,369,649.         1,420,369,649.           Benefits paid to or for members         Compensation of current officers, directors,<br>trustees, and key employees         1,627,713.         535,675.           Compensation not included above to disqualified<br>persons (as defined under section 4958(r)(11) and<br>persons described in section 4958(r) and<br>persons d | and domestic governments. See Part IV, line 21         310, 519, 771.         310, 519, 771.         310, 519, 771.           Grants and other assistance to domestic<br>individuals. See Part IV, line 22         104, 000.         104, 000.         104, 000.           Grants and other assistance to foreign<br>individuals. See Part IV, lines 15 and 16         1, 420, 369, 649.         1, 420, 369, 649.         1           Benefits paid to or for members.<br>Compensation of current officers, directors,<br>trustees, and key emptoyees         1, 627, 713.         535, 675.         801, 555.           Compensation of current officers, directors,<br>trustees, and key emptoyees         1, 627, 713.         535, 675.         801, 555.           Compensation of current officers, directors,<br>trustees, and key emptoyees         1, 627, 713.         535, 675.         801, 555.           Compensation of solid()(1) and<br>persons (addined under section 4958()(2)(8)         10, 529, 475.         7, 067, 929.         1, 974, 929.           Pension plan acruals and contributions<br>(Inder angleyee benefits         770, 754.         512, 709.         144, 515.           Payroll taxes         770, 754.         512, 709.         144, 515.         568.           Cottoring         197, 876.         92, 162.         103, 973.           Lobbying         197, 924.         37, 368.         47, 374.           Office expenses         116, 915. |

33

Total liabilities and net assets/fund balances

14 2020.05080 DIRECT RELIEF

968,151,460.

33

# DIRECT RELIEF

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

Form 990 (2020)

Part X Balance Sheet

|                             |    | Check if Schedule O contains a response or not       |            |   | <b>(A)</b><br>Beginning of year |     | (B)<br>End of year |
|-----------------------------|----|--|------------|---|---------------------------------|-----|--------------------|
|                             | 1  | Cash - non-interest-bearing                          |            |   | 3,967,819.                      | 1   | 6,183,054.         |
|                             | 2  |  |            |   | 154,536,127.                    | 2   | 179,236,886.       |
|                             | 3  | Pledges and grants receivable, net                   |            |   | 5,215,975.                      | 3   | 6,502,578.         |
|                             | 4  | Accounts receivable, net                             |            |   | · · ·                           | 4   |                    |
|                             | 5  | Loans and other receivables from any current or      |            |   |                                 | -   |                    |
|                             | -  | trustee, key employee, creator or founder, subst     |            |   |                                 |     |                    |
|                             |    | controlled entity or family member of any of thes    |            | 5                                       |                                 |     |                    |
|                             | 6  | Loans and other receivables from other disqualif     |            |   |                                 |     |                    |
|                             | -  | under section 4958(f)(1)), and persons described     |            | 6                                       |                                 |     |                    |
| ß                           | 7  | Notes and loans receivable, net                      |            |   | 69,163.                         | 7   | 800,264.           |
| Assets                      | 8  | Inventories for sale or use                          |            |   | 753,972,165.                    | 8   | 747,666,649.       |
| As                          | 9  | · · · · · · · · ·                                    |            |   | 7,055,382.                      | 9   | 8,043,498.         |
|                             |    | Land, buildings, and equipment: cost or other        |            |   | , ,                             | -   | , ,                |
|                             |    | basis. Complete Part VI of Schedule D                | 10a        | 50,234,629.                             |                                 |     |                    |
|                             | b  | Less: accumulated depreciation                       |            | 9,739,227.                              | 39,796,834.                     | 10c | 40,495,402.        |
|                             | 11 | Investments - publicly traded securities             |            |   | 1,103,000.                      | 11  | 0.                 |
|                             | 12 | Investments - other securities. See Part IV, line 1  |            |   | , ,                             | 12  |                    |
|                             | 13 | Investments - program-related. See Part IV, line 1   |            | E C C C C C C C C C C C C C C C C C C C |                                 | 13  |                    |
|                             | 14 | Intangible assets                                    |            |   | 14                              |     |                    |
|                             | 15 | Other assets. See Part IV, line 11                   | 2,434,995. | 15                                      | 3,788,874.                      |     |                    |
|                             | 16 | Total assets. Add lines 1 through 15 (must equa      |            |   | 968,151,460.                    | 16  | 992,717,205.       |
|                             | 17 | Accounts payable and accrued expenses                | 4,474,496. | 17                                      | 9,624,181.                      |     |                    |
|                             | 18 | Grants payable                                       |            |   | , ,                             | 18  | , ,                |
|                             | 19 | Deferred revenue                                     |            |   | 19                              |     |                    |
|                             | 20 |  |            |   |                                 | 20  |                    |
|                             | 21 | Escrow or custodial account liability. Complete F    |            |   |                                 | 21  |                    |
|                             | 22 | Loans and other payables to any current or form      |            |   |                                 |     |                    |
| tie                         |    | trustee, key employee, creator or founder, subst     |            |   |                                 |     |                    |
| Liabilities                 |    | controlled entity or family member of any of thes    |            |   |                                 | 22  |                    |
| Lia                         | 23 | Secured mortgages and notes payable to unrela        | -          |   |                                 | 23  |                    |
|                             | 24 | Unsecured notes and loans payable to unrelated       |            |   |                                 | 24  |                    |
|                             | 25 | Other liabilities (including federal income tax, pay |            | Г                                       |                                 |     |                    |
|                             |    | parties, and other liabilities not included on lines |            |   |                                 |     |                    |
|                             |    | of Schedule D  | -          |   | 11,467,703.                     | 25  | 8,203,752.         |
|                             | 26 | Total liabilities. Add lines 17 through 25           |            |   | 15,942,199.                     | 26  | 17,827,933.        |
|                             |    | Organizations that follow FASB ASC 958, che          | ck here    | X                                       |                                 |     |                    |
| es                          |    | and complete lines 27, 28, 32, and 33.               |            |   |                                 |     |                    |
| anc                         | 27 |  |            |   | 810,348,462.                    | 27  | 826,526,765.       |
| Bal                         | 28 |  |            |   | 141,860,799.                    | 28  | 148,362,507.       |
| pu                          |    | Organizations that do not follow FASB ASC 9          |            |   |                                 |     |                    |
| Net Assets or Fund Balances |    | and complete lines 29 through 33.                    | -          |   |                                 |     |                    |
| ٦.                          | 29 | Capital stock or trust principal, or current funds   |            |   |                                 | 29  |                    |
| sets                        | 30 | Paid-in or capital surplus, or land, building, or eq |            |   |                                 | 30  |                    |
| Ass                         | 31 | Retained earnings, endowment, accumulated inc        |            |   |                                 | 31  |                    |
| let                         | 32 | Total net assets or fund balances                    |            |   | 952,209,261.                    | 32  | 974,889,272.       |
| 2                           | 33 | Total liabilities and net assets/fund balances       |            | F                                       | 968 151 460.                    | 33  | 992 717 205.       |

X

Form 990 (2020)

992,717,205.

| Part 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, 929, 697, 287, 287, 287, 287, 287, 287, 287, 28   | Form | 1990 (2020) DIRECT RELIEF   | 95-1831   | .116         | Pa    | <sub>qe</sub> 12 |
|---|------|---|-----------|--------------|-------|------------------|
| 1       Total revenue (must equal Part VIII, column (A), line 12)       1       1, 929, 697, 287, 287, 287, 287, 287, 287, 287, 28  |      |   |           |              |       | 4                |
| 1       Total revenue (must equal Part VIII, column (A), line 12)       1       1, 929, 697, 287.         2       Total expenses (must equal Part IX, column (A), line 25)       2       1, 903, 454, 935.         3       Revenue less expenses. Subtract line 2 from line 1       3       26, 242, 352.         4       Het assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       952, 209, 261.         5       Net unrealized gains (losses) on investments       6       2, 105.         7       7       6       2, 105.         7       7       7       7         8       Prior period adjustments       8       7         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -3, 570, 959.         10       Net assets or fund balances (explain on Schedule O)       9       -3, 570, 959.         10       Net assets or fund balances (explain on Schedule O)       9       -3, 570, 959.         10       Net assets or fund balances (explain on Schedule O)       9       -3, 570, 959.         10       Schedule O contains a response or note to any line in this Part XII   |      | Check if Schedule O contains a response or note to any line in this Part XI   |           |              |       | X                |
| 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,903,454,935.   3 Revenue less expenses. Subtract line 2 from line 1 3 26,242,352.   4 Vet assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 952,209,261.   5 6 2,105. 6 2,105.   7 Investment expenses 7 6   8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -3,570,959.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 -3,570,959.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 -3,570,959.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 -3,570,959.   11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes   11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X   11 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X   11 Mere the organization's financial statements combiled or serviewed by an independent accountant? 2a X   11 Mere the organization's financial statements combiled or serviewed by an independent accountant? 2a X   11 Mere the organization's financial statements and selection of  |      |   |           |              |       |                  |
| 2       Total expenses (must equal Part IX, column (A), line 25)       2       1,903,454,935.         3       Revenue less expenses. Subtract line 2 from line 1       3       26,242,352.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       952,209,261.         5       6       2,105.       7       6       2,105.         7       7       7       7         8       Prior period adjustments       8       -3,570,959.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -3,570,959.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       974,889,272.         Part XII       Financial Statements and Reporting       -       -         Check if Schedule O contains a response or note to any line in this Part XII       -       -         1       Accounting method used to prepare the Form 990:       Cash< X hccrual       Other       -         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       -       2a       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.       Both consolidated nad separ   | 1    | Total revenue (must equal Part VIII, column (A), line 12)   | 1         | 1,929        | ,697, | 287.             |
| 3       26,242,352.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       952,209,261.         5       6,513.       6       2,105.         7       6       2,105.         7       7       7         8       9       0.105.         9       0.107.       9       -3,570,959.         10       974,889,272.       10         9       0.107.       10       974,889,272.         10       974,889,272.       10       974,889,272.         11       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         11       ft Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       0       1       2a       X         11       Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       0       2a       X         11       Yes to inclate whether the financial statements of the year were audited on a separate basis.       0       1       2a       X         11       Accounting method used to prepare the form 990.       Cash       X       Accrual       Other       2a   | 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2         | 1,903        | ,454, | 935.             |
| 4       952, 209, 261.         5       6, 513.         6       0 control services and use of facilities       6         7       6         8   | 3    |   | 3         | 26           | ,242, | 352.             |
| 6       Donated services and use of facilities       6       2,105.         7       1       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -3,570,959.         9       Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       974,889,272.         Part XII       Financial Statements and Reporting       10       974,889,272.         Part XII       Financial Statements and Reporting       2       2         Check if Schedule O contains a response or note to any line in this Part XII       1       2         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other         1       the organization changed its method of accounting from a prior year or checked 'Other," explain in Schedule O.       2       2       X         1       ft"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:       2       2       X         1       ft"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2       X         1       ft"Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis.       2       X   | 4    |   | 4         | 952,         | ,209, | 261.             |
| 7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -3,570,959.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       -3,570,959.         10       974,889,272.       974,889,272.       974,889,272.         Part XII       Financial Statements and Reporting   | 5    |   | 5         |              | 6,    | 513.             |
| 7       Investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -3,570,959.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       9       -3,570,959.         Part XII       Financial Statements and Reporting       10       974,889,272.         Part XII       Financial Statements and Reporting       10       974,889,272.         Check if Schedule O contains a response or note to any line in this Part XII       10       974,889,272.         Part XII       Financial statements and Reporting       10       974,889,272.         Check if Schedule O contains a response or note to any line in this Part XII       10       10         Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       10         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         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 <td< th=""><td>6</td><td></td><td>6</td><td></td><td>2,</td><td>105.</td></td<>  | 6    |   | 6         |              | 2,    | 105.             |
| 8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       -3,570,959.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       974,889,272.         Part XII       Financial Statements and Reporting       10       974,889,272.         Check if Schedule O contains a response or note to any line in this Part XII       10       974,889,272.         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 O.       2a       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       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X       2b       X         If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsib   | 7    |   | 7         |              |       |                  |
| 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -3,570,959.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 974,889,272.   Part XIII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   1 Accounting method used to prepare the Form 990:   Cash X   X Accrual   Other   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a 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   b Were the organization's financial statements audited by an independent accountant?   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 Consolidated basis   b Were the organization's financial statements and selection of an independent accountant?   If "Yes," to line 2 a 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 or an independent accountant?   If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   3a X   b If "Yes," did the organization nudergo the required audit or audits? If the organi   | 8    |   | 8         |              |       |                  |
| column (B)       974,889,272.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII  | 9    |   | 9         | -3,          | ,570, | 959.             |
| Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         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 O.       2a       X         If "Yes," check a box below to indicate whether the financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both:       Separate basis       Consolidated basis, or both:       2b       X         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:       2b       X         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:       2b       X         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 or audited and separate basis       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       3a       X <td>10</td> <td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,</td> <td></td> <td></td> <td></td> <td></td>   | 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                    |           |              |       |                  |
| Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       Image: Check if Schedule O contains a response or note to any line in this Part XII         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 O.       2a       X         2a       X       Image: 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:       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or a separate basis       2b       X         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:       2b       X         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:       2b       X         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:       2b       X         If "Yes," check a basis       Image: Consolidated basis       Image: Consolidated basis       Image: Consolidated basis       2c       X         If "Yes," to line 2a or 2b, does the organization have a c   |      | column (B))   | 10        | 974,         | ,889, | 272.             |
| 1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other  | Pa   | rt XII Financial Statements and Reporting   |           |              |       |                  |
| 1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other  |      | Check if Schedule O contains a response or note to any line in this Part XII  |           |              |       |                  |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X         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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2c       X         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       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a  |      |   |           |              | Yes   | No               |
| 2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         c       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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2c       X         c       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 process durin   | 1    | Accounting method used to prepare the Form 990: Cash X Accrual Other  |           |              |       |                  |
| La       Write organization of intalinate databasis of the organization is determined of retrieved of a unit dependent decountant?       La         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Desparate basis       Consolidated basis       Both consolidated and separate basis         b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       2b       X         c       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       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       3a       X         b       If "Yes," did the organization   |      | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule        | Э.        |              |       |                  |
| <ul> <li>separate basis, consolidated basis, or both:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>  | 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                       |           | . <b>2</b> a |       | X                |
| <ul> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Were the organization's financial statements audited by an independent accountant?</li> <li>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:</li> <li>Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>   |      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed       | on a      |              |       |                  |
| b       Were the organization's financial statements audited by an independent accountant?       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         Separate basis       X       Consolidated basis       Both consolidated and separate basis       4       4         c       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       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       3a       X         3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       4   |      | separate basis, consolidated basis, or both:  |           |              |       |                  |
| 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:       Image: consolidated basis       Image:   |      | Separate basis Consolidated basis Both consolidated and separate basis  |           |              |       |                  |
| consolidated basis, or both:       Separate basis       X Consolidated basis       Both consolidated and separate basis         c       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       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparized to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       Image: Comparized audit   | b    | Were the organization's financial statements audited by an independent accountant?                                    |           | . 2b         | X     |                  |
| <ul> <li>Separate basis X Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</li> <li>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits</li> </ul>   |      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate      | basis,    |              |       |                  |
| c       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       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Comparization changed either its oversight process or selection process during the tax year, explain on Schedule O.         3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       Image: Comparized tax   |      | · · ·   |           |              |       |                  |
| review, or compilation of its financial statements and selection of an independent accountant?          If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       Image: Compilation of a federal award, was the organization required audit or audits?       Image: Compilation of a federal award, was the organization of a federal award, was the organization of a federal award, was the organization undergo the required audit or audits?       Image: Compilation of a federal award, was the organization of a federal award, was the organization undergo the required audit or audits?       Image: Compilation of a federal award, was the organization of a federal award, was the organization undergo the required audit or audits?       Image: Compilation of a federal award, was the organization award, was the organization of a |      | Separate basis X Consolidated basis Both consolidated and separate basis  |           |              |       |                  |
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| 3a       As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit       3a       X         Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b   |      | review, or compilation of its financial statements and selection of an independent accountant?                        |           | . 2c         | X     |                  |
| Act and OMB Circular A-133?       3a       X         b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b       3b   |      | If the organization changed either its oversight process or selection process during the tax year, explain on Sche    | edule O.  |              |       |                  |
| b       If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits       3b   | 3a   | 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 |              |       | 1                |
| or audits, explain why on Schedule O and describe any steps taken to undergo such audits  |      | Act and OMB Circular A-133?   |           | 3a           |       | X                |
|   | b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit  |              |       | 1                |
|   |      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                              |           | . 3b         |       |                  |

Form **990** (2020)

032012 12-23-20

Department of the Treasury Internal Revenue Service

| (Form 9 | 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            |
|------------------------------|
| 2020                         |
| Open to Public<br>Inspection |

| Name of the organization       Employer identification num         DIRECT RELIEF       95-1831116         Part I       Reason for Public Charity Status.       (All organizations must complete this part.) See instructions.         The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)       1       A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). |      |
|--|------|
| The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).   |      |
| The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).   |      |
|  |      |
|  |      |
| 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  |      |
| 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  |      |
| 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name  | ),   |
| city, and state:   |      |
| 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in  |      |
| section 170(b)(1)(A)(iv). (Complete Part II.)  |      |
| 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).   |      |
| 7 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.)  |      |
| 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)   |      |
| 9 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   |      |
| university:  |      |
| 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from  | n    |
| activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investme   | nt   |
| 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.)  |      |
| 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  |      |
| 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.   |      |
| <b>a Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving   |      |
| 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.   |      |
| <b>b Type II.</b> 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.  |      |
| 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.   |      |
| d 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.   |      |
| e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III  |      |
| functionally integrated, or Type III non-functionally integrated supporting organization.  f Enter the number of supported organizations   |      |
| <ul> <li>g Provide the following information about the supported organization(s).</li> </ul>   |      |
| (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other  | ər   |
| organization (described on lines 1-10<br>above (see instructions)) Yes No support (see instructions) support (see instructions)  | ons) |
|  |      |
|  |      |
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| Total  |      |

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## Schedule A (Form 990 or 990-EZ) 2020 DIRECT RELIEF

95-1831116

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 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.)

| Se         | ction A. Public Support                      |                      |                      |                       |                     |                      |                  |
|------------|--|----------------------|----------------------|-----------------------|---------------------|----------------------|------------------|
| Cale       | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2016      | <b>(b)</b> 2017      | (c) 2018              | <b>(d)</b> 2019     | (e) 2020             | <b>(f)</b> Total |
| 1          | Gifts, grants, contributions, and            |                      |                      |                       |                     |                      |                  |
|            | membership fees received. (Do not            |                      |                      |                       |                     |                      |                  |
|            | include any "unusual grants.")               | 1114134242.          | 1231064403.          | 1432612920.           | 1998070429.         | 1927136437.          | 7703018431.      |
| 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                 | 1114134242.          | 1231064403.          | 1432612920.           | 1998070429.         | 1927136437.          | 7703018431.      |
| 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)                                   |                      |                      |                       |                     |                      | 4219130633.      |
|            | Public support. Subtract line 5 from line 4. |                      |                      |                       |                     |                      | 3483887798.      |
| Se         | ction B. Total Support                       |                      |                      |                       |                     |                      |                  |
| Cale       | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2016      | <b>(b)</b> 2017      | <b>(c)</b> 2018       | <b>(d)</b> 2019     | (e) 2020             | <b>(f)</b> Total |
| 7          | Amounts from line 4                          | 1114134242.          | 1231064403.          | 1432612920.           | 1998070429.         | 1927136437.          | 7703018431.      |
| 8          | Gross income from interest,                  |                      |                      |                       |                     |                      |                  |
|            | dividends, payments received on              |                      |                      |                       |                     |                      |                  |
|            | securities loans, rents, royalties,          |                      |                      |                       |                     |                      |                  |
|            | and income from similar sources              | 63,167.              | 489,967.             | 1,420,677.            | 1,274,067.          | 56,035.              | 3,303,913.       |
| 9          | Net income from unrelated business           |                      |                      |                       |                     |                      |                  |
|            | activities, whether or not the               |                      |                      |                       |                     |                      |                  |
|            | business is regularly carried on             | 82,424.              | 5,060.               | 0.                    | 0.                  | ٥.                   | 87,484.          |
| 10         | Other income. Do not include gain            |                      |                      |                       |                     |                      |                  |
|            | or loss from the sale of capital             |                      |                      |                       |                     |                      |                  |
|            | assets (Explain in Part VI.)                 |                      |                      |                       |                     |                      |                  |
| 11         | Total support. Add lines 7 through 10        |                      |                      |                       |                     |                      | 7706409828.      |
|            | Gross receipts from related activities,      | etc. (see instructio | ons)                 |                       |                     | 12                   |                  |
|            | First 5 years. If the Form 990 is for th     |                      | ,                    | ourth, or fifth tax y | vear as a section 5 | 01(c)(3)             |                  |
|            | organization, check this box and stor        | here                 |                      |                       |                     |                      |                  |
| Se         | ction C. Computation of Publi                | c Support Per        | centage              |                       |                     |                      |                  |
| 14         | Public support percentage for 2020 (I        | ine 6, column (f), d | ivided by line 11, c | olumn (f))            |                     | 14                   | 45.21 %          |
| 15         | Public support percentage from 2019          | Schedule A, Part     | II, line 14          |                       |                     | 15                   | 44.49 %          |
|            | <b>33 1/3% support test - 2020.</b> If the c |                      |                      |                       |                     | ore, check this bo   | and              |
|            | stop here. The organization qualifies        |                      |                      |                       |                     |                      |                  |
| k          | 33 1/3% support test - 2019. If the c        | organization did no  | t check a box on li  | ne 13 or 16a, and     | line 15 is 33 1/3%  | or more, check thi   | s box            |
|            | and stop here. The organization qual         |                      |                      | 1                     |                     |                      |                  |
| 17a        | 10% -facts-and-circumstances test            | - 2020. If the org   | anization did not c  | heck a box on line    | 13, 16a, or 16b, a  | and line 14 is 10% o | or more,         |
|            | and if the organization meets the fact       |                      |                      |                       |                     |                      |                  |
|            | meets the facts-and-circumstances te         | st. The organizatio  | n qualifies as a pu  | blicly supported or   | ganization          | -                    |                  |
| k          | 0 10% -facts-and-circumstances test          | - 2019. If the org   | anization did not c  | heck a box on line    | 13, 16a, 16b, or 1  | 7a, and line 15 is   | 10% or           |
|            | more, and if the organization meets th       | e facts-and-circum   | nstances test, cheo  | ck this box and st    | op here. Explain i  | n Part VI how the    |                  |
|            | organization meets the facts-and-circu       |                      |                      |                       |                     |                      |                  |
| <u>1</u> 8 | Private foundation. If the organization      |                      |                      |                       | •                   |                      |                  |
| -          |  |                      | · · · · ·            |                       |                     | dula A (Farm 000     |                  |

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

## 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.)

| Section A. Public Support  |                            |                     |                      |                     |                   |                     |
|--|----------------------------|---------------------|----------------------|---------------------|-------------------|---------------------|
| Calendar year (or fiscal year beginning in) 🕨  | (a) 2016                   | <b>(b)</b> 2017     | (c) 2018             | (d) 2019            | (e) 2020          | (f) Total           |
| 1 Gifts, grants, contributions, and  |                            |                     |                      |                     |                   |                     |
| membership fees received. (Do not  |                            |                     |                      |                     |                   |                     |
| include any "unusual grants.")   |                            |                     |                      |                     |                   |                     |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                            |                     |                      |                     |                   |                     |
| <b>3</b> Gross receipts from activities that   |                            |                     |                      |                     |                   |                     |
| are not an unrelated trade or bus-   |                            |                     |                      |                     |                   |                     |
| in   |                            |                     |                      |                     |                   |                     |
|  |                            |                     |                      |                     |                   |                     |
| 4 Tax revenues levied for the organ-<br>ization's benefit and either paid to   |                            |                     |                      |                     |                   |                     |
|  |                            |                     |                      |                     |                   |                     |
| 5 The value of services or facilities  |                            |                     |                      |                     |                   |                     |
| furnished by a governmental unit to  |                            |                     |                      |                     |                   |                     |
| the organization without charge  |                            |                     |                      |                     |                   |                     |
|  |                            |                     |                      |                     |                   |                     |
| <ul> <li>6 Total. Add lines 1 through 5</li> <li>7a Amounts included on lines 1, 2, and</li> </ul>   |                            |                     |                      |                     |                   |                     |
| 3 received from disqualified persons   |                            |                     |                      |                     |                   |                     |
| <b>b</b> Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year         |                            |                     |                      |                     |                   |                     |
| c Add lines 7a and 7b  |                            |                     |                      |                     |                   |                     |
| 8 Public support. (Subtract line 7c from line 6.)  |                            |                     |                      |                     |                   |                     |
| Section B. Total Support   |                            |                     |                      |                     |                   |                     |
| Calendar year (or fiscal year beginning in)  | (a) 2016                   | (b) 2017            | (c) 2018             | (d) 2019            | (e) 2020          | (f) Total           |
| 9 Amounts from line 6  |                            |                     |                      |                     |                   |                     |
| <b>10a</b> Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                      |                            |                     |                      |                     |                   |                     |
| <b>b</b> Unrelated business taxable income   |                            |                     |                      |                     |                   |                     |
| (less section 511 taxes) from businesses   |                            |                     |                      |                     |                   |                     |
| acquired after June 30, 1975   |                            |                     |                      |                     |                   |                     |
| <b>c</b> Add lines 10a and 10b   |                            |                     |                      |                     |                   |                     |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |                            |                     |                      |                     |                   |                     |
| 12 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)   |                            |                     |                      |                     |                   |                     |
| <b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)   |                            |                     |                      |                     |                   |                     |
| 14 First 5 years. If the Form 990 is for th  | e organization's fi        | rst, second, third, | fourth, or fifth tax | year as a section s | 501(c)(3) organiz | ation,              |
| check this box and stop here   |                            |                     |                      |                     |                   |                     |
| Section C. Computation of Publi  | c Support Per              | centage             |                      |                     |                   |                     |
| 15 Public support percentage for 2020 (I   | ne 8, column (f), d        | livided by line 13, | column (f))          |                     | 15                | %                   |
| 16 Public support percentage from 2019   | Schedule A, Part           | III, line 15        |                      |                     | 16                | %                   |
| Section D. Computation of Inves  | tment Income               | e Percentage        |                      |                     |                   |                     |
| 17 Investment income percentage for 20   | <b>20</b> (line 10c, colur | nn (f), divided by  | line 13, column (f)) |                     | 17                | %                   |
| 18 Investment income percentage from 2   | 2019 Schedule A,           | Part III, line 17   |                      |                     | 18                | %                   |
| 19a 33 1/3% support tests - 2020. If the   |                            |                     |                      |                     | 33 1/3%, and lin  | e 17 is not         |
| more than 33 1/3%, check this box ar   |                            |                     |                      |                     |                   |                     |
| b 33 1/3% support tests - 2019. If the   |                            |                     |                      |                     |                   | %, and              |
| line 18 is not more than 33 1/3%, che  | ck this box and <b>st</b>  | op here. The org    | anization qualifies  | as a publicly supp  | orted organizati  | on ►                |
| 20 Private foundation. If the organizatio  |                            |                     |                      |                     |                   |                     |
| 032023 01-25-21  |                            |                     |                      |                     |                   | 990 or 990-EZ) 2020 |
|  |                            | 18                  | 3                    |                     |                   |                     |

2020.05080 DIRECT RELIEF

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).*
- 8 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 line 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.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a

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10b

Yes No

|  | rm 990 or 990-EZ) 2020 DIRECT RELIEF  | 95-18311 | 16  | Pa  | age <b>5</b> |
|--|---|----------|-----|-----|--------------|
| Part IV S  | upporting Organizations (continued)   |          |     |     |              |
|  |   | _        |     | Yes | No           |
| 11 Has the o                                     | organization accepted a gift or contribution from any of the following persons?   |          |     |     |              |
| a A person                                       | who directly or indirectly controls, either alone or together with persons described in lines 11b and   |          |     |     |              |
| 11c belo   | w, the governing body of a supported organization?  | ·        | 11a |     |              |
| <b>b</b> A family i                              | member of a person described in line 11a above?   | Ŀ        | 11b |     |              |
| <b>c</b> A 35% co                                | ontrolled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide   |          |     |     |              |
| detail in <b>F</b>                               | Part VI.  |          | 11c |     |              |
| ection B.  | Type I Supporting Organizations   |          |     |     |              |
|  |   |          |     | Yes | No           |
| more sup<br>directors<br>effectivel<br>organizat | overning body, members of the governing body, officers acting in their official capacity, or membership of or<br>oported organizations have the power to regularly appoint or elect at least a majority of the organization's or<br>, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)<br>y operated, supervised, or controlled the organization's activities. If the organization had more than one supp<br>ion, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among<br>degrated and what expeditions are estimated and a provide the text of text of the text of text | fficers, | 1   |     |              |
|  | d organizations and what conditions or restrictions, if any, applied to such powers during the tax year.<br>rganization operate for the benefit of any supported organization other than the supported  |          | -   |     |              |
|  | tion(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in  |          |     |     |              |
|  |   |          |     |     |              |
|  | ow providing such benefit carried out the purposes of the supported organization(s) that operated,  |          | 2   |     |              |
| supervise<br>Section C                           | ed, or controlled the supporting organization.  Type II Supporting Organizations  |          | 2   |     |              |
|  |   |          |     | Yes | No           |
| 1 Were a m                                       | najority of the organization's directors or trustees during the tax year also a majority of the directors   |          |     |     |              |
| or trustee                                       | es of each of the organization's supported organization(s)? If "No," describe in Part VI how control  |          |     |     |              |
| or manac   | rement of the supporting organization was vested in the same persons that controlled or managed   |          |     |     |              |
| the supp   | orted organization(s).  |          | 1   |     |              |
| Section D.                                       | All Type III Supporting Organizations   |          |     |     |              |
|  |   |          |     | Yes | No           |
| 1 Did the o                                      | rganization provide to each of its supported organizations, by the last day of the fifth month of the   |          |     |     |              |
| organizat  | tion's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |          |     |     |              |
| •  | a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |          |     |     |              |
|  | ion's governing documents in effect on the date of notification, to the extent not previously provided?   |          | 1   |     |              |
| •  | y of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |          |     |     |              |

| 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).        |
| 3 | By reason of the relationship described in line 2, above, 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. Section 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) |
|---|----------------------------------|------------------------------|------------------------------|----------------------|--------------------|
| • |                                  | linal line organization used | to satisfy the integral Fart | rest during the year | 1300 1130 000      |

- a 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 <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u> |
|---|--|---|--|
|---|--|---|--|

- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- b Did the activities described in line 2a, above, 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.*
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** 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? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

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2

3

2a

2b

3a

3b

Yes No

### 20 2020.05080 DIRECT RELIEF

| Schedule A (Form 990 or 990-EZ) 2020 | DIRECT | RELIEF |
|--------------------------------------|--------|--------|
|--------------------------------------|--------|--------|

Part V

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 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 c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

| Par   | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |                                   |                               |    |                                  |  |
|-------|--|-----------------------------------|-------------------------------|----|----------------------------------|--|
| Secti | Section D - Distributions Current Year   |                                   |                               |    |                                  |  |
| 1     | Amounts paid to supported organizations to accomplish exer                                 | npt purposes                      |                               | 1  |                                  |  |
| 2     | Amounts paid to perform activity that directly furthers exemp                              | t purposes of supported           |                               |    |                                  |  |
|       | organizations, in excess of income from activity   |                                   |                               |    |                                  |  |
| 3     | Administrative expenses paid to accomplish exempt purpose                                  | s of supported organizations      | 3                             | 3  |                                  |  |
| 4     | Amounts paid to acquire exempt-use assets  |                                   |                               | 4  |                                  |  |
| 5     | Qualified set-aside amounts (prior IRS approval required - pro                             | ovide details in <b>Part VI</b> ) |                               | 5  |                                  |  |
| 6     | Other distributions (describe in <b>Part VI</b> ). See instructions.                       |                                   |                               | 6  |                                  |  |
| 7     | Total annual distributions. Add lines 1 through 6.   |                                   |                               | 7  |                                  |  |
| 8     | Distributions to attentive supported organizations to which th                             | e organization is responsive      |                               |    |                                  |  |
| -     | (provide details in <b>Part VI</b> ). See instructions.                                    |                                   |                               | 8  |                                  |  |
| 9     | Distributable amount for 2020 from Section C, line 6                                       |                                   |                               | 9  |                                  |  |
| 10    | Line 8 amount divided by line 9 amount   |                                   |                               | 10 |                                  |  |
| 10    |  | (i)                               | (ii)                          | 10 | (iii)                            |  |
| Secti | on E - Distribution Allocations (see instructions)   | Excess Distributions              | Underdistribution<br>Pre-2020 | าร | Distributable<br>Amount for 2020 |  |
| 1     | Distributable amount for 2020 from Section C, line 6                                       |                                   |                               |    |                                  |  |
| 2     | Underdistributions, if any, for years prior to 2020 (reason-                               |                                   |                               |    |                                  |  |
|       | able cause required - explain in Part VI). See instructions.                               |                                   |                               |    |                                  |  |
| 3     | Excess distributions carryover, if any, to 2020  |                                   |                               |    |                                  |  |
| a     | From 2015  |                                   |                               |    |                                  |  |
| b     | From 2016  |                                   |                               |    |                                  |  |
| с     | From 2017  |                                   |                               |    |                                  |  |
| d     | From 2018  |                                   |                               |    |                                  |  |
| е     | From 2019  |                                   |                               |    |                                  |  |
| f     | Total of lines 3a through 3e   |                                   |                               |    |                                  |  |
| g     | Applied to underdistributions of prior years   |                                   |                               |    |                                  |  |
| h     | Applied to 2020 distributable amount   |                                   |                               |    |                                  |  |
| i     | Carryover from 2015 not applied (see instructions)   |                                   |                               |    |                                  |  |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                     |                                   |                               |    |                                  |  |
| 4     | Distributions for 2020 from Section D,   |                                   |                               |    |                                  |  |
|       | line 7: \$   |                                   |                               |    |                                  |  |
| а     | Applied to underdistributions of prior years   |                                   |                               |    |                                  |  |
| b     | Applied to 2020 distributable amount   |                                   |                               |    |                                  |  |
| с     | Remainder. Subtract lines 4a and 4b from line 4.   |                                   |                               |    |                                  |  |
| 5     | Remaining underdistributions for years prior to 2020, if                                   |                                   |                               |    |                                  |  |
|       | any. Subtract lines 3g and 4a from line 2. For result greater                              |                                   |                               |    |                                  |  |
|       | than zero, explain in Part VI. See instructions.   |                                   |                               |    |                                  |  |
| 6     | Remaining underdistributions for 2020. Subtract lines 3h                                   |                                   |                               |    |                                  |  |
| -     | and 4b from line 1. For result greater than zero, explain in                               |                                   |                               |    |                                  |  |
|       | Part VI. See instructions.   |                                   |                               |    |                                  |  |
| 7     | Excess distributions carryover to 2021. Add lines 3j                                       |                                   |                               |    |                                  |  |
| •     | and 4c.  |                                   |                               |    |                                  |  |
| 8     | Breakdown of line 7:   |                                   |                               |    |                                  |  |
|       | Excess from 2016   |                                   |                               |    |                                  |  |
|       | Excess from 2017   |                                   |                               |    |                                  |  |
|       | Excess from 2018   |                                   |                               |    |                                  |  |
|       | Excess from 2019   |                                   |                               |    |                                  |  |
|       | Excess from 2020   |                                   |                               |    |                                  |  |
| ~     |  |                                   |                               |    |                                  |  |

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

| Part 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 B, lines 1, 2, 30, 30, 40, 40, 40, 54, 59, 90, 90, 90, 114, 110, and 110, Part IV, Section B, lines 1 and 2, Part IV, Section B, line 1; Part V, Section B, li |
|                | Section D, lines C, and S, and Berty Section E, lines 12, 24, 20, 34, and 30; Part V, line 1; Part V, Section B, line 16; 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.)  |
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| 032028 01-25-2 | 1 Schedule A (Form 990 or 990-EZ) 2020   |
|                | 23   |
|                | 4.5  |

## **Schedule B**

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

| DIF                        | RECT RELIEF  | 95-1831116 |
|----------------------------|--|------------|
| Organization type (check o | ne):   |            |
| Filers of:                 | Section:   |            |
| Form 990 or 990-EZ         | X 501(c)( <sup>3</sup> ) (enter number) organization                             |            |
|                            | 4947(a)(1) nonexempt charitable trust <b>not</b> 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 (entering "N/A" in column (b) instead of the contributor name and address), 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  $\dots$   $\blacktriangleright$  \$

**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).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

|              | B (Form 990, 990-EZ, or 990-PF) (2020)                             |  | Page <b>2</b>   |
|--------------|--|--|---|
| Name of o    | rganization  | Emple  | oyer identification number  |
| DIRECT F     | RELIEF   | 9  | 5-1831116   |
| Part I       | Contributors (see instructions). Use duplicate copies of Part I if | additional space is needed.                            |   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions                             | (d)<br>Type of contribution   |
| 1            |  | \$80,608,939.  | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions                             | (d)<br>Type of contribution   |
| 2            |  | \$373,313.   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)  |
| (a)          | (b)  | (c)  | (d)   |
| <u> </u>     | Name, address, and ZIP + 4   | Total contributions            \$         275,806,242. | Type of contribution         Person         Payroll         Noncash         X         (Complete Part II for noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions                             | (d)<br>Type of contribution   |
| 4            |  | \$   | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions                             | (d)<br>Type of contribution   |
| 5            |  | \$268,451,034.   | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)   |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions                             | (d)<br>Type of contribution   |
| 6            |  | \$230,590,643.   | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)   |
| 023452 11-25 | 5-20   | Schedule B (Form                                       | 990, 990-EZ, or 990-PF) (2020)  |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

|              | B (Form 990, 990-EZ, or 990-PF) (2020)                             | 1                             | Page <b>2</b>  |
|--------------|--|-------------------------------|--|
| Name of o    | rganization  | Emplo                         | oyer identification number   |
| DIRECT F     | RELIEF   | 9                             | 5-1831116  |
| Part I       | Contributors (see instructions). Use duplicate copies of Part I if | f additional space is needed. |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 7            |  | \$197,858,971.                | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)          |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 8            |  | \$40,588,289.                 | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)          |
| (a)          | (b)  | (c)                           | (d)  |
| No.          | Name, address, and ZIP + 4   | Total contributions           | Type of contribution   |
| 9            |  | \$97,626,927.                 | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)          |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 10           |  | \$80,228,972.                 | Person<br>Payroll<br>Noncash X<br>(Complete Part II for noncash contributions.)    |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 11           |  | \$250,000.                    | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|              |  | \$64,163,563.                 | Person Payroll Noncash X<br>(Complete Part II for noncash contributions.)          |
| 023452 11-25 | 5-20   | Schedule B (Form              | 990, 990-EZ, or 990-PF) (2020)   |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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|              | 3 (Form 990, 990-EZ, or 990-PF) (2020)                             |                               | Page <b>2</b>  |
|--------------|--|-------------------------------|--|
| Name of or   | rganization  | En                            | ployer identification number   |
| DIRECT R     | ELIEF  |                               | 95-1831116   |
| Part I       | Contributors (see instructions). Use duplicate copies of Part I if | f additional space is needed. |  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 13           |  | \$62,475,000                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 14           |  | \$55,255,484                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 15           |  | \$50,000,750                  | Person X<br>Payroll  |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|              |  | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
|              |  | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.)               |
| (a)<br>No.   | (b)<br>Name, address, and ZIP + 4                                  | (c)<br>Total contributions    | (d)<br>Type of contribution  |
| 023452 11-25 |  | \$                            | Person Payroll Noncash (Complete Part II for noncash contributions.)               |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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15280224 146892 6294230

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| Schedule                     | B (Form 990, 990-EZ, or 990-PF) (2020)                               |   |         | Page                          |
|------------------------------|--|---|---------|-------------------------------|
| Name of o                    | organization   |   | Employe | er identification number      |
| DIRECT F                     | RELIEF   |   | 95-     | -1831116                      |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part II | if additional space is need               | led.    |                               |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estima<br>(See instruction |         | (d)<br>Date received          |
| 1                            | PHARMACEUTICALS  | _   |         |                               |
|                              |  | \$80,60                                   | 8,939.  | 07/09/20                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estima<br>(See instructio  |         | (d)<br>Date received          |
| 3                            | PHARMACEUTICALS, MEDICAL SUPPLIES                                    | _   |         |                               |
|                              |  | \$275,80                                  | 6,242.  | 07/01/20                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estim<br>(See instructio   |         | (d)<br>Date received          |
| 5                            | PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL EQUIPMENT                 | _   |         |                               |
|                              |  | \$268,45                                  | 1,034.  | 07/10/20                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estima<br>(See instructio  |         | (d)<br>Date received          |
| 6                            | PHARMACEUTICALS, MEDICAL SUPPLIES                                    | _   |         |                               |
|                              |  | \$230,59                                  | 0,643.  | 07/10/20                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estim<br>(See instructio   |         | (d)<br>Date received          |
| 7                            | PHARMACEUTICALS  | _   |         |                               |
|                              |  | \$197,85                                  | 8,971.  | 07/06/20                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                         | (c)<br>FMV (or estim<br>(See instructio   |         | (d)<br>Date received          |
| 8                            | PHARMACEUTICALS  | _   |         |                               |
|                              |  | \$40,58                                   | 8,289.  | 07/06/20                      |
| 023453 11-25                 | 5-20   |   |         | 90, 990-EZ, or 990-PF) (2020) |

62942302

<sup>15280224 146892 6294230</sup> 

<sup>28</sup> 2020.05080 DIRECT RELIEF

| Schedule                     | B (Form 990, 990-EZ, or 990-PF) (2020)                          |   |                                 | Page 3 |
|------------------------------|---|---|---------------------------------|--------|
| Name of o                    | rganization   |   | Employer identification nun     | nber   |
| DIRECT F                     | RELIEF  |   | 95-1831116                      |        |
| Part II                      | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is neede         | d.                              |        |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimat<br>(See instructions |                                 |        |
| 9                            | PHARMACEUTICALS   |   |                                 |        |
|                              |   | \$97,255                                    | <u>,259.</u> 07/06/20           |        |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimat<br>(See instructions | Data received                   |        |
| 10                           | PHARMACEUTICALS   |   |                                 |        |
|                              |   | \$80,228                                    | ,972. 07/01/20                  |        |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimat<br>(See instructions |                                 |        |
| 12                           | PHARMACEUTICALS   |   |                                 |        |
|                              |   | \$64,163                                    | ,563. 07/24/20                  |        |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimat<br>(See instructions | Data received                   |        |
|                              |   |   |                                 |        |
|                              |   | \$  |                                 |        |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimat<br>(See instructions |                                 |        |
|                              |   |   |                                 |        |
|                              |   | \$  |                                 |        |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                    | (c)<br>FMV (or estimat<br>(See instructions |                                 |        |
|                              |   |   |                                 |        |
|                              |   | \$  |                                 |        |
| 023453 11-25                 | 5-20  |   | B (Form 990, 990-EZ, or 990-PF) | (2020) |

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| lame of o                 | rganization                             |   | Employer identification number   |  |  |  |  |  |
|---------------------------|---|---|--|--|--|--|--|--|
| IRECT F                   | RELIEF                                  |   | 95-1831116   |  |  |  |  |  |
| Part III                  |   | <ul> <li>(a) through (e) and the following line ent</li> <li>, charitable, etc., contributions of \$1,000 or I</li> </ul> | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the yea |  |  |  |  |  |
| (a) No.<br>from<br>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,             | and ZIP + 4   | Relationship of transferor to transferee                               |  |  |  |  |  |
|                           |   |   |  |  |  |  |  |  |
| (a) No.<br>from<br>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,             | and ZIP + 4   | Relationship of transferor to transferee                               |  |  |  |  |  |
|                           |   |   |  |  |  |  |  |  |
| (a) No.<br>from<br>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, and ZIP + 4 |   | Relationship of transferor to transferee                               |  |  |  |  |  |
|                           |   |   |  |  |  |  |  |  |
| a) No.<br>from<br>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, and ZIP + 4 |   | Relationship of transferor to transferee                               |  |  |  |  |  |
|                           |   |   |  |  |  |  |  |  |
| 3454 11-25                | 5-20                                    |   | Schedule B (Form 990, 990-EZ, or 990-PF) (202                          |  |  |  |  |  |

## 15280224 146892 6294230

2020.05080 DIRECT RELIEF

30

SCHEDULE D

| (Form | 990) |
|-------|------|
|-------|------|

# **Supplemental Financial Statements**



| (Form 990)                 |   | ▶ Complete if the organization answered "Yes" on Form 990,<br>Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. |  |                              |             | 2020<br>Open to Public          |  |
|----------------------------|---|--|--|------------------------------|-------------|---------------------------------|--|
| Department of the Treasury |   |  | ► Attach to Form 990.<br>rs.gov/Form990 for instructions and the latest information. |                              |             |                                 |  |
| Name of the organization   |   |  | no the latest information  |                              | Inspection  |                                 |  |
| DIRECT RELIEF              |   |  |  |                              |             | 95-1831116                      |  |
| Pa                         | Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. C  |  |  |                              |             |                                 |  |
|                            |   | n answered "Yes" on Form 990, Part IV, lin   |  |                              |             |                                 |  |
|                            | <u>y</u>  |  | (a) Donor ad   | vised funds                  | (b) Fund    | ds and other accounts           |  |
| 1                          | Total number at er  | nd of year   |  |                              |             |                                 |  |
| 2                          | Aggregate value o   |  |  |                              |             |                                 |  |
| 3                          | Aggregate value o   |  |  |                              |             |                                 |  |
| 4                          |   | t end of year  |  |                              |             |                                 |  |
| 5                          |   | on inform all donors and donor advisors in   |  | s held in donor advised fu   | nds         |                                 |  |
|                            | are the organizatio   | n's property, subject to the organization's  | exclusive legal control  | ol?                          |             | Yes 📃 No                        |  |
| 6                          |   | on inform all grantees, donors, and donor a  |  |                              |             |                                 |  |
|                            | for charitable purp   | oses and not for the benefit of the donor o  | or donor advisor, or fo  | r any other purpose confe    | erring      |                                 |  |
|                            | impermissible priva   |  |  |                              |             | Yes No                          |  |
| Pa                         | rt II Conserv   | ation Easements. Complete if the or  | ganization answered  | "Yes" on Form 990, Part      | V, line 7.  |                                 |  |
| 1                          | Purpose(s) of cons  | servation easements held by the organization   | on (check all that app   | ly).                         |             |                                 |  |
|                            | Preservation  | of land for public use (for example, recrea  | tion or education)   | Preservation of a his        | storically  | important land area             |  |
|                            | Protection o  | f natural habitat  |  | Preservation of a ce         | rtified his | toric structure                 |  |
|                            | Preservation  | n of open space  |  |                              |             |                                 |  |
| 2                          | Complete lines 2a   | through 2d if the organization held a qualit   | fied conservation con  | tribution in the form of a d | conservat   | ion easement on the last        |  |
|                            | day of the tax year   | ·.   |  |                              |             | Held at the End of the Tax Year |  |
| а                          | Total number of co  | onservation easements  |  |                              | 2a          |                                 |  |
| b                          | Total acreage rest  | ricted by conservation easements   |  |                              | 2b          |                                 |  |
| с                          | Number of conservent  | vation easements on a certified historic stru  | ucture included in (a)   |                              | 2c          |                                 |  |
| d                          | Number of conservent  | vation easements included in (c) acquired a  | after 7/25/06, and not   | on a historic structure      |             |                                 |  |
|                            | listed in the Natior  | nal Register   |  |                              | 2d          |                                 |  |
| 3                          | Number of conservent  | vation easements modified, transferred, rel  | leased, extinguished,  | or terminated by the orga    | inization o | during the tax                  |  |
|                            | year 🕨  |  |  |                              |             |                                 |  |
| 4                          | Number of states v  | where property subject to conservation eas   | sement is located  |                              |             |                                 |  |
| 5                          | Does the organizat  | tion have a written policy regarding the per   | riodic monitoring, insp  | pection, handling of         |             |                                 |  |
|                            |   | orcement of the conservation easements if  |  |                              |             |                                 |  |
| 6                          | Staff and voluntee  | r hours devoted to monitoring, inspecting,   | handling of violations   | s, and enforcing conserva    | tion ease   | ments during the year           |  |
|                            | ►   |  |  |                              |             |                                 |  |
| 7                          | Amount of expens  | es incurred in monitoring, inspecting, hanc  | lling of violations, and   | d enforcing conservation e   | easement    | s during the year               |  |
|                            | ►\$   |  |  |                              |             |                                 |  |
| 8                          |   | vation easement reported on line 2(d) abov   | e satisfy the requiren   | nents of section 170(h)(4)(  | B)(i)       |                                 |  |
|                            | and section 170(h)  |  |  |                              |             | Yes No                          |  |
| 9                          |   | be how the organization reports conservation   |  |                              |             |                                 |  |
|                            | balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the   |  |  |                              |             |                                 |  |
| Do                         |   | ounting for conservation easements.  | Art Historical T   | Franciuran or Other          | Similar     | Acceta                          |  |
| Pal                        |   | ations Maintaining Collections of  |  | reasures, or other           | Similar     | A92612.                         |  |
|                            | •   | the organization answered "Yes" on Form  |  |                              |             |                                 |  |
| <b>1</b> a                 | U U   | elected, as permitted under FASB ASC 95  | •  |                              |             |                                 |  |
|                            | of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public   |  |  |                              |             |                                 |  |
| -                          | service, provide in Part XIII the text of the footnote to its financial statements that describes these items.  If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of |  |  |                              |             |                                 |  |
| b                          | -   |  | · -  |                              |             |                                 |  |
|                            | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,   |  |  |                              |             |                                 |  |

|        | provide the following amounts relating to these items:   |     |                            |
|--------|--|-----|----------------------------|
|        | (i) Revenue included on Form 990, Part VIII, line 1  |     | \$                         |
|        | (ii) Assets included in Form 990, Part X   |     | \$                         |
| 2      | If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro | vid | e                          |
|        | the following amounts required to be reported under FASB ASC 958 relating to these items:                                |     |                            |
| а      | Revenue included on Form 990, Part VIII, line 1  |     | \$                         |
| b      | Assets included in Form 990, Part X  |     | \$                         |
| LHA    | For Paperwork Reduction Act Notice, see the Instructions for Form 990.   |     | Schedule D (Form 990) 2020 |
| 032051 | 12-01-20   |     |                            |

31 2020.05080 DIRECT RELIEF

| Sche | dule D (Form 990) 2020 DIRECT RELI                                     | EF                               |                       |                     |  | 95-183      | 1116      | P      | age <b>2</b> |
|------|--|----------------------------------|-----------------------|---------------------|--|-------------|-----------|--------|--------------|
| Par  | t III Organizations Maintaining C                                      | ollections of Art                | , Historical Tre      | asures, or Otl      | ner Simila                                     | ar Assets   | contir    | nued)  |              |
| 3    | Using the organization's acquisition, accession                        | on, and other records            | , check any of the t  | following that mak  | e significant                                  | use of its  |           | ,      |              |
|      | collection items (check all that apply):                               |                                  |                       |                     |  |             |           |        |              |
| а    |  |                                  |                       |                     |  |             |           |        |              |
| b    |  |                                  |                       |                     |  |             |           |        |              |
| с    | Preservation for future generations                                    |                                  |                       |                     |  |             |           |        |              |
| 4    | Provide a description of the organization's co                         | llections and explain            | how they further th   | ne organization's e | xempt purpo                                    | ose in Part | XIII.     |        |              |
| 5    | During the year, did the organization solicit o                        |                                  |                       |                     |  |             |           |        |              |
| •    | to be sold to raise funds rather than to be ma                         |                                  |                       |                     |  |             | Yes       |        | No           |
| Par  | t IV Escrow and Custodial Arrang                                       |                                  |                       |                     |  | 0 Part IV   |           |        |              |
|      | reported an amount on Form 990, Par                                    |                                  | to in the organizatio |                     |  | 0,1 0111,   | 110 0, 01 |        |              |
| 10   | Is the organization an agent, trustee, custodi                         |                                  | any for contribution  | e or other assets n | ot included                                    |             |           |        |              |
| Ia   |  |                                  |                       |                     |  |             | Yes       |        | No           |
| h    | on Form 990, Part X?<br>If "Yes," explain the arrangement in Part XIII |                                  |                       |                     |  | ∟           |           |        |              |
| b    | in res, explain the arrangement in Part All                            | and complete the loli            | owing table.          |                     |  |             | A         |        |              |
|      | De sienie a belen ee   |                                  |                       |                     |  |             | Amount    |        |              |
| с.   | Beginning balance  |                                  |                       |                     |  |             |           |        |              |
| d    | Additions during the year  |                                  |                       |                     |  |             |           |        |              |
| е    | Distributions during the year  |                                  |                       |                     |  |             |           |        |              |
| f    | Ending balance   |                                  |                       |                     |  |             | 7         |        | 7            |
|      | Did the organization include an amount on Fe                           |                                  |                       |                     | ,        | L           | Yes       |        | No           |
|      | If "Yes," explain the arrangement in Part XIII.                        |                                  |                       |                     |  |             |           |        |              |
| Par  | <b>t V Endowment Funds.</b> Complete i                                 |                                  |                       |                     |  |             |           |        |              |
|      |  | (a) Current year                 | (b) Prior year        | (c) Two years bac   |  | years back  |           |        |              |
| 1a   | Beginning of year balance  | 34,600,273.                      | 36,975,634.           | 27,758,883          |  | 521,747.    |           |        | 980.         |
| b    | Contributions  |                                  |                       |                     |  |             |           |        |              |
| С    | Net investment earnings, gains, and losses                             | 10,021,573.                      | 821,558.              | 2,236,000           | 06. 2,233,294. 2,202,5                         |             |           |        | 566.         |
| d    | Grants or scholarships   | 3,208,883.                       | 2,687,197.            | 1,099,626           | 5. 3,3   | 177,271.    | З,        | 397,   | 144.         |
| е    | Other expenditures for facilities                                      |                                  |                       |                     |  |             |           |        |              |
|      | and programs   |                                  | 6,919,743.            |                     |  |             |           |        |              |
| f    | Administrative expenses  | 385,438.                         | 270,021.              | 222,453             | L. :   | 203,875.    |           | 200,   | 467.         |
| g    | End of year balance  | 62,341,309.                      | 34,600,273.           | 36,975,634          | 1. 27,   | 758,883.    | 28,       | 521,   | 747.         |
| 2    | Provide the estimated percentage of the curr                           | ent year end balance             | (line 1g, column (a   | )) held as:         |  |             |           |        |              |
| а    | Board designated or quasi-endowment                                    | 100                              | %                     |                     |  |             |           |        |              |
| b    | Permanent endowment  .0000   | %                                | _                     |                     |  |             |           |        |              |
| с    | Term endowment   | <u></u> %                        |                       |                     |  |             |           |        |              |
|      | The percentages on lines 2a, 2b, and 2c show                           | uld equal 100%                   |                       |                     |  |             |           |        |              |
| 3a   | Are there endowment funds not in the posses                            |                                  | tion that are held ar | nd administered fo  | r the organiz                                  | vation      |           |        |              |
|      | by:  |                                  |                       |                     |  |             | ſ         | Yes    | No           |
|      | (i) Unrelated organizations  |                                  |                       |                     |  |             | 3a(i)     | 100    | x            |
|      | (ii) Related organizations   |                                  |                       |                     |  |             | 3a(ii)    | Х      |              |
| h    | If "Yes" on line 3a(ii), are the related organizations                 |                                  |                       |                     |  |             | 3b        | х      |              |
| 4    | Describe in Part XIII the intended uses of the                         |                                  |                       |                     |  |             | 00        |        | ·            |
|      | t VI Land, Buildings, and Equipm                                       |                                  | ment lands.           |                     |  |             |           |        |              |
|      | Complete if the organization answered                                  |                                  | Part IV line 11a S    | oo Eorm 000 Port    | V line 10                                      |             |           |        |              |
|      |  |                                  |                       |                     |  | had         |           |        |              |
|      | Description of property  | (a) Cost or ot<br>basis (investm | • •                   |                     | <ul> <li>Accumulat<br/>depreciation</li> </ul> |             | (d) Bool  | k valu | е            |
|      |  |                                  | ,                     | (other)             | depreciation                                   |             |           | 705    | 005          |
|      | Land   |                                  |                       | ,705,985.           | 2 2 4  | 804         | ,         | ,      | 985.         |
| b    | Buildings  |                                  | 30                    | ,603,412.           | 2,361  | ,094.       | 28,       | ∠4⊥,   | 518.         |
|      | Leasehold improvements   |                                  |                       |                     |  |             | -         | 4.0.0  | 105          |
|      | Equipment  |                                  |                       | ,764,487.           | 2,632  |             |           |        | 483.         |
|      | Other  |                                  |                       | ,160,745.           | 4,745  | ,329.       | ,         | ,      | 416.         |
| Tota | . Add lines 1a through 1e. (Column (d) must e                          | qual Form 990, Part >            | (, column (B), line 1 | 0c.)                |  | . 🕨 🗌       | 40,       | 495,   | 402.         |
|      |  |                                  |                       |                     |  | Schedule    | D (Form   | 1 990) | 2020         |

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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely held equity interests                                    |                |   |
| (3) Other  |                |   |
| (A)  |                |   |
| (B)  |                |   |
| (C)  |                |   |
| (D)  |                |   |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►   |                |   |

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)  |                |
| Part X Other Liabilities.   |                |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. |                |
| 1. (a) Description of liability   | (b) Book value |
| (1) Federal income taxes  |                |

| (2) OTHER CURRENT LIABILITIES                                    | 7,332,666. |
|--|------------|
| (3) ACCRUED PAYROLL EXPENSES                                     | 871,086.   |
| (4)  |            |
| (5)  |            |
| (6)  |            |
| (7)  |            |
| (8)  |            |
| (9)  |            |
| Total (Column (b) must could Form 000, Part X, col. (P) line 25) | 8 203 752. |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

032053 12-01-20

| Sche | dule D (Form 990) 2020 DIRECT RELIEF   |                |                 | 95-1   | 831116          | Page <b>4</b> |
|------|--|----------------|-----------------|--------|-----------------|---------------|
| Par  |  | tements With F | Revenue per Ret | turn.  |                 | 5             |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, lir  | ne 12a.        |                 |        |                 |               |
| 1    | Total revenue, gains, and other support per audited financial statements   |                |                 | 1      | 1,930,          | 374,534.      |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  |                |                 |        |                 |               |
| а    | Net unrealized gains (losses) on investments   | 2a             | 6,513.          |        |                 |               |
| b    | Donated services and use of facilities   | 2b             | 3,833,291.      |        |                 |               |
| с    | Recoveries of prior year grants  |                |                 |        |                 |               |
|      | Other (Describe in Part XIII.)   |                | 6,750.          |        |                 |               |
| е    | Add lines 2a through 2d  |                |                 | 2e     | 3,              | 846,554.      |
| 3    | Subtract line 2e from line 1   |                |                 | 3      | 1,926,          | 527,980.      |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |                |                 |        |                 |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a             |                 |        |                 |               |
| b    | Other (Describe in Part XIII.)   | 4b             | 3,169,307.      |        |                 |               |
| с    | Add lines <b>4a</b> and <b>4b</b>  |                |                 | 4c     | 3,              | 169,307.      |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.   | )              |                 | 5      |                 | 697,287.      |
| Par  | t XII Reconciliation of Expenses per Audited Financial Sta   | atements With  | Expenses per R  | eturn  | ۱.              |               |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, lir  | ie 12a.        |                 |        |                 |               |
| 1    | Total expenses and losses per audited financial statements   |                |                 | 1      | 1,907,          | 694,519.      |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:  |                |                 |        |                 |               |
| а    | Donated services and use of facilities   | 2a             | 4,336,834.      |        |                 |               |
| b    | Prior year adjustments   |                |                 |        |                 |               |
|      | Other losses   |                |                 |        |                 |               |
|      | Other (Describe in Part XIII.)   |                | 6,750.          |        |                 |               |
| е    | Add lines 2a through 2d  |                |                 | 2e     | 4,              | 343,584.      |
| 3    | Subtract line 2e from line 1   |                |                 | 3      | 1,903,          | 350,935.      |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |                |                 |        |                 |               |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a             |                 |        |                 |               |
|      | Other (Describe in Part XIII.)   |                | 104,000.        |        |                 |               |
| с    | Add lines 4a and 4b  |                |                 | 4c     |                 | 104,000.      |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1  |                |                 | 5      | 1,903,          | 454,935.      |
| Par  | t XIII Supplemental Information.   | - 7            |                 |        |                 |               |
|      | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4<br>2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an |                |                 | Part X | (, line 2; Part | XI,           |
| PART | V, LINE 4:   |                |                 |        |                 |               |
| BOAR | D DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION MAINTAIN  | IS CUSTODY OF  |                 |        |                 |               |
| THE  | BOARD RESTRICTED INVESTMENT FUND (BRIF), WHICH IS A BOARI  | DESIGNATED     |                 |        |                 |               |
| ENDO | WMENT. DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTIN  | IG             |                 |        |                 |               |
| OPGA | NIZATION OF DIRECT RELIEF. THE FOUNDATION IS ORGANIZED TO  | OPERATE        |                 |        |                 |               |

SOLELY AND EXCLUSIVELY TO SUPPORT, BENEFIT, OR CARRY OUT THE PURPOSES OF

DIRECT RELIEF. THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR CURRENT

AND FUTURE OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES FUNDING TO

PAY FOR ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGEMENT

AND GENERAL EXPENSES. FOR THE YEAR ENDED JUNE 30, 2021, THE DIRECT RELIEF

FOUNDATION TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVERING ALL OF

DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMPENSATION

032054 12-01-20

Schedule D (Form 990) 2020

OF THE CEO.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME UNDER INTERNAL REVENUE

CODE SECTION 501(C)(3) AND CALIFORNIA REVENUE AND TAXATION CODE 23701D.

THEREFORE, NO AMOUNTS FOR INCOME TAXES ARE REFLECTED IN THE ACCOMPANYING

CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAD INCONSEQUENTIAL

UNRELATED BUSINESS INCOME TAX DURING THE YEAR ENDED JUNE 30, 2021 AND 2020

AND NO TAX PROVISION HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED

FINANCIAL STATEMENTS.

THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AS OF

JUNE 30, 2021 AND 2020.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONATED SOFTWARE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF DONATED SECURITIES

INTERCOMPANY REIMBURSEMENT

TOTAL TO SCHEDULE D, PART XI, LINE 4B

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DONATED SOFTWARE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY REIMBURSEMENT

15280224 146892 6294230

032055 12-01-20

Schedule D (Form 990) 2020

6,750.

3,065,307.

3,169,307.

104,000.

6,750.

104,000.

| (    |       |        |         |
|------|-------|--------|---------|
| 1528 | 80224 | 146892 | 6294230 |

and 3b)

SOUTH AMERICA

SOUTH ASIA

3 a Subtotal **b** Total from continuation

sheets to Part I c Totals (add lines 3a

0

0

0

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

36 2020.05080 DIRECT RELIEF 906,000.

923,400.

51,544.

1,849,250.

9,837,875. 18,307,407.

1403191861.

1421499268.

Schedule F (Form 990) 2020

| SCHEDULE F<br>(Form 990)                               |   |   | ivities Outside the Un<br>n answered "Yes" on Form 990, Part  |                                       |   | OMB No. 1545-0047  |
|--|---|---|---|---------------------------------------|---|--|
| (FOITH 990)  | Complete if                               | the organization  | · · · · · · · · · · · · · · · · · · ·   |                                       |   |  |
| Department of the Treasury<br>Internal Revenue Service | Go to v                                   | www.irs.gov/Fo  | Attach to Form 990.<br>Attach to Form 990. Attach to Form 990 for instructions and the latest   | information.                          |   | Open to Public<br>nspection  |
| Name of the organization                               |   |   |   |                                       | Employer id   | entification number  |
| DIRECT RELIEF  |   |   |   |                                       | 95-18311  | 16   |
|  | formation on A                            | ctivities Out   | side the United States. Comple  | ete if the organ                      |   |  |
| Form 990, Pa   |   |   | Compi   | sto il tilo organ                     |   |  |
| 1 For grantmakers. Do                                  | oes the organization                      | n maintain record   | ds to substantiate the amount of its gra  | nts and other                         | assistance,   |  |
| the grantees' eligibilit                               | ty for the grants or a                    | ssistance, and t  | he selection criteria used to award the   | grants or assis                       | stance?   | X Yes No   |
| 2 For grantmakers. De United States.                   | escribe in Part V the                     | organization's  | procedures for monitoring the use of its  | grants and ot                         | her assistance  | outside the  |
|  |   |   | n be duplicated if additional space is n  | · · · · · · · · · · · · · · · · · · · |   |  |
| (a) Region   | (b) Number of<br>offices<br>in the region | (c) Number of<br>employees,<br>agents, and<br>independent<br>contractors<br>in the region | (d) Activities conducted in the region<br>(by type) (such as, fundraising, pro-<br>gram services, investments, grants to<br>recipients located in the region) | is a pro<br>describe                  | vity listed in (d)<br>gram service,<br>e specific type<br>(s) in the regior | (f) Total<br>expenditures<br>for and<br>investments<br>in the region |
|  |   |   |   |                                       |   |  |
| CENTRAL AMERICA AND                                    |   |   |   |                                       |   |  |
| THE CARIBBEAN  |   |   | GRANTMAKING   |                                       |   | 1,392,732.   |
|  |   |   |   |                                       |   |  |
| EAST ASIA AND THE                                      |   |   |   |                                       |   |  |
| PACIFIC  |   |   | GRANTMAKING   |                                       |   | 1,831,635.   |
|  |   |   |   |                                       |   | , , ,  |
| EUROPE (INCLUDING                                      |   |   |   |                                       |   |  |
| ICELAND AND  |   |   |   |                                       |   | 1 514 071  |
| GREENLAND)   |   |   | GRANTMAKING   |                                       |   | 1,514,971.   |
|  |   |   |   |                                       |   |  |
| MIDDLE EAST AND  |   |   |   |                                       |   |  |
| NORTH AFRICA   |   |   | GRANTMAKING   |                                       |   | 906,000.   |
|  |   |   |   |                                       |   |  |
| NORTH AMERICA  |   |   |   |                                       |   |  |
| (CANADA AND MEXICO)                                    |   |   | GRANTMAKING   |                                       |   | 923,400.   |
|  |   |   |   |                                       |   |  |
| RUSSIA AND   |   |   |   |                                       |   |  |
| NEIGHBORING STATES                                     |   |   | GRANTMAKING   |                                       |   | 51,544.  |
|  |   |   |   |                                       |   | , ,  |

GRANTMAKING

GRANTMAKING

0

8

8

| Schedule F (Form 990)                          | DIRECT RELIE                              |  | • (Schedule F (Form 990), Part I, line 3  | 95-1831   | 116 Page 1                              |
|--|---|--|---|---|---|
| (a) Region                                     | (b) Number of<br>offices<br>in the region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in region<br>(by type) (i.e., fundraising,<br>program services, grants to<br>recipients located in the region) | (e) If activity listed in (d)<br>is a program service,<br>describe specific type<br>of service(s) in region | (f) Total<br>expenditures<br>for region |
| SUB-SAHARAN AFRICA                             |   |  | GRANTMAKING   |   | 1,970,484.                              |
| CENTRAL AMERICA AND<br>THE CARIBBEAN           |   |  | GRANTMAKING   | PROVISION OF<br>PHARMACEUTICALS, MEDICAL<br>EQUIPMENT, AND SUPPLIES   | 113,484,708.                            |
| EAST ASIA AND THE<br>PACIFIC                   |   |  | GRANTMAKING   | PROVISION OF<br>PHARMACEUTICALS, MEDICAL<br>EQUIPMENT, AND SUPPLIES   | 16,682,065.                             |
| EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |   |  | GRANTMAKING   | PROVISION OF<br>PHARMACEUTICALS, MEDICAL<br>EQUIPMENT, AND SUPPLIES   | 40,285,869.                             |
| MIDDLE EAST AND<br>NORTH AFRICA                |   |  | GRANTMAKING   | PROVISION OF<br>PHARMACEUTICALS, MEDICAL<br>EQUIPMENT, AND SUPPLIES   | 114,915,424.                            |
| NORTH AMERICA<br>(CANADA AND MEXICO)           |   |  | GRANTMAKING   | PROVISION OF<br>PHARMACEUTICALS, MEDICAL<br>EQUIPMENT, AND SUPPLIES   | 4,540,382.                              |
| RUSSIA AND<br>NEIGHBORING STATES               |   |  | GRANTMAKING   | PROVISION OF<br>PHARMACEUTICALS, MEDICAL<br>EQUIPMENT, AND SUPPLIES   | 24,599,740.                             |
| SOUTH AMERICA                                  |   |  | GRANTMAKING   | PROVISION OF<br>PHARMACEUTICALS, MEDICAL<br>EQUIPMENT, AND SUPPLIES   | 275,992,712.                            |
| SOUTH ASIA                                     |   |  | GRANTMAKING   | PROVISION OF<br>PHARMACEUTICALS, MEDICAL<br>EQUIPMENT, AND SUPPLIES   | 301,380,050.                            |
| SUB-SAHARAN AFRICA                             |   |  | GRANTMAKING   | PROVISION OF<br>PHARMACEUTICALS, MEDICAL  | 508,633,396.                            |
| Totals   |   |  |   |   |   |

032181 04-01-20

| Schedule F (Form 990) Part I Continuation      | DIRECT RELIE                                     |  | • (Schedule F (Form 990), Part I, line 3  | 95-1831116  | Page   |
|--|--|--|---|---|--|
| (a) Region                                     | <b>(b)</b> Number of<br>offices<br>in the region | (c) Number of<br>employees or<br>agents in<br>region | (d) Activities conducted in region<br>(by type) (i.e., fundraising,<br>program services, grants to<br>recipients located in the region) | (e) If activity listed in (d)<br>is a program service,<br>describe specific type<br>of service(s) in region | <b>(f)</b> Total<br>expenditures<br>for region |
|  |  |  |   | COORDINATION OF MEDICAL<br>SUPPORT TO DOCTORS AND   |  |
| NORTH AMERICA                                  |  | 1  |   | MEDICAL CLINICS IN  | 40.467   |
| (CANADA AND MEXICO)                            | 1  | 1  | PROGRAM SERVICES  | MEXICO<br>COORDINATION OF MEDICAL<br>SUPPORT TO DOCTORS AND<br>MEDICAL CLINICS IN                           | 42,467   |
| SUB-SAHARAN AFRICA                             | 1  | 1  | PROGRAM SERVICES  | AFRICA  | 67,025   |
|  |  |  |   | COORDINATION OF MEDICAL<br>SUPPORT TO DOCTORS AND<br>MEDICAL CLINICS IN SOUTH                               |  |
| SOUTH AMERICA                                  |  | 1  | PROGRAM SERVICES  | AMERICA<br>COORDINATION OF MEDICAL<br>SUPPORT TO DOCTORS AND  | 22,342.  |
| CENTRAL AMERICA AND                            |  |  |   | MEDICAL CLINICS IN THE  |  |
| THE CARIBBEAN                                  |  | 1  | PROGRAM SERVICES  | BAHAMAS   | 95,511   |
|  |  |  |   | COORDINATION OF MEDICAL<br>SUPPORT TO DOCTORS AND   |  |
| SOUTH ASIA                                     |  | 1  | PROGRAM SERVICES  | MEDICAL CLINICS IN INDIA  | 40,431.  |
| EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |  | 1  | PROGRAM SERVICES  | COORDINATION OF MEDICAL<br>SUPPORT TO DOCTORS AND<br>MEDICAL CLINICS IN THE<br>BALKANS                      | 61,998.  |
| EAST ASIA AND THE                              |  |  |   | COORDINATION OF MEDICAL<br>SUPPORT TO DOCTORS AND<br>MEDICAL CLINICS IN ASEAN                               |  |
| PACIFIC  | 1  | 2  | PROGRAM SERVICES  | REGION  | 121,138  |
| NORTH AMERICA<br>(CANADA AND MEXICO)           |  |  | INVESTMENTS   |   | 242,924  |
| SUB-SAHARAN AFRICA                             |  |  | INVESTMENTS   |   | 13,195.  |
|  |  |  |   |   |  |
|  |  |  |   |   |  |
| Totals   | •  | 8  |   |   | 1403191861                                     |

032181 04-01-20

## Part II 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.

| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region                 | <b>(d)</b> Purpose of grant     | <b>(e)</b> Amount of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>noncash<br>assistance | (h) Description<br>of noncash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|-------------------------------|---|----------------------------|---------------------------------|---------------------------------|---------------------------------|---|---|---|
|                               |   |                            |                                 |                                 |                                 |   | PHARMACEUTICALS,                            |   |
|                               |   |                            |                                 |                                 |                                 |   | OTHER, MEDICAL                              | ESTIMATED   |
|                               |   | CENTRAL AMERICA            |                                 |                                 |                                 |   | SUPPLIES,                                   | WHOLESALE PRICE,  |
|                               |   | AND THE CARIBBEAN          |                                 | 0.                              |                                 | 111,198.                                      | EQUIPMENT                                   | PURCHASED PRICE   |
|                               |   |                            |                                 |                                 |                                 |   | PHARMACEUTICALS,                            |   |
|                               |   | CENTRAL AMERICA            |                                 |                                 |                                 |   |   | ESTIMATED   |
|                               |   | AND THE CARIBBEAN          |                                 | 0.                              |                                 | 7,981,324.                                    | ,   | WHOLESALE PRICE   |
|                               |   | AND THE CARIBBEAN          |                                 | 0.                              |                                 | 7,901,524.                                    | PHARMACEUTICALS,                            | WHOLESALE FRICE   |
|                               |   |                            |                                 |                                 |                                 |   | OTHER, MEDICAL                              | ESTIMATED   |
|                               |   | CENTRAL AMERICA            |                                 |                                 |                                 |   | ,   | WHOLESALE PRICE,  |
|                               |   | AND THE CARIBBEAN          |                                 | 0.                              |                                 | 1,790,855.                                    |   | PURCHASED PRICE   |
|                               |   |                            |                                 |                                 |                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,         |   |   |
|                               |   |                            |                                 |                                 |                                 |   |   |   |
|                               |   | CENTRAL AMERICA            | COVID19 RELIEF &                |                                 |                                 |   |   |   |
|                               |   | AND THE CARIBBEAN          | RECOVERY                        | 50,000.                         | WIRE                            | 0.  |   |   |
|                               |   |                            |                                 |                                 |                                 |   |   |   |
|                               |   | CENTRAL AMERICA            | COVID19 RELIEF &                |                                 |                                 |   |   |   |
|                               |   | AND THE CARIBBEAN          | RECOVERY                        | 50,000.                         | WIRE                            | 0.  |   |   |
|                               |   |                            |                                 |                                 |                                 |   |   |   |
|                               |   | CENTRAL AMERICA            | COVID19 RELIEF &                |                                 |                                 |   |   |   |
|                               |   | AND THE CARIBBEAN          | RECOVERY                        | 50,000.                         | WIRE                            | 0.  |   |   |
|                               |   |                            |                                 |                                 |                                 |   |   |   |
|                               |   | CENTRAL AMERICA            |                                 |                                 |                                 |   |   | ESTIMATED   |
|                               |   | AND THE CARIBBEAN          |                                 | 0.                              |                                 | 145 243                                       | PHARMACEUTICALS                             | WHOLESALE PRICE   |
|                               |   | AND THE CARIBBEAN          |                                 |                                 |                                 | 115,215.                                      | TIANNACHUTTCAHU                             | MICHEDALE TRICE   |
|                               |   |                            |                                 |                                 |                                 |   | PHARMACEUTICALS,                            | ESTIMATED   |
|                               |   | CENTRAL AMERICA            |                                 |                                 |                                 |   | ,   | WHOLESALE PRICE,  |
|                               |   | AND THE CARIBBEAN          |                                 | 0.                              |                                 | 5,716,654.                                    | ,   | PURCHASED PRICE   |
| 2 Enter total number of       | recipient organization                          | ns listed above that are r | ecognized as charities by the f | oreign country,                 | recognized as a tax             | , , ,   | 1   |   |
|                               |   |                            | or counsel has provided a sect  |                                 | -                               |   |   | 282   |
| 3 Enter total number of       | other organizations of                          | or entities                |                                 | <u></u>                         |                                 |   |   | 153   |

Schedule F (Form 990) 2020

| chedule F (Form 990)          | DIRECT  |                         |                               |                             | 95-183                          |  |  | Page  |
|-------------------------------|---|-------------------------|-------------------------------|-----------------------------|---------------------------------|--|--|---|
|                               | of Grants and Other                             | Assistance to Organizat | tions or Entities Outside the | United States.              | (Schedule F (Form 9             |  | 1)   | 1   |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) |                         | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM<br>appraisal, other) |
|                               |   |                         |                               |                             |                                 |  |  |   |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |  |  | ESTIMATED   |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 830,130.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                               |   |                         |                               |                             |                                 |  |  |   |
|                               |   |                         |                               |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED   |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |  | MEDICAL SUPPLIES,                            | WHOLESALE PRIC  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 2,788,389.                                     | EQUIPMENT                                    | PURCHASED PRICI   |
|                               |   |                         |                               |                             |                                 |  |  | ESTIMATED   |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |  | MEDICAL SUPPLIES,                            | WHOLESALE PRIC  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 |  | ,<br>EQUIPMENT                               | PURCHASED PRIC  |
|                               |   |                         |                               |                             |                                 |  |  |   |
|                               |   |                         |                               |                             |                                 |  | OTHER, MEDICAL                               | ESTIMATED   |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |  | SUPPLIES,                                    | WHOLESALE PRIC  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 42,244.  | EQUIPMENT                                    | PURCHASED PRIC  |
|                               |   |                         |                               |                             |                                 |  | PHARMACEUTICALS,                             | L   |
|                               |   |                         |                               |                             |                                 |  | OTHER, MEDICAL                               | ESTIMATED   |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |  | SUPPLIES,                                    | WHOLESALE PRIC  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 3,387,345.                                     | EQUIPMENT                                    | PURCHASED PRIC  |
|                               |   |                         |                               |                             |                                 |  |  |   |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |  |  | ESTIMATED   |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 1,635,345.                                     | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                               |   |                         |                               |                             |                                 |  |  |   |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |  |  | ESTIMATED   |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 40,538.  | OTHER  | WHOLESALE PRIC  |
|                               |   |                         |                               |                             |                                 |  |  |   |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |  |  | ESTIMATED   |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 40,538.  | OTHER  | WHOLESALE PRIC  |
|                               |   |                         |                               |                             |                                 |  |  |   |
|                               |   |                         |                               |                             |                                 |  |  | ESTIMATED   |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 | 20.122   |  | WHOLESALE PRICE   |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 38,133.  | OTHER, EQUIPMENT                             | PURCHASED PRICE   |

| Schedule F (Form 990)         | DIRECT                                       | RELIEF                               |                                |                                 | 95-1833                         | L116   |  | Page <b>2</b>  |
|-------------------------------|--|--------------------------------------|--------------------------------|---------------------------------|---------------------------------|--|--|--|
| 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<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                           | <b>(d)</b> Purpose of<br>grant | <b>(e)</b> Amount of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | <b>(h)</b> Description<br>of non-cash<br>assistance          | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                               |  | CENTRAL AMERICA<br>AND THE CARIBBEAN |                                | 0.                              |                                 | 5,631,722.                                     | PHARMACEUTICALS,<br>OTHER, MEDICAL<br>SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |  | CENTRAL AMERICA<br>AND THE CARIBBEAN | COVID19 RELIEF &<br>RECOVERY   | 50,000.                         | WIRE                            | 0.   |  |  |
|                               |  | CENTRAL AMERICA<br>AND THE CARIBBEAN | COVID19 RELIEF &<br>RECOVERY   | 50,000.                         | WIRE                            | 0.   |  |  |
|                               |  | CENTRAL AMERICA<br>AND THE CARIBBEAN |                                | 0.                              |                                 | 1,791,872.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES                         | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |  | CENTRAL AMERICA<br>AND THE CARIBBEAN |                                | 0.                              |                                 | 543,029.                                       | PHARMACEUTICALS,<br>MEDICAL SUPPLIES                         | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |  | CENTRAL AMERICA<br>AND THE CARIBBEAN |                                | 0.                              |                                 | 2,689,614.                                     |  | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |  | CENTRAL AMERICA<br>AND THE CARIBBEAN | COVID19 RELIEF &<br>RECOVERY   | 50,000.                         | WIRE                            | 0.   |  |  |
|                               |  | CENTRAL AMERICA<br>AND THE CARIBBEAN |                                | 0.                              |                                 | 255,795.                                       | MEDICAL SUPPLIES,<br>EQUIPMENT                               | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |  | CENTRAL AMERICA<br>AND THE CARIBBEAN |                                | 0.                              |                                 | 133,265.                                       | PHARMACEUTICALS,<br>OTHER, MEDICAL<br>SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |

| chedule F (Form 990)          | DIRECT  |                         |                               |                             | 95-1833                         |   |  | Page 2   |
|-------------------------------|---|-------------------------|-------------------------------|-----------------------------|---------------------------------|---|--|--|
| Part II Continuation          | of Grants and Other                             | Assistance to Organizat | tions or Entities Outside the | United States.              | (Schedule F (Form 9             | 90), Part II, line                      | 1)   |  |
| 1<br>(a) Name of organizatior | (b) IRS code section<br>and EIN (if applicable) | (c) Region              | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                               |   |                         |                               |                             |                                 |   |  |  |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |   |  | ESTIMATED  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 255,911.                                | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |   |                         |                               |                             |                                 |   | OTHER, MEDICAL                               | ESTIMATED  |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |   | SUPPLIES,                                    | WHOLESALE PRICE  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 |   | EQUIPMENT                                    | PURCHASED PRICE  |
|                               |   |                         |                               |                             |                                 |   |  |  |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |   |  | ESTIMATED  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 2,215,525.                              | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |   |                         |                               |                             |                                 |   |  |  |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |   | PHARMACEUTICALS,                             |  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 2,160,718.                              | MEDICAL SUPPLIES,                            | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   |                         |                               |                             |                                 | 2,100,710.                              |  |  |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |   | PHARMACEUTICALS                              | ESTIMATED  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 254 712                                 | MEDICAL SUPPLIES                             | WHOLESALE PRICE  |
|                               |   |                         |                               |                             |                                 | 231,712.                                |  |  |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |   | MEDICAL SUPPLIES,                            | RCHTMANED  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 124 057                                 | EQUIPMENT                                    | WHOLESALE PRICE  |
|                               |   |                         |                               |                             |                                 |   | PHARMACEUTICALS,                             |  |
|                               |   |                         |                               |                             |                                 |   | OTHER, MEDICAL                               | ESTIMATED  |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |   | SUPPLIES,                                    | WHOLESALE PRICE  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 2,613,262.                              | EQUIPMENT                                    | PURCHASED PRICE  |
|                               |   |                         |                               |                             |                                 |   |  | ESTIMATED  |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |   | MEDICAL SUPPLIES,                            | WHOLESALE PRICE  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 29,239.                                 | EQUIPMENT                                    | PURCHASED PRICE  |
|                               |   |                         |                               |                             |                                 |   | PHARMACEUTICALS,                             |  |
|                               |   | CENTRAL AMERICA         |                               |                             |                                 |   |  | ESTIMATED  |
|                               |   | AND THE CARIBBEAN       |                               | 0.                          |                                 | 666 235.                                | EQUIPMENT                                    | WHOLESALE PRICE  |

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|                            | of Grants and Other                                 | Assistance to Organiza | tions or Entities Outside the | United States.              | <u>(Schedule F (Form 9</u>      |   |  |   |
| 1 (a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM<br>appraisal, other) |
|                            |   |                        |                               |                             |                                 |   |  |   |
|                            |   |                        |                               |                             |                                 |   |  |   |
|                            |   | CENTRAL AMERICA        | EMERGENCY PREPARATION         | 10.000                      |                                 |   |  |   |
|                            |   | AND THE CARIBBEAN      | & RESPONSE                    | 10,000.                     | WIRE                            | 0.                                      |  |   |
|                            |   |                        |                               |                             |                                 |   |  |   |
|                            |   | CENTRAL AMERICA        |                               |                             |                                 |   | MEDICAL SUPPLIES,                            | ESTIMATED   |
|                            |   | AND THE CARIBBEAN      |                               | ٥.                          |                                 | 113,316.                                | EQUIPMENT                                    | WHOLESALE PRIC  |
|                            |   |                        |                               |                             |                                 |   |  |   |
|                            |   | CENTRAL AMERICA        |                               |                             |                                 |   |  | ESTIMATED   |
|                            |   | AND THE CARIBBEAN      |                               | 0.                          |                                 | 113,157.                                | PHARMACEUTICALS                              | WHOLESALE PRIC  |
|                            |   |                        |                               |                             |                                 |   |  |   |
|                            |   |                        |                               |                             |                                 |   | PHARMACEUTICALS,                             | ESTIMATED   |
|                            |   | CENTRAL AMERICA        |                               |                             |                                 |   | MEDICAL SUPPLIES,                            | WHOLESALE PRIC  |
|                            |   | AND THE CARIBBEAN      |                               | 0.                          |                                 | 342,886.                                | EQUIPMENT                                    | PURCHASED PRIC  |
|                            |   |                        |                               |                             |                                 |   |  |   |
|                            |   | CENTRAL AMERICA        | EMERGENCY PREPARATION         |                             |                                 |   |  |   |
|                            |   | AND THE CARIBBEAN      | & RESPONSE                    | 10,000.                     | WIRE                            | 0.                                      |  |   |
|                            |   |                        |                               |                             |                                 |   |  |   |
|                            |   | CENTRAL AMERICA        | COVID19 RELIEF &              |                             |                                 |   |  |   |
|                            |   |                        | RECOVERY                      | 50,000.                     | WIRE                            | 0.                                      |  |   |
|                            |   |                        |                               |                             |                                 |   |  |   |
|                            |   |                        |                               |                             |                                 |   | PHARMACEUTICALS,                             | ESTIMATED   |
|                            |   | CENTRAL AMERICA        |                               |                             |                                 |   | MEDICAL SUPPLIES,                            | WHOLESALE PRIC  |
|                            |   | AND THE CARIBBEAN      |                               | 0.                          |                                 | 722,618.                                | EQUIPMENT                                    | PURCHASED PRIC  |
|                            |   |                        |                               |                             |                                 |   | PHARMACEUTICALS,                             |   |
|                            |   | CENTRAL AMERICA        |                               |                             |                                 |   | MEDICAL SUPPLIES,                            | ESTIMATED   |
|                            |   | AND THE CARIBBEAN      |                               | 0.                          |                                 | 1,839,317.                              |  | WHOLESALE PRIC  |
|                            |   |                        |                               |                             |                                 |   |  |   |
|                            |   |                        |                               |                             |                                 |   | PHARMACEUTICALS,                             | ESTIMATED   |
|                            |   | CENTRAL AMERICA        |                               | _                           |                                 | 700 101                                 | MEDICAL SUPPLIES,                            | WHOLESALE PRIC  |
|                            |   | AND THE CARIBBEAN      |                               | 0.                          |                                 | 728,184.                                | EQUIPMENT                                    | PURCHASED PRIC  |

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|                            | of Grants and Other                                 | Assistance to Organiza               | tions or Entities Outside the | United States.              | <u>(Schedule F (Form 9</u><br>I |            |                                      |                     |  |  |
| 1 (a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region                           | (d) Purpose of<br>grant       | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | non-cash   | of non-cash                          | valuation (book, FM |  |  |
|                            |   |                                      |                               |                             |                                 |            |                                      |                     |  |  |
|                            |   |                                      |                               |                             |                                 |            |                                      |                     |  |  |
|                            |   | CENTRAL AMERICA<br>AND THE CARIBBEAN | COVID19 RELIEF &              | 50,000.                     | WIDE                            | 0          |                                      |                     |  |  |
|                            |   | AND THE CARIBBEAN                    | RECOVERI                      | 50,000.                     | MIRE                            |            | PHARMACEUTICALS                      |                     |  |  |
|                            |   |                                      |                               |                             |                                 |            | ,                                    | ESTIMATED           |  |  |
|                            |   | CENTRAL AMERICA                      |                               |                             |                                 |            | ,<br>SUPPLIES,                       | WHOLESALE PRIC      |  |  |
|                            |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 2,591,861. |                                      | PURCHASED PRIC      |  |  |
|                            |   |                                      |                               |                             |                                 |            |                                      |                     |  |  |
|                            |   |                                      |                               |                             |                                 |            | PHARMACEUTICALS,                     |                     |  |  |
|                            |   | CENTRAL AMERICA                      |                               | 0.                          |                                 | 2 402 050  | OTHER, MEDICAL                       | ESTIMATED           |  |  |
|                            |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 3,403,050. | SUPPLIES                             | WHOLESALE PRIC      |  |  |
|                            |   |                                      |                               |                             |                                 |            |                                      |                     |  |  |
|                            |   | CENTRAL AMERICA                      |                               |                             |                                 |            |                                      | ESTIMATED           |  |  |
|                            |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 299,944.   | PHARMACEUTICALS                      | WHOLESALE PRIC      |  |  |
|                            |   |                                      |                               |                             |                                 |            |                                      |                     |  |  |
|                            |   | CENTRAL AMERICA                      | COVID19 RELIEF &              |                             |                                 |            |                                      |                     |  |  |
|                            |   |                                      | RECOVERY                      | 160,196.                    | WIRE                            | 0.         |                                      |                     |  |  |
|                            |   |                                      |                               |                             |                                 |            |                                      |                     |  |  |
|                            |   | CENTRAL AMERICA                      |                               |                             |                                 |            |                                      | ESTIMATED           |  |  |
|                            |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 188 728    | PHARMACEUTICALS,<br>MEDICAL SUPPLIES | WHOLESALE PRIC      |  |  |
|                            |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 100,720.   | MEDICAL SUFFLIES                     | WHOLESALE FRIC      |  |  |
|                            |   |                                      |                               |                             |                                 |            |                                      |                     |  |  |
|                            |   | CENTRAL AMERICA                      |                               |                             |                                 |            |                                      | ESTIMATED           |  |  |
|                            |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 13,717.    | OTHER                                | WHOLESALE PRICE     |  |  |
|                            |   |                                      |                               |                             |                                 |            |                                      |                     |  |  |
|                            |   | CENTRAL AMERICA                      |                               |                             |                                 |            |                                      | ESTIMATED           |  |  |
|                            |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 13,717.    | OTHER                                | WHOLESALE PRICE     |  |  |
|                            |   |                                      |                               |                             |                                 |            |                                      |                     |  |  |
|                            |   |                                      |                               |                             |                                 |            |                                      |                     |  |  |
|                            |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |                                 | 510 114    | EQUIPMENT                            | PURCHASED PRICE     |  |  |
|                            |   | THE CARIDDEAN                        |                               | U.                          |                                 | 510,114.   |                                      | LOVCHASED PRIC      |  |  |

| Schedule F (Form 990)         | DIRECT  | RELIEF                               |                               |                             | 95-183                          | 1116                                    |  | Page <b>2</b>  |
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| Part II Continuation          | of Grants and Other                             | Assistance to Organizat              | tions or Entities Outside the | United States.              | (Schedule F (Form 9             | 90), Part II, line                      | 1)   | 1  |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region                           | (d) Purpose of<br>grant       | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance                 | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |                                 | 13,717.                                 | OTHER  | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |                                 | 12,302,478.                             | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | ٥.                          |                                 | 248,507.                                | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | ٥.                          |                                 | 1,179,361.                              | PHARMACEUTICALS,<br>MEDICAL SUPPLIES                         | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |                                 | 1,252,921.                              | PHARMACEUTICALS,<br>MEDICAL SUPPLIES                         | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |                                 | 8,420.                                  | MEDICAL SUPPLIES,<br>EQUIPMENT                               | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |                                 | 324,075.                                | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |                                 |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |                                 | 3,209,657.                              | PHARMACEUTICALS,<br>OTHER, MEDICAL<br>SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |

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| Part II Continuation of       | f Grants and Other                              | Assistance to Organiza               | tions or Entities Outside the | United States.              | (Schedule F (Form 9             |  | 1)   | Т   |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region                           | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM<br>appraisal, other) |
|                               |   |                                      |                               |                             |                                 |  |  |   |
|                               |   |                                      |                               |                             |                                 |  |  |   |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN | COVID19 RELIEF &<br>RECOVERY  | 500,000.                    | WIRE                            | 0.   |  |   |
|                               |   |                                      |                               |                             |                                 | •  | PHARMACEUTICALS,                             |   |
|                               |   |                                      |                               |                             |                                 |  | OTHER, MEDICAL                               | ESTIMATED   |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 |  | SUPPLIES,                                    | WHOLESALE PRIC  |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 470,957.                                       | EQUIPMENT                                    | PURCHASED PRIC  |
|                               |   |                                      |                               |                             |                                 |  |  |   |
|                               |   |                                      |                               |                             |                                 |  |  | ESTIMATED   |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 | 010 005  | OTHER, MEDICAL                               | WHOLESALE PRIC  |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 213,337.                                       | SUPPLIES<br>PHARMACEUTICALS,                 | PURCHASED PRIC  |
|                               |   |                                      |                               |                             |                                 |  |  | ESTIMATED   |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 |  | OTHER, MEDICAL<br>SUPPLIES,                  | WHOLESALE PRIC  |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 8,830,133.                                     | ,  | PURCHASED PRIC  |
|                               |   |                                      |                               |                             |                                 | 0,000,100.                                     |  |   |
|                               |   |                                      |                               |                             |                                 |  |  |   |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 |  |  | ESTIMATED   |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 6,393.   | PHARMACEUTICALS                              | WHOLESALE PRIC  |
|                               |   |                                      |                               |                             |                                 |  |  |   |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 |  |  | ESTIMATED   |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 13,717.  | OTHER  | WHOLESALE PRIC  |
|                               |   |                                      |                               |                             |                                 |  | PHARMACEUTICALS,                             |   |
|                               |   |                                      |                               |                             |                                 |  | OTHER, MEDICAL                               | ESTIMATED   |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 |  | SUPPLIES,                                    | WHOLESALE PRIC  |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 2,923,479.                                     | EQUIPMENT                                    | PURCHASED PRIC  |
|                               |   |                                      |                               |                             |                                 |  |  |   |
|                               |   | CENTRAL AMERICA                      | COVID19 RELIEF &              |                             |                                 |  |  |   |
|                               |   | AND THE CARIBBEAN                    |                               | 20,000.                     | WIRE                            | 0.   |  |   |
|                               |   |                                      |                               |                             |                                 |  |  |   |
|                               |   |                                      |                               |                             |                                 |  |  |   |
|                               |   | CENTRAL AMERICA                      |                               | 0.                          |                                 | 1 110 501                                      | FOUTDMEND                                    |   |
|                               |   | AND THE CARIBBEAN                    |                               | U.                          |                                 | 1,118,591.                                     | EQUIPMENT.                                   | PURCHASED PRICE   |

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| 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   |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region                           | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance                 | (i) Method of<br>valuation (book, FM<br>appraisal, other) |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |  |  | OTHER, MEDICAL<br>SUPPLIES,<br>EQUIPMENT                     | ESTIMATED<br>WHOLESALE PRICH<br>PURCHASED PRICH           |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |  | 21,240.  | PHARMACEUTICALS  | ESTIMATED<br>WHOLESALE PRICI                              |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |  | 19,929.  | equipment  | PURCHASED PRIC  |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |  | 2,993,356.                                     | PHARMACEUTICALS,<br>OTHER, MEDICAL<br>SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICI<br>PURCHASED PRICI           |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN | HURRICANE DORIAN<br>RESPONSE  | 84,000.                     | WIRE                                   | 0.   |  |   |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |  | 1,090,872.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES                         | ESTIMATED<br>WHOLESALE PRIC<br>PURCHASED PRIC             |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |  | 1,177,394.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES                         | ESTIMATED<br>WHOLESALE PRIC                               |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN | COVID19 RELIEF &<br>RECOVERY  | 100,000.                    | WIRE                                   | 0.   |  |   |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |  | 1,588,487.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE           |

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| 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<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region                           | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                               |   |                                      |                               |                             |                                 |  |  |  |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED  |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 |  | MEDICAL SUPPLIES                             | WHOLESALE PRICE  |
|                               |   |                                      |                               |                             |                                 |  |  |  |
|                               |   |                                      |                               |                             |                                 |  | PHARMACEUTICALS,                             |  |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 |  | MEDICAL SUPPLIES,                            | ESTIMATED  |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 5,208,060.                               | EQUIPMENT                                    | WHOLESALE PRICE  |
|                               |   |                                      |                               |                             |                                 |  |  |  |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 |  |  | ESTIMATED  |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 14,250.                                  | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |   |                                      |                               |                             |                                 |  |  |  |
|                               |   |                                      |                               |                             |                                 |  |  |  |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |                                 | 13,717.                                  |  | ESTIMATED  |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 13,717.                                  | OTHER  | WHOLESALE PRICE  |
|                               |   |                                      |                               |                             |                                 |  |  |  |
|                               |   | CENTRAL AMERICA                      | COVID19 RELIEF &              |                             |                                 |  |  |  |
|                               |   | AND THE CARIBBEAN                    | RECOVERY                      | 108,536.                    | WIRE                            | 0.                                       |  |  |
|                               |   |                                      |                               |                             |                                 |  |  |  |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 |  |  |  |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 24,917.                                  | EQUIPMENT                                    | PURCHASED PRICE  |
|                               |   |                                      |                               |                             |                                 | ,  |  |  |
|                               |   |                                      |                               |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED  |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 |  | MEDICAL SUPPLIES,                            | WHOLESALE PRICE  |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 5,001,016.                               | EQUIPMENT                                    | PURCHASED PRICE  |
|                               |   |                                      |                               |                             |                                 |  |  |  |
|                               |   | CENTRAL AMERICA                      |                               |                             |                                 |  | PHARMACEUTICALS                              | ESTIMATED  |
|                               |   | AND THE CARIBBEAN                    |                               | 0.                          |                                 | 3,535,234.                               | ,<br>MEDICAL SUPPLIES                        | WHOLESALE PRICE  |
|                               |   |                                      |                               |                             |                                 |  |  |  |
|                               |   |                                      |                               |                             |                                 |  | PHARMACEUTICALS,                             |  |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |                               | 0.                          |                                 | 2,939,399.                               | MEDICAL SUPPLIES,                            | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | AND THE CARIBBEAN                    |                               | υ.                          |                                 | 2,333,399.                               | EÕOTEMENI.                                   | WHOLESALE PRICE  |

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|-------------------------------|---|--------------------------------------|--|-----------------------------|---------------------------------|--|--|---|
| 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)   |   |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region                           | <b>(d)</b> Purpose of grant              | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | (h) Description<br>of non-cash<br>assistance                 | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                               |   | CENTRAL AMERICA<br>AND THE CARIBBEAN |  | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | EAST ASIA AND THE<br>PACIFIC         |  | 0.                          |                                 | 538,906.                                 | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | EAST ASIA AND THE<br>PACIFIC         |  | 0.                          |                                 | 531,220.                                 | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | EAST ASIA AND THE<br>PACIFIC         |  | 0.                          |                                 | 1,265,712.                               | PHARMACEUTICALS,<br>MEDICAL SUPPLIES                         | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | EAST ASIA AND THE<br>PACIFIC         |  | 0.                          |                                 | 151,705.                                 | ,  | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE             |
|                               |   | EAST ASIA AND THE<br>PACIFIC         |  | 0.                          |                                 | 276,138.                                 | MEDICAL SUPPLIES   | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | EAST ASIA AND THE<br>PACIFIC         |  | 0.                          |                                 | 261,616.                                 | PHARMACEUTICALS,<br>OTHER, MEDICAL<br>SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | EAST ASIA AND THE<br>PACIFIC         | AUSTRALIA WILDFIRES<br>RELIEF & RECOVERY | 585,600.                    | WIRE                            | 0.                                       |  |   |
|                               |   | EAST ASIA AND THE<br>PACIFIC         |  | 0.                          |                                 | 6,883.                                   | PHARMACEUTICALS  | ESTIMATED<br>WHOLESALE PRICE                                |

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|----------------------------|---|------------------------|--|-----------------------------|--|---|--|---|
|                            | f Grants and Other                              | Assistance to Organiza | tions or Entities Outside the          | United States.              | (Schedule F (Form 9                    |   |  |   |
| 1 (a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant            | (e) Amount<br>of cash grant | <b>(f)</b> Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM<br>appraisal, other) |
|                            |   |                        |  |                             |  |   |  |   |
|                            |   |                        |  |                             |  |   |  |   |
|                            |   | EAST ASIA AND THE      | COVID19 RELIEF &                       |                             |  |   |  |   |
|                            |   | PACIFIC                | RECOVERY                               | 430,000.                    | WIRE                                   | 0.                                      |  |   |
|                            |   |                        |  |                             |  |   |  |   |
|                            |   | EAST ASIA AND THE      | COVID19 RELIEF &                       |                             |  |   |  |   |
|                            |   | PACIFIC                | RECOVERY                               | 250,000.                    | WIRE                                   | 0.                                      |  |   |
|                            |   |                        |  |                             |  |   |  |   |
|                            |   |                        |  |                             |  |   |  | ESTIMATED   |
|                            |   | EAST ASIA AND THE      |  |                             |  |   |  | WHOLESALE PRIC  |
|                            |   | PACIFIC                |  | 0.                          |  | 11,844.                                 | OTHER, EQUIPMENT                             | PURCHASED PRIC  |
|                            |   |                        | COVID19 RELIEF &<br>RECOVERY, SULAWESI |                             |  |   |  |   |
|                            |   |                        | EARTHQUAKE RELIEF &                    |                             |  |   |  |   |
|                            |   | PACIFIC                | RECOVERY                               | 165,000.                    | WIRE                                   | 0.                                      |  |   |
|                            |   |                        |  |                             |  |   |  |   |
|                            |   |                        |  |                             |  |   |  |   |
|                            |   | EAST ASIA AND THE      | AUSTRALIA WILDFIRES                    |                             |  |   |  |   |
|                            |   | PACIFIC                | RELIEF & RECOVERY                      | 136,066.                    | WIRE                                   | 0.                                      |  |   |
|                            |   |                        |  |                             |  |   |  |   |
|                            |   | EAST ASIA AND THE      | EMERGENCY PREPARATION                  |                             |  |   |  |   |
|                            |   | PACIFIC                | & RESPONSE                             | 20,000.                     | WIRE                                   | 0.                                      |  |   |
|                            |   |                        | COVID19 RELIEF &                       |                             |  |   |  |   |
|                            |   |                        | RECOVERY, SULAWESI                     |                             |  |   |  |   |
|                            |   |                        | EARTHQUAKE RELIEF &                    |                             |  |   |  |   |
|                            |   | PACIFIC                | RECOVERY                               | 60,000.                     | WIRE                                   | 0.                                      |  |   |
|                            |   |                        |  |                             |  |   |  |   |
|                            |   | EAST ASIA AND THE      | AUSTRALIA WILDFIRES                    |                             |  |   |  |   |
|                            |   | PACIFIC                | RELIEF & RECOVERY                      | 59,272.                     | WIRE                                   | 0.                                      |  |   |
|                            |   |                        |  |                             |  |   |  |   |
|                            |   |                        |  |                             |  |   |  |   |
|                            |   | EAST ASIA AND THE      |  | _                           |  |   | PHARMACEUTICALS,                             | ESTIMATED   |
|                            |   | PACIFIC                |  | 0.                          |  | 1,057,128.                              | MEDICAL SUPPLIES                             | WHOLESALE PRIC  |

|   |   |  |   |   |   |   | n-cash<br>stance valuation (book, FMV<br>appraisal, other)<br>JTICALS,<br>EDICAL ESTIMATED<br>WHOLESALE PRICE<br>JTICALS,<br>SUPPLIES,<br>ESTIMATED<br>P WHOLESALE PRICE<br>JTICALS,<br>EDICAL ESTIMATED<br>MHOLESALE PRICE<br>JTICALS,<br>EDICAL ESTIMATED<br>MHOLESALE PRICE   |  |  |
|---|---|--|---|---|---|---|--|--|--|
|   | Assistance to Organiza  |  | United States.  | <u>(Schedule F (Form 9</u>  |   |   |  |  |  |
| <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region  | <b>(d)</b> Purpose of grant  | (e) Amount<br>of cash grant   | (f) Manner of cash disbursement   | (g) Amount of<br>non-cash<br>assistance   | (h) Description<br>of non-cash<br>assistance  | valuation (book, FM  |  |  |
|   |   |  |   |   |   |   |  |  |  |
|   |   |  |   |   |   |   |  |  |  |
|   |   |  | 75 697  | мтре  | 0   |   |  |  |  |
|   | FACIFIC   | RECOVERI   | 15,057.   | WIKE  | 0.  |   |  |  |  |
|   |   |  |   |   |   | PHARMACEUTICALS,  |  |  |  |
|   | EAST ASIA AND THE   |  |   |   |   | OTHER, MEDICAL  | ESTIMATED  |  |  |
|   | PACIFIC   |  | 0.  |   | 5,991,744.  | SUPPLIES  | WHOLESALE PRIC   |  |  |
|   |   |  |   |   |   |   |  |  |  |
|   |   |  |   |   |   |   |  |  |  |
|   |   |  | 0   |   | 1 945 585   | PHARMACEUTICALS   |  |  |  |
|   |   |  |   |   | 1,545,505.  |   |  |  |  |
|   |   |  |   |   |   |   |  |  |  |
|   | EAST ASIA AND THE   | AUSTRALIA WILDFIRES  |   |   |   |   |  |  |  |
|   | PACIFIC   | RELIEF & RECOVERY  | 50,000.   | WIRE  | 0.  |   |  |  |  |
|   |   |  |   |   |   |   |  |  |  |
|   |   |  |   |   |   |   |  |  |  |
|   |   |  | 0   |   | 689 167   | ,   |  |  |  |
|   |   |  |   |   |   |   |  |  |  |
|   |   |  |   |   |   |   | ESTIMATED  |  |  |
|   | EAST ASIA AND THE   |  |   |   |   | SUPPLIES,   | WHOLESALE PRIC   |  |  |
|   | PACIFIC   |  | 0.  |   | 27,449.   | EQUIPMENT   | PURCHASED PRIC   |  |  |
|   |   |  |   |   |   |   |  |  |  |
|   |   |  |   |   |   |   |  |  |  |
|   |   |  | 0   |   | 245 045   | DHADMACEUTCALS  | ESTIMATED<br>WHOLESALE PRIC  |  |  |
|   |   |  |   |   | 243,043.  | INAMACEOTICAED  | WHOLESKEE TRIC   |  |  |
|   |   |  |   |   |   |   | ESTIMATED  |  |  |
|   | EAST ASIA AND THE   |  |   |   |   |   | WHOLESALE PRIC   |  |  |
|   | PACIFIC   |  | 0.  |   | 61,234.   | MEDICAL SUPPLIES  | PURCHASED PRIC   |  |  |
|   |   |  |   |   |   |   |  |  |  |
|   | דאמיי מאס שמיי  |  |   |   |   |   | ESTIMATED  |  |  |
|   | PACIFIC   |  | 0.  |   | 3 356 851   | PHARMACEUTICALS   | WHOLESALE PRIC   |  |  |
|   | F Grants and Other A         (b) IRS code section         and EIN (if applicable)         Image: Section of the section of | (b) IRS code section<br>and EIN (if applicable)(c) RegionImage: Complex section<br>pacificEAST ASIA AND THE<br>pacificImage: Complex section<br>pacificEAST ASIA AND THE<br>pacific | f Grants and Other Assistance to Organizations or Entities Outside the         (b) IRS code section<br>and EIN (if applicable)       (c) Region       (d) Purpose of<br>grant         EAST ASIA AND THE<br>PACIFIC       EAST ASIA AND THE<br>PACIFIC       COVID19 RELIEF &<br>RECOVERY         EAST ASIA AND THE<br>PACIFIC       EAST ASIA AND THE<br>PACIFIC       AUSTRALIA WILDFIRES<br>RELIEF & RECOVERY         EAST ASIA AND THE<br>PACIFIC       EAST ASIA AND THE<br>PACIFIC       AUSTRALIA WILDFIRES<br>RELIEF & RECOVERY         EAST ASIA AND THE<br>PACIFIC       EAST ASIA AND THE<br>PACIFIC       EAST ASIA AND THE<br>PACIFIC         EAST ASIA AND THE<br>PACIFIC       EAST ASIA AND THE<br>PACIFIC       EAST ASIA AND THE<br>PACIFIC         EAST ASIA AND THE<br>PACIFIC       EAST ASIA AND THE<br>PACIFIC       EAST ASIA AND THE<br>PACIFIC         EAST ASIA AND THE<br>PACIFIC       EAST ASIA AND THE<br>PACIFIC       EAST ASIA AND THE | F Grants and Other Assistance to Organizations or Entities Outside the United States.         (b) IRS code section and EIN (if applicable)       (c) Region       (d) Purpose of grant       (e) Amount of cash grant         EAST ASIA AND THE PACIFIC       COVID19 RELIEF & RECOVERY       75,697.         EAST ASIA AND THE PACIFIC       0.         EAST ASIA AND THE PACIFIC       0. | Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 9 and EN) (f) IRS code section and EN (f applicable)       (c) Region       (d) Purpose of grant       (e) Amount of cash grant       (f) Manner of cash disbursement         EAST ASIA AND THE EAST ASIA AND THE COVID19 RELIEF & PACIFIC       EAST ASIA AND THE COVID19 RELIEF & RECOVERY       75,697.       WIRE         EAST ASIA AND THE PACIFIC       COVID19 RELIEF & RECOVERY       0.       0.         EAST ASIA AND THE PACIFIC       0.       0.       0. | Reference to Organizations or Entities Outside the United States. (Schedule F (Form 930), Part II, line.         (b) IRS code section<br>and EIN (if applicable)       (c) Region       (d) Purpose of<br>grant       (e) Amount<br>of cash grant       (f) Manner of<br>cash disbursement       (g) Amount of<br>non-cash<br>assistance         EAST ASIA AND THE<br>PACIFIC       COVID19 RELIEF 4<br>RECOVERY       75,697, WIRE       0.         EAST ASIA AND THE<br>PACIFIC       0.       5,991,744.         EAST ASIA AND THE<br>PACIFIC       0.       1,945,585.         EAST ASIA AND THE<br>PACIFIC       0.       1,945,585.         EAST ASIA AND THE<br>PACIFIC       0.       1,945,585.         EAST ASIA AND THE<br>PACIFIC       0.       689,467.         EAST ASIA AND THE<br>PACIFIC       0.       227,449.         EAST ASIA AND THE<br>PACIFIC       0.       227,449.         EAST ASIA AND THE<br>PACIFIC       0.       245,045.         EAST ASIA AND THE<br>PACIFIC       0.       245,045.         EAST ASIA AND THE<br>PACIFIC       0.       61,234. | T Grants and Other Assistance to Organizations or Entitles Outside the United States. (Schedule F (Form 930), Part II, Ine 1)<br>(b) IRS code section<br>and EIN (if applicable)<br>(c) Region<br>(d) Purpose of<br>grant<br>(e) Amount<br>of cash grant<br>(f) Mamer of<br>cash disbursement<br>(g) Amount<br>of cash grant<br>(g) Amount<br>(g) Amount<br>cash disbursement<br>(g) Amount<br>(g) |  |  |

| chedule F (Form 990)          | DIRECT :  |  |                                | 95-1831116 Pag              |                                 |   |  |   |  |
|-------------------------------|---|--|--------------------------------|-----------------------------|---------------------------------|---|--|---|--|
| 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<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region                                     | <b>(d)</b> Purpose of<br>grant | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance       | (i) Method of<br>valuation (book, FM<br>appraisal, other) |  |
|                               |   | EAST ASIA AND THE<br>PACIFIC                   |                                | 0.                          |                                 | 263,538.                                | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE           |  |
|                               |   | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) | COVID19 RELIEF &<br>RECOVERY   | 200,000.                    | WIRE                            | 0.                                      |  |   |  |
|                               |   | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) | COVID19 RELIEF &<br>RECOVERY   | 250,000.                    | WIRE                            | 0.                                      |  |   |  |
|                               |   | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                      |  |   |  |
|                               |   | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |                                | 0.                          |                                 | 446,277.                                | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                              |  |
|                               |   | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |                                | 0.                          |                                 | 252,116.                                | MEDICAL SUPPLIES                                   | PURCHASED PRICE   |  |
|                               |   | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |                                | 0.                          |                                 | 5,345,168.                              | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE           |  |
|                               |   | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |                                | 0.                          |                                 | 4,441,924.                              | PHARMACEUTICALS,<br>EQUIPMENT                      | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE           |  |
|                               |   | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |                                | 0.                          |                                 | 245,299.                                | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                              |  |

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|-------------------------------|--|--|-------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 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   |  |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section<br>and EIN (if applicable) | (c) Region                                     | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance       | (i) Method of<br>valuation (book, FM<br>appraisal, other) |  |
|                               |  | EUROPE (INCLUDING<br>ICELAND AND               |                               |                             |                                 |  |  | ESTIMATED   |  |
|                               |  | GREENLAND)                                     |                               | 0.                          |                                 | 342,630.                                       | PHARMACEUTICALS                                    | WHOLESALE PRIC  |  |
|                               |  | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |                               | 0.                          |                                 | 23,633,333.                                    | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>FOULPMENT | ESTIMATED<br>WHOLESALE PRIC<br>PURCHASED PRIC             |  |
|                               |  |  |                               |                             |                                 | 20,000,000.                                    |  |   |  |
|                               |  | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |                               | 0.                          |                                 | 751,991.                                       | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRIC                               |  |
|                               |  | EUROPE (INCLUDING<br>ICELAND AND               | COVID19 RELIEF &              |                             |                                 |  |  |   |  |
|                               |  | GREENLAND)                                     | RECOVERY                      | 50,000.                     | WIRE                            | ٥.   |  |   |  |
|                               |  | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) | COVID19 RELIEF &<br>RECOVERY  | 125,000.                    | WIRE                            | 0.   |  |   |  |
|                               |  | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |                               | ٥.                          |                                 | 853,869.                                       | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRIC                               |  |
|                               |  | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |                               | 0.                          |                                 | 213,034.                                       | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRIC                               |  |
|                               |  | EUROPE (INCLUDING<br>ICELAND AND<br>GREENLAND) |                               | 0.                          |                                 | 774,753.                                       | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRIC                               |  |
|                               |  | EUROPE (INCLUDING<br>ICELAND AND               | COVID19 RELIEF &              | 105.005                     |                                 |  |  |   |  |
|                               |  | GREENLAND)                                     | RECOVERY                      | 125,000.                    | WIRE                            | 0.   |  | <u> </u>  |  |

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|                               | of Grants and Other                                 | Assistance to Organiza | tions or Entities Outside the  | United States.              | (Schedule F (Form 9             |   |  | T  |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of<br>grant | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM)<br>appraisal, other) |
|                               |   |                        |                                |                             |                                 |   |  |  |
|                               |   | EUROPE (INCLUDING      |                                |                             |                                 |   |  |  |
|                               |   | ICELAND AND            | COVID19 RELIEF &               |                             |                                 | _                                       |  |  |
|                               |   | GREENLAND)             | RECOVERY                       | 155,000.                    | WIRE                            | 0.                                      |  |  |
|                               |   | EUROPE (INCLUDING      |                                |                             |                                 |   |  |  |
|                               |   |                        | MOZAMBIQUE & MALAWI            |                             |                                 |   |  |  |
|                               |   | GREENLAND)             | -<br>HEALTHCARE SUPPORT        | 60,000.                     | WIRE                            | 0.                                      |  |  |
|                               |   |                        |                                |                             |                                 |   |  |  |
|                               |   | EUROPE (INCLUDING      |                                |                             |                                 |   |  |  |
|                               |   | ICELAND AND            | COVID19 RELIEF &               |                             |                                 |   |  |  |
|                               |   | GREENLAND)             | RECOVERY                       | 100,000.                    | WIRE                            | 0.                                      |  |  |
|                               |   | EUROPE (INCLUDING      |                                |                             |                                 |   |  |  |
|                               |   | ICELAND AND            | COVID19 RELIEF &               |                             |                                 |   |  |  |
|                               |   | GREENLAND)             | RECOVERY                       | 399,971.                    | WIRE                            | 0.                                      |  |  |
|                               |   |                        |                                |                             |                                 |   |  |  |
|                               |   | EUROPE (INCLUDING      |                                |                             |                                 |   | PHARMACEUTICALS,                             |  |
|                               |   | ICELAND AND            |                                |                             |                                 |   | MEDICAL SUPPLIES,                            | ESTIMATED  |
|                               |   | GREENLAND)             |                                | 0.                          |                                 | 2,433,736.                              | EQUIPMENT                                    | WHOLESALE PRIC   |
|                               |   | EUROPE (INCLUDING      |                                |                             |                                 |   |  |  |
|                               |   | ICELAND AND            |                                |                             |                                 |   |  | ESTIMATED  |
|                               |   | GREENLAND)             |                                | 0.                          |                                 | 7,214.                                  | PHARMACEUTICALS                              | WHOLESALE PRIC   |
|                               |   |                        |                                |                             |                                 |   |  |  |
|                               |   | EUROPE (INCLUDING      |                                |                             |                                 |   | PHARMACEUTICALS,                             | ESTIMATED  |
|                               |   | ICELAND AND            |                                |                             |                                 |   | MEDICAL SUPPLIES,                            | WHOLESALE PRIC   |
|                               |   | GREENLAND)             |                                | 0.                          |                                 | 135,529.                                | EQUIPMENT                                    | PURCHASED PRIC   |
|                               |   | EUROPE (INCLUDING      |                                |                             |                                 |   |  |  |
|                               |   | ICELAND AND            |                                |                             |                                 |   |  | ESTIMATED  |
|                               |   | GREENLAND)             |                                | 0.                          |                                 | 140,178.                                | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |   |                        |                                |                             |                                 |   |  |  |
|                               |   | EUROPE (INCLUDING      |                                |                             |                                 |   |  |  |
|                               |   | ICELAND AND            |                                |                             |                                 |   |  | ESTIMATED  |
|                               |   | GREENLAND)             |                                | 0.                          |                                 | 143,208.                                | PHARMACEUTICALS                              | WHOLESALE PRICE  |

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|-------------------------------|---|----------------------------------|------------------------------|-----------------------------|---------------------------------|--|--|--|
| Part II Continuation          | of Grants and Other                                 | Assistance to Organizat          | ions or Entities Outside the | United States.              | (Schedule F (Form 9             |  | 1)   | 1  |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region                       | <b>(d)</b> Purpose of grant  | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM)<br>appraisal, other) |
|                               |   |                                  |                              |                             |                                 |  |  |  |
|                               |   | EUROPE (INCLUDING<br>ICELAND AND |                              |                             |                                 |  |  | ESTIMATED  |
|                               |   | GREENLAND)                       |                              | 0.                          |                                 | 125 611  | PHARMACEUTICALS                              | WHOLESALE PRIC   |
|                               |   | SKEENDAND /                      |                              |                             |                                 | 125,011.                                       | I HARMACEOTICALD                             |  |
|                               |   | MIDDLE EAST AND                  |                              |                             |                                 |  |  | ESTIMATED  |
|                               |   | NORTH AFRICA                     |                              | 0.                          |                                 | 1 258 153                                      | PHARMACEUTICALS                              | WHOLESALE PRIC   |
|                               |   |                                  |                              |                             |                                 | 1,230,133.                                     | I IIAIMACHUI I CAHU                          | WINDESALE TRIC   |
|                               |   | MIDDLE EAST AND                  |                              |                             |                                 |  |  | ESTIMATED  |
|                               |   | NORTH AFRICA                     |                              | 0.                          |                                 | 3 083 321.                                     | PHARMACEUTICALS                              | WHOLESALE PRIC   |
|                               |   |                                  |                              |                             |                                 | , , , = -                                      |  |  |
|                               |   | MIDDLE EAST AND                  |                              |                             |                                 |  |  | ESTIMATED  |
|                               |   | NORTH AFRICA                     |                              | 0.                          |                                 | 777,246.                                       | PHARMACEUTICALS                              | WHOLESALE PRIC   |
|                               |   |                                  |                              |                             |                                 |  |  |  |
|                               |   | MIDDLE EAST AND                  |                              |                             |                                 |  |  | ESTIMATED  |
|                               |   | NORTH AFRICA                     |                              | 0.                          |                                 | 1,630,632.                                     | PHARMACEUTICALS                              | WHOLESALE PRIC   |
|                               |   |                                  |                              |                             |                                 |  |  |  |
|                               |   | MIDDLE EAST AND                  |                              |                             |                                 |  |  | ESTIMATED  |
|                               |   | NORTH AFRICA                     |                              | 0.                          |                                 | 400,478.                                       | PHARMACEUTICALS                              | WHOLESALE PRIC   |
|                               |   |                                  |                              |                             |                                 |  | PHARMACEUTICALS,                             |  |
|                               |   | MIDDLE EAST AND                  |                              |                             |                                 |  | MEDICAL SUPPLIES,                            | ESTIMATED  |
|                               |   | NORTH AFRICA                     |                              | 0.                          |                                 | 767,990.                                       | EQUIPMENT                                    | WHOLESALE PRIC   |
|                               |   |                                  |                              |                             |                                 |  |  |  |
|                               |   | MIDDLE EAST AND                  |                              |                             |                                 |  |  | ESTIMATED  |
|                               |   | NORTH AFRICA                     |                              | 0.                          |                                 | 568,270.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |   |                                  |                              |                             |                                 |  |  |  |
|                               |   | MIDDLE EAST AND                  |                              |                             |                                 |  |  | ESTIMATED  |
|                               |   | NORTH AFRICA                     |                              | 0.                          |                                 | 2,553,066.                                     | PHARMACEUTICALS                              | WHOLESALE PRICE  |

| chedule F (Form 99       | 90)             | DIRECT 1                        | RELIEF                 |                               |                             | 95-1833                                | 1116   |  | Page <b>2</b>  |
|--------------------------|-----------------|---------------------------------|------------------------|-------------------------------|-----------------------------|--|--|--|--|
| Part II Continua         | ation of Grants | s and Other                     | Assistance to Organiza | tions or Entities Outside the | United States.              | (Schedule F (Form 9                    | 90), Part II, line                             | 1)   | 1  |
| 1<br>(a) Name of organiz |                 | code section<br>(if applicable) | (c) Region             | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                          |                 |                                 |                        |                               |                             |  |  | PHARMACEUTICALS                              | ESTIMATED  |
|                          |                 |                                 | MIDDLE EAST AND        |                               |                             |  |  | MEDICAL SUPPLIES,                            | WHOLESALE PRICE  |
|                          |                 |                                 | NORTH AFRICA           |                               | 0.                          |  | 2,785,737.                                     | ,  | PURCHASED PRICE  |
|                          |                 |                                 |                        |                               |                             |  |  |  |  |
|                          |                 |                                 |                        |                               |                             |  |  | PHARMACEUTICALS,                             | ESTIMATED  |
|                          |                 |                                 | MIDDLE EAST AND        |                               |                             |  |  | MEDICAL SUPPLIES,                            | WHOLESALE PRICE  |
|                          |                 |                                 | NORTH AFRICA           |                               | 0.                          |  | 1,537,761.                                     | EQUIPMENT                                    | PURCHASED PRICE  |
|                          |                 |                                 |                        |                               |                             |  |  |  |  |
|                          |                 |                                 | MIDDLE EAST AND        |                               |                             |  |  |  | ESTIMATED  |
|                          |                 |                                 | NORTH AFRICA           |                               | 0.                          |  | 353,412.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                          |                 |                                 |                        |                               |                             |  |  | PHARMACEUTICALS,                             |  |
|                          |                 |                                 | MIDDLE EAST AND        |                               |                             |  |  | MEDICAL SUPPLIES,                            | ESTIMATED  |
|                          |                 |                                 | NORTH AFRICA           |                               | 0.                          |  | 1,372,413.                                     | ,      | WHOLESALE PRICE  |
|                          |                 |                                 |                        |                               |                             |  | 1,0,1,110.                                     |  |  |
|                          |                 |                                 |                        |                               |                             |  |  |  |  |
|                          |                 |                                 | MIDDLE EAST AND        |                               |                             |  | 100 115  |  | ESTIMATED  |
|                          |                 |                                 | NORTH AFRICA           |                               | 0.                          |  |  | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                          |                 |                                 |                        |                               |                             |  |  | PHARMACEUTICALS,                             |  |
|                          |                 |                                 |                        |                               |                             |  |  | OTHER, MEDICAL                               | ESTIMATED  |
|                          |                 |                                 | MIDDLE EAST AND        |                               |                             |  |  | SUPPLIES,                                    | WHOLESALE PRICE  |
|                          |                 |                                 | NORTH AFRICA           |                               | 0.                          |  | 40,845,022.                                    | EQUIPMENT                                    | PURCHASED PRICE  |
|                          |                 |                                 |                        |                               |                             |  |  | PHARMACEUTICALS,                             |  |
|                          |                 |                                 | MIDDLE EAST AND        |                               |                             |  |  | MEDICAL SUPPLIES,                            | ESTIMATED  |
|                          |                 |                                 | NORTH AFRICA           |                               | 0.                          |  | 27,203,580.                                    | EQUIPMENT                                    | WHOLESALE PRICE  |
|                          |                 |                                 |                        |                               |                             |  |  |  |  |
|                          |                 |                                 | MIDDLE EAST AND        |                               |                             |  |  |  | ESTIMATED  |
|                          |                 |                                 | NORTH AFRICA           |                               | 0.                          |  | 117,565.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                          |                 |                                 |                        |                               |                             |  |  |  |  |
|                          |                 |                                 | MIDDLE EAST AND        |                               |                             |  |  |  | ESTIMATED  |
|                          |                 |                                 | NORTH AFRICA           |                               | ٥.                          |  | 181,866.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE  |

| chedule F (Form 990)          | DIRECT  | RELIEF                          |                                |                                 | 95-183                          | 1116   |  | Page <b>2</b>   |
|-------------------------------|---|---------------------------------|--------------------------------|---------------------------------|---------------------------------|--|--|---|
| Part II Continuation          | of Grants and Other                                 | Assistance to Organiza          | ations or Entities Outside the | United States.                  | (Schedule F (Form 9             | 90), Part II, line                             | 1)   |   |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region                      | <b>(d)</b> Purpose of<br>grant | <b>(e)</b> Amount of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | <b>(h)</b> Description<br>of non-cash<br>assistance          | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                               |   | MIDDLE EAST AND<br>NORTH AFRICA |                                | 0.                              |                                 | 12,531,686.                                    | PHARMACEUTICALS,<br>OTHER, MEDICAL<br>SUPPLIES,<br>EOUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | MIDDLE EAST AND                 | EMERGENCY PREPARATION          |                                 |                                 |  |  |   |
|                               |   | NORTH AFRICA                    | & RESPONSE                     | 50,000.                         | WIRE                            | 0.   |  |   |
|                               |   | MIDDLE EAST AND                 |                                |                                 |                                 |  |  | ESTIMATED   |
|                               |   | NORTH AFRICA                    |                                | 0.                              |                                 | 134,887.                                       | PHARMACEUTICALS  | WHOLESALE PRICE   |
|                               |   | MIDDLE EAST AND<br>NORTH AFRICA |                                | 0.                              |                                 | 133,985.                                       | PHARMACEUTICALS  | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | MIDDLE EAST AND                 |                                |                                 |                                 |  |  | ESTIMATED   |
|                               |   | NORTH AFRICA                    |                                | 0.                              |                                 | 132,261.                                       | PHARMACEUTICALS  | WHOLESALE PRICE   |
|                               |   | MIDDLE EAST AND<br>NORTH AFRICA |                                | 0.                              |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES                         | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   |                                 |                                |                                 |                                 |  |  |   |
|                               |   | MIDDLE EAST AND<br>NORTH AFRICA | COVID19 RELIEF &<br>RECOVERY   | 50,000.                         | WIRE                            | 0.   |  |   |
|                               |   | MIDDLE EAST AND                 |                                |                                 |                                 |  |  | ESTIMATED   |
|                               |   | NORTH AFRICA                    |                                | 0.                              |                                 | 214,812.                                       | PHARMACEUTICALS  | WHOLESALE PRICE   |
|                               |   | MIDDLE EAST AND                 |                                |                                 |                                 |  |  | ESTIMATED   |
|                               |   | NORTH AFRICA                    |                                | 0.                              |                                 | 250,614.                                       | PHARMACEUTICALS  | WHOLESALE PRICE   |

| Schedule F (Form 990)         | DIRECT  |                                 |                                |                             | 95-1833                         |  |  | Page  |
|-------------------------------|---|---------------------------------|--------------------------------|-----------------------------|---------------------------------|--|--|---|
| Part II Continuation          | of Grants and Other                                 | Assistance to Organiz           | ations or Entities Outside the | United States.              | (Schedule F (Form 9             |  | 1)   | 1   |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region                      | (d) Purpose of<br>grant        | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM<br>appraisal, other) |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   |                                 |                                |                             |                                 |  | PHARMACEUTICALS,                             |   |
|                               |   | MIDDLE EAST AND<br>NORTH AFRICA |                                | 0.                          |                                 | 6,195,000.                                     | MEDICAL SUPPLIES,                            | ESTIMATED<br>WHOLESALE PRIC                               |
|                               |   | NORTH AFRICA                    |                                | 0.                          |                                 | 0,195,000.                                     | EQUIFMENT                                    | WHOLESALE FRIC  |
|                               |   |                                 | COVID19 RELIEF &               |                             |                                 |  |  |   |
|                               |   | MIDDLE EAST AND                 | RECOVERY, YEMEN                |                             |                                 |  |  |   |
|                               |   | NORTH AFRICA                    | ,<br>CRISIS RESPONSE           | 150,000.                    | WIRE                            | ٥.   |  |   |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   | MIDDLE EAST AND                 |                                |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED   |
|                               |   | NORTH AFRICA                    |                                | ٥.                          |                                 | 5,667,368.                                     | MEDICAL SUPPLIES                             | WHOLESALE PRIC  |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   | MIDDLE EAST AND                 | COVID19 RELIEF &               | 650.000                     |                                 |  |  |   |
|                               |   | NORTH AFRICA                    | RECOVERY                       | 650,000.                    | WIRE                            | 0.   |  |   |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   | MIDDLE EAST AND                 |                                |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED   |
|                               |   | NORTH AFRICA                    |                                | 0.                          |                                 | 288,105.                                       | MEDICAL SUPPLIES                             | WHOLESALE PRIC  |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   | MIDDLE EAST AND                 |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | NORTH AFRICA                    |                                | 0.                          |                                 | 3,688,043.                                     | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   | MIDDLE EAST AND                 |                                |                             |                                 |  |  |   |
|                               |   | NORTH AFRICA                    | TAKEDA CAP PROJECT             | 6,000.                      | WIRE                            | 0.   |  |   |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   |                                 |                                |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED   |
|                               |   |                                 |                                |                             |                                 |  | MEDICAL SUPPLIES,                            | WHOLESALE PRIC  |
|                               |   | NORTH AMERICA                   |                                | 0.                          |                                 | 69,038.  | EQUIPMENT                                    | PURCHASED PRICE   |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   |                                 |                                |                             |                                 |  |  |   |
|                               |   | l                               |                                |                             |                                 |  | MEDICAL SUPPLIES,                            | ESTIMATED   |
|                               |   | NORTH AMERICA                   |                                | 0.                          |                                 | 630,548.                                       | EQUIPMENT                                    | WHOLESALE PRICE   |

| Schedule F (Form 990)         | DIRECT  | RELIEF                 |                               |                             | Page <b>2</b>                          |   |  |  |
|-------------------------------|---|------------------------|-------------------------------|-----------------------------|--|---|--|--|
| 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)   | I  |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | <b>(f)</b> Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance       | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                               |   | NORTH AMERICA          |                               | 0.                          |  | 76,544.                                 | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | NORTH AMERICA          |                               | 0.                          |  | 45,013.                                 | EQUIPMENT  | PURCHASED PRICE  |
|                               |   | NORTH AMERICA          |                               | 0.                          |  |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | NORTH AMERICA          |                               | 0.                          |  | 40,538.                                 | OTHER  | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | NORTH AMERICA          |                               | 0.                          |  | 24,512.                                 | OTHER  | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | NORTH AMERICA          |                               | 0.                          |  | 15,000.                                 | EQUIPMENT  | PURCHASED PRICE  |
|                               |   | NORTH AMERICA          |                               | 0.                          |  | 14,778.                                 | OTHER  | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | NORTH AMERICA          |                               | 0.                          |  | 10,003.                                 | EQUIPMENT  | PURCHASED PRICE  |
|                               |   | NORTH AMERICA          |                               | 0.                          |  | 3,465,782.                              |  | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |

| chedule F (Form 990)       | DIRECT  |                        |                                 |                                    | 95-183                                 |   |  | Page  |
|----------------------------|---|------------------------|---------------------------------|------------------------------------|--|---|--|---|
|                            | of Grants and Other                                 | Assistance to Organi   | zations or Entities Outside the | United States.                     | <u>(Schedule F (Form 9</u>             |   |  |   |
| 1 (a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant     | <b>(e)</b> Amount<br>of cash grant | <b>(f)</b> Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM<br>appraisal, other) |
|                            |   |                        |                                 |                                    |  |   |  |   |
|                            |   |                        |                                 |                                    |  |   |  |   |
|                            |   |                        |                                 |                                    |  |   |  |   |
|                            |   | NORTH AMERICA          | COVID-19 US                     | 50,000.                            | WIRE                                   | 0.                                      |  |   |
|                            |   |                        |                                 |                                    |  |   |  |   |
|                            |   | NORTH AMERICA          |                                 |                                    |  |   |  |   |
|                            |   | (CANADA AND<br>MEXICO) | COVID19 RELIEF &<br>RECOVERY    | 50,000.                            | WIDE                                   | 0.                                      |  |   |
|                            |   | MEXICO)                | RECOVERI                        | 50,000.                            | WIKE                                   | 0.                                      |  |   |
|                            |   | NORTH AMERICA          |                                 |                                    |  |   |  |   |
|                            |   | (CANADA AND            | COVID19 RELIEF &                |                                    |  |   |  |   |
|                            |   | MEXICO)                | RECOVERY                        | 50,000.                            | WIRE                                   | 0.                                      |  |   |
|                            |   |                        |                                 |                                    |  |   |  |   |
|                            |   | NORTH AMERICA          |                                 |                                    |  |   |  |   |
|                            |   | (CANADA AND            | COVID19 RELIEF &                |                                    |  |   |  |   |
|                            |   | MEXICO)                | RECOVERY                        | 84,200.                            | WIRE                                   | 0.                                      |  |   |
|                            |   | NORTH AMERICA          |                                 |                                    |  |   |  |   |
|                            |   | (CANADA AND            | COVID19 RELIEF &                |                                    |  |   |  |   |
|                            |   | MEXICO)                | RECOVERY                        | 50,000.                            | WIRE                                   | 0.                                      |  |   |
|                            |   |                        |                                 |                                    |  |   |  |   |
|                            |   | NORTH AMERICA          |                                 |                                    |  |   |  |   |
|                            |   | (CANADA AND            | COVID19 RELIEF &                |                                    |  |   |  |   |
|                            |   | MEXICO)                | RECOVERY                        | 50,000.                            | WIRE                                   | 0.                                      |  |   |
|                            |   |                        |                                 |                                    |  |   |  |   |
|                            |   | NORTH AMERICA          |                                 |                                    |  |   |  |   |
|                            |   | (CANADA AND            | COVID19 RELIEF &                | 50.000                             |  |   |  |   |
|                            |   | MEXICO)                | RECOVERY                        | 50,000.                            | WIRE                                   | 0.                                      |  |   |
|                            |   | NORTH AMERICA          | COVID19 RELIEF &                |                                    |  |   |  |   |
|                            |   | (CANADA AND            | RECOVERY, FAMILY                |                                    |  |   |  |   |
|                            |   | MEXICO)                | PLANNING INITIATIVE             | 34,200.                            | WIRE                                   | 0.                                      |  |   |
|                            |   |                        |                                 |                                    | 1                                      |   |  |   |
|                            |   | NORTH AMERICA          | SUPPORT OF RELATED              |                                    |  |   |  |   |
|                            |   | (CANADA AND            | PARTY ORGANIZATION IN           |                                    |  |   |  |   |
|                            |   | MEXICO)                | MEXICO                          | 685,000.                           | WIRE                                   | 0.                                      |  |   |

| chedule F (Form 990)          | DIRECT  | RELIEF                 |                               | 95-1831116 Page             |                                 |  |  |  |  |
|-------------------------------|---|------------------------|-------------------------------|-----------------------------|---------------------------------|--|--|--|--|
| 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<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | (d) Purpose of grant          | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |  |
|                               |   | RUSSIA AND             |                               |                             |                                 |  |  |  |  |
|                               |   | NEIGHBORING            | COVID19 RELIEF &              |                             |                                 |  |  |  |  |
|                               |   | STATES                 | RECOVERY                      | 51,544.                     | WIRE                            | 0.   |  |  |  |
|                               |   |                        |                               |                             |                                 |  |  |  |  |
|                               |   | RUSSIA AND             |                               |                             |                                 |  |  |  |  |
|                               |   | NEIGHBORING            |                               |                             |                                 |  |  | ESTIMATED  |  |
|                               |   | STATES                 |                               | 0.                          |                                 | 490,830.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE  |  |
|                               |   |                        |                               |                             |                                 |  | PHARMACEUTICALS,                             |  |  |
|                               |   | RUSSIA AND             |                               |                             |                                 |  | OTHER, MEDICAL                               | ESTIMATED  |  |
|                               |   | NEIGHBORING            |                               | 0                           |                                 | 10 101 727                                     | SUPPLIES,                                    | WHOLESALE PRICE  |  |
|                               |   | STATES                 |                               | 0.                          |                                 | 12,191,737.                                    | EQUIPMENT                                    | PURCHASED PRICE  |  |
|                               |   | RUSSIA AND             |                               |                             |                                 |  | PHARMACEUTICALS,                             |  |  |
|                               |   | NEIGHBORING            |                               |                             |                                 |  | MEDICAL SUPPLIES,                            | ESTIMATED  |  |
|                               |   | STATES                 |                               | 0.                          |                                 | 5,621,970.                                     | ,      | WHOLESALE PRICE  |  |
|                               |   |                        |                               |                             |                                 | -,,  |  |  |  |
|                               |   | RUSSIA AND             |                               |                             |                                 |  |  |  |  |
|                               |   | NEIGHBORING            |                               |                             |                                 |  |  | ESTIMATED  |  |
|                               |   | STATES                 |                               | 0.                          |                                 | 212,699.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE  |  |
|                               |   |                        |                               |                             |                                 |  |  |  |  |
|                               |   | RUSSIA AND             |                               |                             |                                 |  |  |  |  |
|                               |   | NEIGHBORING            |                               |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED  |  |
|                               |   | STATES                 |                               | 0.                          |                                 | 52,758.  | MEDICAL SUPPLIES                             | WHOLESALE PRICE  |  |
|                               |   | RUSSIA AND             |                               |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED  |  |
|                               |   | NEIGHBORING            |                               |                             |                                 |  | MEDICAL SUPPLIES.                            | WHOLESALE PRICE  |  |
|                               |   | STATES                 |                               | 0.                          |                                 | 3,158,095.                                     | ,  | PURCHASED PRICE  |  |
|                               |   |                        |                               |                             |                                 | 3,130,033.                                     |  |  |  |
|                               |   | RUSSIA AND             |                               |                             |                                 |  |  |  |  |
|                               |   | NEIGHBORING            |                               |                             |                                 |  |  | ESTIMATED  |  |
|                               |   | STATES                 |                               | 0.                          |                                 | 9.555.   | PHARMACEUTICALS                              | WHOLESALE PRICE  |  |
|                               |   |                        |                               |                             |                                 | , , ,  | PHARMACEUTICALS,                             |  |  |
|                               |   | RUSSIA AND             |                               |                             |                                 |  | OTHER, MEDICAL                               | ESTIMATED  |  |
|                               |   | NEIGHBORING            |                               |                             |                                 |  | ,<br>SUPPLIES,                               | WHOLESALE PRICE  |  |
|                               |   | STATES                 |                               | 0.                          |                                 | 1,452,456.                                     | , ,  | PURCHASED PRICE  |  |

| chedule F (Form 990)          | DIRECT  | RELIEF                 |                               |                             | Page <b>2</b>                          |  |  |  |
|-------------------------------|---|------------------------|-------------------------------|-----------------------------|--|--|--|--|
| 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  |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM'<br>appraisal, other) |
|                               |   | RUSSIA AND             |                               |                             |  |  |  |  |
|                               |   | NEIGHBORING            |                               |                             |  |  |  | ESTIMATED  |
|                               |   | STATES                 |                               | ٥.                          |  | 751,842.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |   | RUSSIA AND             |                               |                             |  |  |  |  |
|                               |   | NEIGHBORING            |                               |                             |  |  | PHARMACEUTICALS,                             | ESTIMATED  |
|                               |   | STATES                 |                               | 0.                          |  |  | MEDICAL SUPPLIES                             | WHOLESALE PRIC   |
|                               |   |                        |                               |                             |  | •••••••••••••••••••••••••••••••••••••••        |  |  |
|                               |   | RUSSIA AND             |                               |                             |  |  |  |  |
|                               |   | NEIGHBORING            |                               |                             |  |  |  | ESTIMATED  |
|                               |   | STATES                 |                               | ٥.                          |  | 67,023.  | PHARMACEUTICALS                              | WHOLESALE PRIC   |
|                               |   | RUSSIA AND             |                               |                             |  |  |  | ESTIMATED  |
|                               |   | NEIGHBORING            |                               |                             |  |  |  | WHOLESALE PRIC   |
|                               |   | STATES                 |                               | 0.                          |  | 19 234   | MEDICAL SUPPLIES                             | PURCHASED PRIC   |
|                               |   |                        |                               |                             |  | 19,231.  |  |  |
|                               |   |                        |                               |                             |  |  |  | ESTIMATED  |
|                               |   |                        |                               |                             |  |  | MEDICAL SUPPLIES,                            | WHOLESALE PRIC   |
|                               |   | SOUTH AMERICA          |                               | 0.                          |  | 264,571.                                       | EQUIPMENT                                    | PURCHASED PRIC   |
|                               |   |                        |                               |                             |  |  | PHARMACEUTICALS,                             | ESTIMATED  |
|                               |   |                        |                               |                             |  |  | ,  | WHOLESALE PRIC   |
|                               |   | SOUTH AMERICA          |                               | ٥.                          |  |  | EQUIPMENT                                    | PURCHASED PRIC   |
|                               |   |                        |                               |                             |  |  |  |  |
|                               |   |                        |                               |                             |  |  |  |  |
|                               |   | SOUTH AMERICA          |                               | 0.                          |  | 392,210.                                       | MEDICAL SUPPLIES                             | PURCHASED PRIC   |
|                               |   |                        |                               |                             |  |  |  | ESTIMATED  |
|                               |   |                        |                               |                             |  |  | MEDICAL SUPPLIES.                            | WHOLESALE PRICE  |
|                               |   | SOUTH AMERICA          |                               | Ο.                          |  |  | EQUIPMENT                                    | PURCHASED PRICI  |
|                               |   |                        |                               |                             |  |  |  |  |
|                               |   |                        |                               |                             |  |  |  |  |
|                               |   | SOUTH AMERICA          |                               | 0.                          |  | 197,674.                                       | MEDICAL SUPPLIES                             | PURCHASED PRICE  |

| Schedule F (Form 990)         | DIRECT  | RELIEF                 |                               |                             | 95-1831                         | .116                                    |   | Page <b>2</b>   |
|-------------------------------|---|------------------------|-------------------------------|-----------------------------|---------------------------------|---|---|---|
| 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   |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | <b>(h)</b> Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                               |   | SOUTH AMERICA          |                               | 0.                          |                                 |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT  | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH AMERICA          |                               | 0.                          |                                 |   | PHARMACEUTICALS,                                    | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SOUTH AMERICA          |                               | 0.                          |                                 |   | MEDICAL SUPPLIES,<br>EQUIPMENT                      | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SOUTH AMERICA          |                               | 0.                          |                                 |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT  | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SOUTH AMERICA          |                               | 0.                          |                                 |   | ,   | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH AMERICA          |                               | 0.                          |                                 |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT  | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH AMERICA          |                               | 0.                          |                                 | 200,002.                                | equipment   | PURCHASED PRICE   |
|                               |   | SOUTH AMERICA          |                               | 0.                          |                                 |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT  | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH AMERICA          |                               | 0.                          |                                 | 1,475,439.                              | PHARMACEUTICALS                                     | ESTIMATED<br>WHOLESALE PRICE                                |

| Schedule F (Form 990)         | DIRECT  | RELIEF                 |                                |                             | 95-183                          | L116   |  | Page <b>2</b>   |
|-------------------------------|---|------------------------|--------------------------------|-----------------------------|---------------------------------|--|--|---|
| Part II Continuation          | of Grants and Other                             | Assistance to Organiza | tions or Entities Outside the  | United States.              | 1)                              |  |  |   |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of<br>grant | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance                 | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                               |   | SOUTH AMERICA          |                                | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH AMERICA          |                                | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH AMERICA          |                                | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH AMERICA          |                                | 0.                          |                                 | 5,957,104.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH AMERICA          |                                | 0.                          |                                 |  | PHARMACEUTICALS,<br>OTHER, MEDICAL<br>SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH AMERICA          |                                | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SOUTH AMERICA          |                                | 0.                          |                                 |  | , ,  | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SOUTH AMERICA          |                                | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT           | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH AMERICA          |                                | 0.                          |                                 | 19,082,976.                                    | PHARMACEUTICALS  | ESTIMATED<br>WHOLESALE PRICE                                |

| Schedule F (Form 990)         | DIRECT  | RELIEF                |                                |                             | 95-183                          | 1116                                    |  | Page <b>2</b>   |
|-------------------------------|---|-----------------------|--------------------------------|-----------------------------|---------------------------------|---|--|---|
| Part II Continuation          | of Grants and Other                             | Assistance to Organiz | ations or Entities Outside the | United States.              | (Schedule F (Form 9             | 90), Part II, line                      | 1)   | 1   |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region            | <b>(d)</b> Purpose of grant    | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance       | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                               |   | SOUTH AMERICA         |                                | 0.                          |                                 | 207,228,336.                            | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH AMERICA         |                                | 0.                          |                                 | 1,915,573.                              | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SOUTH AMERICA         | HEALTHCARE PROVIDER<br>SUPPORT | 10,250.                     | WIRE                            | 0.                                      |  |   |
|                               |   | SOUTH AMERICA         | COVID19 RELIEF &<br>RECOVERY   | 20,000.                     | WIRE                            | 0.                                      |  |   |
|                               |   | SOUTH AMERICA         | COVID19 RELIEF &<br>RECOVERY   | 25,000.                     | WIRE                            | 0.                                      |  |   |
|                               |   | SOUTH AMERICA         | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                      |  |   |
|                               |   | SOUTH AMERICA         | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                      |  |   |
|                               |   | SOUTH AMERICA         | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                      |  |   |
|                               |   | SOUTH AMERICA         | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                      |  |   |

| Schedule F (Form 990)                                    | DIRECT   |               |   | 95-1831116 Pag<br>e United States. (Schedule F (Form 990), Part II, line 1) |               |   |  |   |  |
|--|--|---------------|---|---|---------------|---|--|---|--|
| Part II Continuation of<br>1<br>(a) Name of organization | of Grants and Other (<br>(b) IRS code section<br>and EIN (if applicable) |               | ations or Entities Outside the<br>(d) Purpose of<br>grant | e United States.<br>(e) Amount<br>of cash grant                             | (f) Manner of | 90), Part II, line<br>(g) Amount of<br>non-cash<br>assistance | 1)<br>(h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM<br>appraisal, other) |  |
|  |  |               |   |   |               |   |  |   |  |
|  |  |               |   |   |               |   |  |   |  |
|  |  |               | COVID19 RELIEF &  |   |               |   |  |   |  |
|  |  | SOUTH AMERICA | RECOVERY  | 1,000,000.  | WIRE          | 0.  |  |   |  |
|  |  |               |   |   |               |   |  |   |  |
|  |  |               | COVID19 RELIEF &  |   |               |   |  |   |  |
|  |  | SOUTH AMERICA | RECOVERY  | 64,000.   | WIRE          | 0.  |  |   |  |
|  |  |               |   |   |               |   |  |   |  |
|  |  |               | COVID19 RELIEF &  |   |               |   |  |   |  |
|  |  | SOUTH AMERICA | RECOVERY  | 530,000.  | WIRE          | 0.  |  |   |  |
|  |  |               |   |   |               |   |  |   |  |
|  |  |               |   |   |               |   |  |   |  |
|  |  | SOUTH ASIA    |   | 0.  |               | 156 454   | EQUIPMENT  | ESTIMATED<br>WHOLESALE PRIC                               |  |
|  |  |               |   |   |               | 130,434.  |  |   |  |
|  |  |               |   |   |               |   |  |   |  |
|  |  |               | COVID19 RELIEF &  |   |               | _   |  |   |  |
|  |  | SOUTH ASIA    | RECOVERY  | 250,000.  | WIRE          | 0.  |  |   |  |
|  |  |               |   |   |               |   |  |   |  |
|  |  |               |   |   |               |   |  | ESTIMATED   |  |
|  |  | SOUTH ASIA    |   | 0.  |               | 183,047.  | PHARMACEUTICALS                                    | WHOLESALE PRIC  |  |
|  |  |               |   |   |               |   |  |   |  |
|  |  |               | COVID19 RELIEF &  |   |               |   |  |   |  |
|  |  | SOUTH ASIA    | RECOVERY  | 250,000.  | WIRE          | 0.  |  |   |  |
|  |  |               |   |   |               |   |  |   |  |
|  |  |               |   |   |               |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,              | ESTIMATED   |  |
|  |  | SOUTH ASIA    |   | 0.  |               | 9,252,829.  |  | WHOLESALE PRIC  |  |
|  |  |               |   |   |               | , _,,•  |  |   |  |
|  |  |               |   |   |               |   |  |   |  |
|  |  | SOUTH ASIA    |   | 0.  |               | 224 222   |  | ESTIMATED   |  |
|  |  | POOLU APTA    |   | υ.  |               | 224,323.  | PHARMACEUTICALS                                    | WHOLESALE PRIC  |  |

| chedule F (Form 990)          | DIRECT 1  |                        |  |                             | Page <b>2</b>                   |  |  |  |
|-------------------------------|---|------------------------|--|-----------------------------|---------------------------------|--|--|--|
| Part II Continuation of       | of Grants and Other                             | Assistance to Organiza | ations or Entities Outside the         | United States.              | (Schedule F (Form 9             | 90), Part II, line                             | 1)   | 1  |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant            | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                               |   |                        |  |                             |                                 |  |  | ESTIMATED  |
|                               |   | SOUTH ASIA             |  | 0.                          |                                 | 237,918.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |   | SOUTH ASIA             |  | 0.                          |                                 | 8 127 184                                      | PHARMACEUTICALS                              | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | SOUTH ASIA             |  | 0.                          |                                 | 0,127,104.                                     | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |   |                        | COVID19 RELIEF &<br>RECOVERY, VASELINE |                             |                                 |  |  |  |
|                               |   | SOUTH ASIA             | HEALING PROJECT                        | 297,000.                    | WIRE                            | 0.   |  |  |
|                               |   |                        |  |                             |                                 |  |  | ESTIMATED  |
|                               |   | SOUTH ASIA             |  | 0.                          |                                 | 7,059,613.                                     | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |   |                        | COVID19 RELIEF &                       |                             |                                 |  |  |  |
|                               |   | SOUTH ASIA             | RECOVERY                               | 350,000.                    | WIRE                            | 0.   |  |  |
|                               |   |                        |  |                             |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES.        | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | SOUTH ASIA             |  | 0.                          |                                 | 6,245,197.                                     |  | PURCHASED PRICE  |
|                               |   |                        | COVID19 RELIEF &                       |                             |                                 |  |  |  |
|                               |   | SOUTH ASIA             | RECOVERY                               | 451,000.                    | WIRE                            | 0.   |  |  |
|                               |   |                        |  |                             |                                 |  |  |  |
|                               |   | SOUTH ASIA             |  | ٥.                          |                                 | 288,855.                                       | PHARMACEUTICALS                              | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   |                        |  |                             |                                 |  |  |  |
|                               |   | SOUTH ASIA             |  | 0.                          |                                 | 6,550.   | MEDICAL SUPPLIES                             | PURCHASED PRICE  |

| chedule F (Form 990)       | DIRECT  | RELIEF                 |   |                             | 95-1833                         | L116   |  | Page <b>2</b>  |
|----------------------------|---|------------------------|---|-----------------------------|---------------------------------|--|--|--|
| Part II Continuati         | on of Grants and Other                                  | Assistance to Organiza | ations or Entities Outside the                                | United States.              | (Schedule F (Form 9             | 90), Part II, line                             | 1)   | 1  |
| 1<br>(a) Name of organizat | ion <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant                                   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                            |   | SOUTH ASIA             |   | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,        | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                            |   | SOUTH ASTA             |   | 0.                          |                                 | 5,544,094.                                     | EQUIFMENT                                    | FORCHASED FRICE  |
|                            |   | SOUTH ASIA             |   | 0.                          |                                 | 362 864.                                       | PHARMACEUTICALS                              | ESTIMATED<br>WHOLESALE PRICE                               |
|                            |   |                        | COVID19 RELIEF &<br>RECOVERY, SULAWESI<br>EARTHQUAKE RELIEF & |                             |                                 |  |  |  |
|                            |   | SOUTH ASIA             | RECOVERY  | 200,000.                    | WIRE                            | 0.   |  |  |
|                            |   |                        | COVID19 RELIEF &  |                             |                                 |  |  |  |
|                            |   | SOUTH ASIA             | RECOVERY  | 50,000.                     | WIRE                            | 0.   |  |  |
|                            |   |                        |   |                             |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,        | ESTIMATED<br>WHOLESALE PRICE                               |
|                            |   | SOUTH ASIA             |   | ٥.                          |                                 |  | ,<br>EQUIPMENT                               | PURCHASED PRICE  |
|                            |   |                        | BIOGEN SPINRAZA<br>HUMANITARIAN AID                           |                             |                                 |  |  |  |
|                            |   | SOUTH ASIA             | PROGRAM   | 10,000.                     | WIRE                            | 0.   |  |  |
|                            |   |                        |   |                             |                                 |  |  | ESTIMATED  |
|                            |   | SOUTH ASIA             |   | 0.                          |                                 | 42,604.  | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                            |   |                        |   |                             |                                 |  | MEDICAL SUPPLIES,                            | ESTIMATED<br>WHOLESALE PRICE                               |
|                            |   | SOUTH ASIA             |   | 0.                          |                                 | 44,120.  | EQUIPMENT                                    | PURCHASED PRICE  |
|                            |   |                        |   |                             |                                 |  | MEDICAL SUPPLIES,                            | ESTIMATED<br>WHOLESALE PRICE,                              |
|                            |   | SOUTH ASIA             |   | 0.                          |                                 | 36,007.  | EQUIPMENT                                    | PURCHASED PRICE  |

| Schedule F (Form 990)         | DIRECT  | RELIEF                 |                                |                             | 95-1833                         | 1116                                     |   | Page <b>2</b>  |
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| Part II Continuation          | of Grants and Other                                 | Assistance to Organiza | ations or Entities Outside the | United States.              | (Schedule F (Form 9             | 90), Part II, line                       | 1)  | 1  |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant    | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | <b>(h)</b> Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 |  | MEDICAL SUPPLIES,<br>EQUIPMENT                      | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT  | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 |  | MEDICAL SUPPLIES,<br>EQUIPMENT                      | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 58,111.                                  | EQUIPMENT   | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 |  | MEDICAL SUPPLIES,<br>EQUIPMENT                      | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |   | SOUTH ASIA             | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                       |   |  |
|                               |   | SOUTH ASIA             | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                       |   |  |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 73,219.                                  | PHARMACEUTICALS                                     | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | SOUTH ASIA             | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                       |   |  |

| Schedule F (Form 990)         | DIRECT  | RELIEF                 |                                |                             | 95-1831                         | L116                                     |  | Page <b>2</b>   |
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| Part II Continuation of       | of Grants and Other                                 | Assistance to Organiza | ations or Entities Outside the | United States.              | (Schedule F (Form 9             | 90), Part II, line                       | 1)   | 1   |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant    | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | (h) Description<br>of non-cash<br>assistance       | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 78,662.                                  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 368,530.                                 | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 106,821.                                 | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH ASIA             | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                       |  |   |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 27 203.                                  | MEDICAL SUPPLIES                                   | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SOUTH ASIA             | COVID19 RELIEF &<br>RECOVERY   | 73,696.                     | WIRE                            | 0.                                       |  |   |
|                               |   | SOUTH ASIA             | COVID19 RELIEF &<br>RECOVERY   | 102,160.                    | WIRE                            | 0.                                       |  |   |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 238,058,877.                             | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 3,382,132.                               |  | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |

| Schedule F (Form 990)         | DIRECT 1  | RELIEF                 |                                |                             | Page <b>2</b>                   |  |  |   |
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| Part II Continuation of       | f Grants and Other                              | Assistance to Organiza | ations or Entities Outside the | United States.              | (Schedule F (Form 9             | 90), Part II, line                             | 1)   | -   |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant    | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                               |   |                        |                                |                             |                                 |  |  |   |
|                               |   |                        | COVID19 RELIEF &               |                             |                                 |  |  |   |
|                               |   | SOUTH ASIA             | RECOVERY                       | 7,604,020.                  | WIRE                            | 0.   |  |   |
|                               |   |                        |                                |                             |                                 |  |  |   |
|                               |   |                        |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 1,900,741.                                     | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                               |   |                        |                                |                             |                                 |  |  |   |
|                               |   |                        |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 633,617.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                               |   |                        |                                |                             |                                 |  |  |   |
|                               |   |                        |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SOUTH ASIA             |                                | ٥.                          |                                 | 652,253.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                               |   |                        |                                |                             |                                 |  |  |   |
|                               |   |                        |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 990,195.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                               |   |                        |                                |                             |                                 |  |  |   |
|                               |   |                        |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SOUTH ASIA             |                                | ٥.                          |                                 | 2,295,642.                                     | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                               |   |                        |                                |                             |                                 |  |  |   |
|                               |   |                        |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 2,753,563.                                     | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                               |   |                        |                                |                             |                                 |  |  |   |
|                               |   |                        |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SOUTH ASIA             |                                | ٥.                          |                                 | 473,032.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                               |   |                        |                                |                             |                                 |  |  |   |
|                               |   |                        |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SOUTH ASIA             |                                | 0.                          |                                 | 570,721.                                       | PHARMACEUTICALS                              | WHOLESALE PRICE   |

| Schedule F (F    | Form 990)       | DIRECT 1   | RELIEF                  |                               |                             | 95-1833                         | L116                                    |  | Page <b>2</b>   |
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| Part II C        | Continuation of | f Grants and Other                                     | Assistance to Organizat | tions or Entities Outside the | United States.              | (Schedule F (Form 9             | 90), Part II, line                      | 1)   |   |
| 1<br>(a) Name of | f organization  | <b>(b)</b> IRS code section<br>and EIN (if applicable) | (c) Region              | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                  |                 |  |                         |                               |                             |                                 |   |  |   |
|                  |                 |  | SOUTH ASIA              |                               | 0.                          |                                 | 1 520 592.                              | PHARMACEUTICALS                              | ESTIMATED<br>WHOLESALE PRICE                                |
|                  |                 |  |                         |                               |                             |                                 |   | PHARMACEUTICALS,                             |   |
|                  |                 |  |                         |                               |                             |                                 |   | OTHER, MEDICAL                               | ESTIMATED   |
|                  |                 |  |                         |                               |                             |                                 |   | SUPPLIES,                                    | WHOLESALE PRICE,  |
|                  |                 |  | SOUTH ASIA              |                               | 0.                          |                                 | 1,211,441.                              | EQUIPMENT                                    | PURCHASED PRICE   |
|                  |                 |  |                         |                               |                             |                                 |   |  |   |
|                  |                 |  |                         |                               |                             |                                 |   |  | ESTIMATED   |
|                  |                 |  | SOUTH ASIA              |                               | 0.                          |                                 | 1,471,534.                              | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                  |                 |  |                         |                               |                             |                                 |   | PHARMACEUTICALS                              | ESTIMATED   |
|                  |                 |  |                         |                               |                             |                                 |   | MEDICAL SUPPLIES,                            | WHOLESALE PRICE,  |
|                  |                 |  | SOUTH ASIA              |                               | ٥.                          |                                 | 462,550.                                | EQUIPMENT                                    | PURCHASED PRICE   |
|                  |                 |  |                         |                               |                             |                                 |   | PHARMACEUTICALS,                             | ESTIMATED   |
|                  |                 |  |                         |                               |                             |                                 |   | MEDICAL SUPPLIES,                            | WHOLESALE PRICE,  |
|                  |                 |  | SOUTH ASIA              |                               | 0.                          |                                 | 1,395,208.                              | · · · ·                                      | PURCHASED PRICE   |
|                  |                 |  |                         |                               |                             |                                 |   |  |   |
|                  |                 |  |                         |                               |                             |                                 |   |  | ESTIMATED   |
|                  |                 |  | SOUTH ASIA              |                               | ٥.                          |                                 | 1,326,807.                              | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                  |                 |  |                         |                               |                             |                                 |   |  | ESTIMATED   |
|                  |                 |  |                         |                               |                             |                                 |   | MEDICAL SUPPLIES,                            | WHOLESALE PRICE,  |
|                  |                 |  | SOUTH ASIA              |                               | ٥.                          |                                 | 1,772,623.                              | EQUIPMENT                                    | PURCHASED PRICE   |
|                  |                 |  |                         |                               |                             |                                 |   |  |   |
|                  |                 |  |                         |                               |                             |                                 |   |  | ESTIMATED   |
|                  |                 |  | SOUTH ASIA              |                               | 0.                          |                                 | 407,658.                                | PHARMACEUTICALS                              | WHOLESALE PRICE   |
|                  |                 |  |                         |                               |                             |                                 |   | PHARMACEUTICALS,                             | ESTIMATED   |
|                  |                 |  |                         |                               |                             |                                 |   | · · ·  | WHOLESALE PRICE,  |
|                  |                 |  | SOUTH ASIA              |                               | 0.                          |                                 | 2,254,997.                              |  | PURCHASED PRICE   |

| chedule F (Form 990)          | DIRECT 1   |                        |                                |                             | 95-1831                         |   |  | Page <b>2</b>   |  |
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| Part II Continuation o        | f Grants and Other                                     | Assistance to Organiza | ations or Entities Outside the | United States.              | (Schedule F (Form 9             |   | 1)   | 1   |  |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section<br>and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant    | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM<br>appraisal, other) |  |
|                               |  |                        |                                |                             |                                 |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,        | ESTIMATED<br>WHOLESALE PRIC                               |  |
|                               |  | SOUTH ASIA             |                                | 0.                          |                                 | 981,838.                                | EQUIPMENT                                    | PURCHASED PRIC  |  |
|                               |  | SUB-SAHARAN            |                                |                             |                                 |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,        | ESTIMATED   |  |
|                               |  | AFRICA                 |                                | 0.                          |                                 | 919,551.                                | EQUIPMENT                                    | WHOLESALE PRIC  |  |
|                               |  | SUB-SAHARAN<br>AFRICA  | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                      |  |   |  |
|                               |  | SUB-SAHARAN            |                                |                             |                                 |   | PHARMACEUTICALS,                             | ESTIMATED<br>WHOLESALE PRIC                               |  |
|                               |  | AFRICA                 |                                | 0.                          |                                 | 37,427.                                 | MEDICAL SUPPLIES                             | PURCHASED PRIC  |  |
|                               |  | SUB-SAHARAN<br>AFRICA  | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                      |  |   |  |
|                               |  | SUB-SAHARAN<br>AFRICA  | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                      |  |   |  |
|                               |  | SUB-SAHARAN<br>AFRICA  |                                | 0.                          |                                 | 26.020                                  | PHARMACEUTICALS,                             | ESTIMATED<br>WHOLESALE PRIC<br>PURCHASED PRIC             |  |
|                               |  | AFRICA                 |                                | 0.                          |                                 | 30,929.                                 | MEDICAL SUPPLIES                             | PURCHASED PRIC  |  |
|                               |  | SUB-SAHARAN<br>AFRICA  | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.                                      |  |   |  |
|                               |  | SUB-SAHARAN<br>AFRICA  |                                | 0.                          |                                 | 884,289.                                | PHARMACEUTICALS                              | ESTIMATED<br>WHOLESALE PRIC                               |  |

| Schedule F (Form 990)         | DIRECT  | RELIEF                 |                               |                             | 95-1831                         | L116   |  | Page <b>2</b>  |  |
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| 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  |  |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |  |
|                               |   |                        |                               |                             |                                 |  |  |  |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 401,490.                                       | PHARMACEUTICALS                              | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |   |                        |                               |                             |                                 |  |  |  |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 1,641,702.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,        | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 1,041,702.                                     | EQUIPMENT                                    | WHOLESALE FRICE  |  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  | MEDICAL SUPPLIES,                            |  |  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 70,480.  | EQUIPMENT                                    | PURCHASED PRICE  |  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED<br>WHOLESALE PRICE,                              |  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 1,770,061.                                     | MEDICAL SUPPLIES                             | PURCHASED PRICE  |  |
|                               |   |                        |                               |                             |                                 |  |  |  |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 782,321.                                       | PHARMACEUTICALS                              | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |   |                        |                               |                             |                                 |  |  |  |  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  |  |  |  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 62,411.  | MEDICAL SUPPLIES                             | PURCHASED PRICE  |  |
|                               |   |                        |                               |                             |                                 |  |  |  |  |
|                               |   | SUB-SAHARAN<br>AFRICA  | COVID19 RELIEF &<br>RECOVERY  | 50,000.                     | WIDE                            | 0.   |  |  |  |
|                               |   | AFRICA                 | RECOVERI                      | 50,000.                     | WIRE                            | 0.   |  |  |  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,        | ESTIMATED  |  |
|                               |   | AFRICA                 |                               | ٥.                          |                                 |  | EQUIPMENT                                    | WHOLESALE PRICE,<br>PURCHASED PRICE                        |  |
|                               |   |                        |                               |                             |                                 |  |  |  |  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  |  |  |  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 855,268.                                       | MEDICAL SUPPLIES                             | PURCHASED PRICE  |  |

| chedule F (Form 990)          | DIRECT   | RELIEF                |                                |                             | 95-1833                         | L116   |   | Page <b>2</b>  |  |
|-------------------------------|--|-----------------------|--------------------------------|-----------------------------|---------------------------------|--|---|--|--|
| Part II Continuation of       | of Grants and Other                                    | Assistance to Organiz | ations or Entities Outside the | United States.              | (Schedule F (Form 9             | 90), Part II, line                             | 1)  |  |  |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section<br>and EIN (if applicable) | (c) Region            | (d) Purpose of<br>grant        | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | <b>(h)</b> Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |  |
|                               |  | SUB-SAHARAN<br>AFRICA |                                | 0.                          |                                 | 796,797.                                       | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT  | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |  |
|                               |  | SUB-SAHARAN<br>AFRICA |                                | 0.                          |                                 | 50,182.  | PHARMACEUTICALS                                     | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |  | SUB-SAHARAN<br>AFRICA |                                | ٥.                          |                                 |  | MEDICAL SUPPLIES,<br>EQUIPMENT                      | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |  |
|                               |  | SUB-SAHARAN<br>AFRICA |                                | 0.                          |                                 | 825,253.                                       | PHARMACEUTICALS                                     | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |  | SUB-SAHARAN<br>AFRICA |                                | ٥.                          |                                 | 36,609.  | PHARMACEUTICALS                                     | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |  | SUB-SAHARAN<br>AFRICA |                                | 0.                          |                                 | 1,700,341.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES                | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |  |
|                               |  | SUB-SAHARAN<br>AFRICA |                                | 0.                          |                                 | 45,995.  | MEDICAL SUPPLIES                                    | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |  |
|                               |  | SUB-SAHARAN<br>AFRICA | COVID19 RELIEF &<br>RECOVERY   | 50,000.                     | WIRE                            | 0.   |   |  |  |
|                               |  | SUB-SAHARAN<br>AFRICA |                                | ٥.                          |                                 | 1,015,053.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT  | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |  |

| Schedule F (Form 990)         | DIRECT 1  | RELIEF                 |                               |                             | Page <b>2</b>                          |  |  |  |
|-------------------------------|---|------------------------|-------------------------------|-----------------------------|--|--|--|--|
| 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  |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | (d) Purpose of<br>grant       | (e) Amount<br>of cash grant | <b>(f)</b> Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                               |   |                        |                               |                             |  |  |  |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |  |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES         | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   |                        |                               |                             |  | , , .  |  |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |  | 1 034 443.                                     | MEDICAL SUPPLIES                             | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |   |                        |                               |                             |  |  |  |  |
|                               |   | SUB-SAHARAN            |                               |                             |  |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,        | ESTIMATED  |
|                               |   | AFRICA                 |                               | 0.                          |  | 1,353,833.                                     | EQUIPMENT                                    | WHOLESALE PRICE  |
|                               |   | SUB-SAHARAN            |                               |                             |  |  |  |  |
|                               |   | AFRICA                 |                               | 0.                          |  | 1,389,426.                                     | MEDICAL SUPPLIES                             | PURCHASED PRICE  |
|                               |   |                        |                               |                             |  |  |  | ESTIMATED  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |  | 9,437.   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES         | WHOLESALE PRICE<br>PURCHASED PRICE                         |
|                               |   |                        |                               |                             |  |  |  |  |
|                               |   |                        | EMERGENCY PREPARATION         |                             |  |  |  |  |
|                               |   | AFRICA                 | & RESPONSE                    | 250,884.                    | WIRE                                   | 0.   |  |  |
|                               |   |                        |                               |                             |  |  |  |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |  |  | MEDICAL SUPPLIES,<br>EQUIPMENT               | PURCHASED PRICE  |
|                               |   | AFRICA                 |                               | 0.                          |  | 11,350.  | EQUIPMENI                                    | PORCHASED PRICE  |
|                               |   | SUB-SAHARAN            |                               |                             |  |  | PHARMACEUTICALS,                             | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | AFRICA                 |                               | ٥.                          |  | 11,397.  | MEDICAL SUPPLIES                             | PURCHASED PRICE  |
|                               |   |                        |                               |                             |  |  |  | ESTIMATED  |
|                               |   | SUB-SAHARAN            |                               |                             |  | <b>.</b>                                       |  | WHOLESALE PRICE  |
|                               |   | AFRICA                 |                               | 0.                          |  | 11,770.  | MEDICAL SUPPLIES                             | PURCHASED PRICE  |

| chedule F (Form 990)          | DIRECT  |                       |                                |                             | 95-183                          |  |  | Page  |
|-------------------------------|---|-----------------------|--------------------------------|-----------------------------|---------------------------------|--|--|---|
| Part II Continuation          | of Grants and Other                             | Assistance to Organiz | ations or Entities Outside the | United States.              | (Schedule F (Form 9             | 90), Part II, line                             | 1)   | 1   |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region            | (d) Purpose of<br>grant        | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM<br>appraisal, other) |
|                               |   |                       |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SUB-SAHARAN<br>AFRICA |                                | 0                           |                                 | E 4E0  | PHARMACEUTICALS,                             | WHOLESALE PRICE   |
|                               |   | AFRICA                |                                | 0.                          |                                 | 5,458.   | MEDICAL SUPPLIES                             | PURCHASED PRICE   |
|                               |   |                       |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SUB-SAHARAN           |                                |                             |                                 |  |  | WHOLESALE PRIC  |
|                               |   | AFRICA                |                                | 0.                          |                                 | 11,915.  | MEDICAL SUPPLIES                             | PURCHASED PRIC  |
|                               |   |                       |                                |                             |                                 |  |  |   |
|                               |   |                       |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SUB-SAHARAN           |                                |                             |                                 |  | PHARMACEUTICALS,                             | WHOLESALE PRIC  |
|                               |   | AFRICA                |                                | 0.                          |                                 | 13,387.  | MEDICAL SUPPLIES                             | PURCHASED PRIC  |
|                               |   |                       |                                |                             |                                 |  |  |   |
|                               |   | SUB-SAHARAN           | COVID19 RELIEF &               |                             |                                 |  |  |   |
|                               |   | AFRICA                | RECOVERY                       | 207,023.                    | WIRE                            | 0.   |  |   |
|                               |   |                       |                                | 207,023.                    |                                 |  |  |   |
|                               |   |                       |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SUB-SAHARAN           |                                |                             |                                 |  | PHARMACEUTICALS,                             | WHOLESALE PRIC  |
|                               |   | AFRICA                |                                | 0.                          |                                 | 1,175,328.                                     | MEDICAL SUPPLIES                             | PURCHASED PRIC  |
|                               |   |                       |                                |                             |                                 |  |  |   |
|                               |   |                       |                                |                             |                                 |  |  |   |
|                               |   | SUB-SAHARAN           | COVID19 RELIEF &               |                             |                                 |  |  |   |
|                               |   | AFRICA                | RECOVERY                       | 156,390.                    | WIRE                            | 0.   |  |   |
|                               |   |                       |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SUB-SAHARAN           |                                |                             |                                 |  |  | WHOLESALE PRIC  |
|                               |   | AFRICA                |                                | 0.                          |                                 | 1 170 187.                                     | MEDICAL SUPPLIES                             | PURCHASED PRIC  |
|                               |   |                       |                                |                             |                                 |  |  |   |
|                               |   |                       |                                |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED   |
|                               |   | SUB-SAHARAN           |                                |                             |                                 |  | MEDICAL SUPPLIES,                            | WHOLESALE PRIC  |
|                               |   | AFRICA                |                                | 0.                          |                                 | 33,893.  | EQUIPMENT                                    | PURCHASED PRIC  |
|                               |   |                       |                                |                             |                                 |  |  |   |
|                               |   |                       |                                |                             |                                 |  |  | ESTIMATED   |
|                               |   | SUB-SAHARAN           |                                |                             |                                 | 14 010   | PHARMACEUTICALS,                             | WHOLESALE PRICE   |
|                               |   | AFRICA                |                                | 0.                          |                                 | 14,012.  | MEDICAL SUPPLIES                             | PURCHASED PRICE   |

| Schedule F (Form 990)         | DIRECT :   |                       |   |                             | 95-1831                                |   |  | Page 2   |
|-------------------------------|--|-----------------------|---|-----------------------------|--|---|--|--|
|                               | f Grants and Other                                     | Assistance to Organiz | ations or Entities Outside the            | United States.              | (Schedule F (Form 9                    |   | 1)   | 1  |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section<br>and EIN (if applicable) |                       | (d) Purpose of<br>grant                   | (e) Amount<br>of cash grant | <b>(f)</b> Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM)<br>appraisal, other) |
|                               |  |                       |   |                             |  |   |  |  |
|                               |  | SUB-SAHARAN           | COVID19 RELIEF &                          |                             |  |   |  |  |
|                               |  | AFRICA                | RECOVERY                                  | 100,000.                    | WIRE                                   | 0.                                      |  |  |
|                               |  |                       |   |                             |  |   |  |  |
|                               |  |                       | CONTR10 DELTER C                          |                             |  |   |  |  |
|                               |  | SUB-SAHARAN<br>AFRICA | COVID19 RELIEF &<br>RECOVERY              | 100,000.                    | WIRE                                   | 0.                                      |  |  |
|                               |  | AFRICA                |   | 100,000.                    | WIRE .                                 | •.                                      |  |  |
|                               |  |                       |   |                             |  |   |  |  |
|                               |  | SUB-SAHARAN           | COVID19 RELIEF &                          | 100 000                     | MIDE                                   | 0                                       |  |  |
|                               |  | AFRICA                | RECOVERY                                  | 100,000.                    | WIRE                                   | 0.                                      |  |  |
|                               |  |                       |   |                             |  |   |  | ESTIMATED  |
|                               |  | SUB-SAHARAN           |   |                             |  |   |  | WHOLESALE PRICE  |
|                               |  | AFRICA                |   | 0.                          |  | 16,045.                                 | MEDICAL SUPPLIES                             | PURCHASED PRICE  |
|                               |  |                       |   |                             |  |   |  |  |
|                               |  | SUB-SAHARAN           | COVID19 RELIEF &                          |                             |  |   |  |  |
|                               |  | AFRICA                | RECOVERY                                  | 89,102.                     | WIRE                                   | 0.                                      |  |  |
|                               |  |                       |   | , -                         |  |   |  |  |
|                               |  |                       |   |                             |  |   |  |  |
|                               |  | SUB-SAHARAN<br>AFRICA |   | 0.                          |  | 1 671 611                               | PHARMACEUTICALS                              | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |  | AFRICA                |   | 0.                          |  | 1,571,511.                              | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |  |                       |   |                             |  |   |  | ESTIMATED  |
|                               |  | SUB-SAHARAN           |   |                             |  |   | MEDICAL SUPPLIES,                            | WHOLESALE PRICE  |
|                               |  | AFRICA                |   | 0.                          |  | 1,577,964.                              | EQUIPMENT                                    | PURCHASED PRICE  |
|                               |  |                       |   |                             |  |   |  |  |
|                               |  | SUB-SAHARAN           |   |                             |  |   | MEDICAL SUPPLIES,                            |  |
|                               |  | AFRICA                |   | 0.                          |  | 23,070.                                 | ,<br>EQUIPMENT                               | PURCHASED PRICE  |
|                               |  |                       |   |                             |  |   |  |  |
|                               |  | SUB-SAHARAN           | COVID19 RELIEF &<br>RECOVERY, CONGO EBOLA |                             |  |   |  |  |
|                               |  | AFRICA                | OUTBREAK RESPONSE                         | 54,639.                     | WIRE                                   | 0.                                      |  |  |
|                               |  | FILLICA               | POIDUBAR REDIONDE                         | 54,055.                     | <b>H</b> 1112                          | υ.                                      | I  |  |

| chedule F (Form 990)       | DIRECT 1  |                       |   |                             | 95-1833                         |   |  | Page  |
|----------------------------|---|-----------------------|---|-----------------------------|---------------------------------|---|--|---|
|                            | of Grants and Other                                 | Assistance to Organiz | ations or Entities Outside the                          | e United States.            | <u>(Schedule F (Form 9</u>      |   |  | 1   |
| 1 (a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region            | <b>(d)</b> Purpose of grant                             | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM<br>appraisal, other) |
|                            |   | SUB-SAHARAN<br>AFRICA |   | 0.                          |                                 |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES         | ESTIMATED<br>WHOLESALE PRIC<br>PURCHASED PRIC             |
|                            |   | AFRICA                |   |                             |                                 | 21,710.                                 | MEDICKE SUITEE                               | FORCIASED TRIC  |
|                            |   | SUB-SAHARAN<br>AFRICA | COVID19 RELIEF &<br>RECOVERY, FISTULA<br>REPAIR PROGRAM | 52,000.                     | WIRE                            | 0.                                      |  |   |
|                            |   | SUB-SAHARAN           |   |                             |                                 |   |  |   |
|                            |   | AFRICA                |   | 0.                          |                                 | 73,532.                                 | EQUIPMENT                                    | PURCHASED PRIC  |
|                            |   | SUB-SAHARAN<br>AFRICA |   | 0.                          |                                 | 27,411.                                 | PHARMACEUTICALS,<br>MEDICAL SUPPLIES         | ESTIMATED<br>WHOLESALE PRIC<br>PURCHASED PRIC             |
|                            |   | SUB-SAHARAN<br>AFRICA | COVID19 RELIEF &<br>RECOVERY                            | 50,000.                     | WIRE                            | 0.                                      |  |   |
|                            |   | SUB-SAHARAN<br>AFRICA |   | 0.                          |                                 | 14,167.                                 | MEDICAL SUPPLIES                             | ESTIMATED<br>WHOLESALE PRIC<br>PURCHASED PRIC             |
|                            |   | SUB-SAHARAN<br>AFRICA |   | 0.                          |                                 | 75,820.                                 | PHARMACEUTICALS                              | ESTIMATED<br>WHOLESALE PRIC                               |
|                            |   | SUB-SAHARAN<br>AFRICA |   | 0.                          |                                 |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES         | ESTIMATED<br>WHOLESALE PRIC<br>PURCHASED PRIC             |
|                            |   | SUB-SAHARAN<br>AFRICA |   | 0.                          |                                 | 1,808,209.                              | MEDICAL SUPPLIES                             | PURCHASED PRIC  |

| chedule F (Form 990)          |   |                        |                               |                             | Page <b>2</b>                   |  |  |  |
|-------------------------------|---|------------------------|-------------------------------|-----------------------------|---------------------------------|--|--|--|
| 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  |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | (d) Purpose of<br>grant       | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of non-cash assistance | (h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM\<br>appraisal, other) |
|                               |   |                        |                               |                             |                                 |  |  |  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  |  | ESTIMATED  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 9,973,010.                               | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |   |                        |                               |                             |                                 |  |  |  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,        | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 9,487,039.                               | ,  | PURCHASED PRICE  |
|                               |   |                        |                               |                             |                                 | -,,                                      |  |  |
|                               |   |                        |                               |                             |                                 |  |  |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 557 375                                  | PHARMACEUTICALS                              | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 557,575.                                 | FIRMACEOTICALS                               | WHOLESALE FRICE  |
|                               |   |                        |                               |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  | MEDICAL SUPPLIES,                            | WHOLESALE PRICE  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 8,438,922.                               | EQUIPMENT                                    | PURCHASED PRICE  |
|                               |   |                        |                               |                             |                                 |  |  |  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  |  |  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 214,874.                                 | MEDICAL SUPPLIES                             | PURCHASED PRICE  |
|                               |   |                        |                               |                             |                                 |  |  | ESTIMATED  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  | PHARMACEUTICALS                              | WHOLESALE PRICE  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 556,760.                                 | MEDICAL SUPPLIES                             | PURCHASED PRICE  |
|                               |   |                        |                               |                             |                                 | ,  | PHARMACEUTICALS,                             |  |
|                               |   |                        |                               |                             |                                 |  | OTHER, MEDICAL                               |  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  | SUPPLIES,                                    | ESTIMATED  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 8,427,324.                               | EQUIPMENT                                    | WHOLESALE PRICE  |
|                               |   |                        |                               |                             |                                 |  |  |  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  | PHARMACEUTICALS,                             | ESTIMATED  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 3,005,423.                               | MEDICAL SUPPLIES                             | WHOLESALE PRICE  |
|                               |   |                        |                               |                             |                                 |  | PHARMACEUTICALS,                             |  |
|                               |   | SUB-SAHARAN            |                               |                             |                                 |  | ,  | ESTIMATED  |
|                               |   | AFRICA                 |                               | 0.                          |                                 | 8,051,398.                               | ,  | WHOLESALE PRICE  |

| Schedule F (Form 990)         | DIRECT 1  | RELIEF                 |                               |                             | 95-1833                         | L116   |  | Page <b>2</b>  |
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| 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  |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance       | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 7,517,126.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>FOULPMENT | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |   | AFRICA                 |                               |                             |                                 | 7,517,120.                                     |  | TOKCHASED TRICE  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 528,636.                                       | MEDICAL SUPPLIES                                   | PURCHASED PRICE  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 6,865,274.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES               | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 3,086,151.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES               | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 5,818,977.                                     | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 392,816.                                       | PHARMACEUTICALS,<br>MEDICAL SUPPLIES               | ESTIMATED<br>WHOLESALE PRICE                               |

| Schedule F (Form 990)         | DIRECT  | RELIEF                 |                               |                             | 95-183                          | 1116   |  | Page <b>2</b>  |
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| 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  |
| 1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) |                        | <b>(d)</b> Purpose of grant   | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance       | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | ٥.                          |                                 | 3,502,307.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES               | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES               | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | ٥.                          |                                 | 3,227,769.                                     | MEDICAL SUPPLIES                                   | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 4,073,273.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE<br>PURCHASED PRICE            |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 10,335,499.                                    | PHARMACEUTICALS,<br>EQUIPMENT                      | ESTIMATED<br>WHOLESALE PRICE                               |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 4,327,900.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                          |                                 | 3,160,545.                                     | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |

| chedule F (Form 990)          | DIRECT  | RELIEF                 |                                |                             | 95-183                          | L116   |  | Page <b>2</b>  |  |
|-------------------------------|---|------------------------|--------------------------------|-----------------------------|---------------------------------|--|--|--|--|
| 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  |  |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of<br>grant | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance       | (i) Method of<br>valuation (book, FMV<br>appraisal, other) |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                                | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                                | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                                | 0.                          |                                 | 5,765,892.                                     | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                                | 0.                          |                                 | 275,288.                                       | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                                | 0.                          |                                 | 340,495.                                       | MEDICAL SUPPLIES                                   | PURCHASED PRICE  |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                                | 0.                          |                                 | 1,793,695.                                     | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                                | 0.                          |                                 | 17,178,651.                                    | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                               |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                                | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |  |
|                               |   | SUB-SAHARAN<br>AFRICA  |                                | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE           |  |

| Schedule F (Form 990)         | DIRECT  | RELIEF                 |                               |                                 | 95-1833                         | L116   |  | Page <b>2</b>   |
|-------------------------------|---|------------------------|-------------------------------|---------------------------------|---------------------------------|--|--|---|
| 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<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant   | <b>(e)</b> Amount of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance       | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                              |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                              |                                 | 1,818,641.                                     |  | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                              |                                 |  |  | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SUB-SAHARAN<br>AFRICA  |                               | 0.                              |                                 | 1,847,270.                                     | ,  | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SUB-SAHARAN<br>AFRICA  | COVID19 RELIEF &<br>RECOVERY  | 50,000.                         | WIRE                            | 0.   |  |   |
|                               |   | SUB-SAHARAN<br>AFRICA  | COVID19 RELIEF &<br>RECOVERY  | 50,000.                         | WIRE                            | 0.   |  |   |
|                               |   | SUB-SAHARAN<br>AFRICA  | COVID19 RELIEF &<br>RECOVERY  | 50,000.                         | WIRE                            | 0.   |  |   |
|                               |   | SUB-SAHARAN<br>AFRICA  | COVID19 RELIEF &<br>RECOVERY  | 50,000.                         | WIRE                            | 0.   |  |   |
|                               |   | SUB-SAHARAN<br>AFRICA  | COVID19 RELIEF &<br>RECOVERY  | 50,000.                         | WIRE                            | 0.   |  |   |

| chedule F (Form 990) Part II Continuation o              | DIRECT  |                       | ations of Entities Autoids the                            | Linite d Otata -            | 95-1833   |   | 1)   | Page  |
|--|---|-----------------------|---|-----------------------------|---|---|--|---|
| (art II Continuation of<br>1<br>(a) Name of organization | (b) IRS code section<br>and EIN (if applicable) | (c) Region            | ations or Entities Outside the<br>(d) Purpose of<br>grant | (e) Amount<br>of cash grant | (Schedule F (Form 9<br>(f) Manner of<br>cash disbursement | 90), Part II, line<br>(g) Amount of<br>non-cash<br>assistance | 1)<br>(h) Description<br>of non-cash<br>assistance | (i) Method of<br>valuation (book, FM<br>appraisal, other) |
|  |   | SUB-SAHARAN<br>AFRICA | COVID19 RELIEF &<br>RECOVERY                              | 50,000.                     | WIRE  | 0.  |  |   |
|  |   | SUB-SAHARAN<br>AFRICA |   | 0.                          |   | 127,895.  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES               | ESTIMATED<br>WHOLESALE PRIC<br>PURCHASED PRIC             |
|  |   | SUB-SAHARAN<br>AFRICA | COVID19 RELIEF &<br>RECOVERY                              | 49,490.                     | WIRE  | 0.  |  |   |
|  |   | SUB-SAHARAN<br>AFRICA | MOZAMBIQUE & MALAWI<br>HEALTHCARE SUPPORT                 | 25,000.                     | WIRE  | 0.  |  |   |
|  |   | SUB-SAHARAN<br>AFRICA | COVID19 RELIEF &<br>RECOVERY                              | 23,335.                     | WIRE  | 0.  |  |   |
|  |   | SUB-SAHARAN<br>AFRICA | COVID19 RELIEF &<br>RECOVERY                              | 21,430.                     | WIRE  | 0.  |  |   |
|  |   | SUB-SAHARAN<br>AFRICA | COVID19 RELIEF &<br>RECOVERY                              | 21,191.                     | WIRE  | 0.  |  |   |
|  |   | SUB-SAHARAN<br>AFRICA |   | 0.                          |   | 47,571,151.   | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRIC                               |
|  |   | SUB-SAHARAN<br>AFRICA |   | 0.                          |   | 170,063.  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRIC<br>PURCHASED PRIC             |

| Schedule F (Form 990)         | DIRECT  | RELIEF                 |   |                             | 95-183                          | 1116                                    |  | Page <b>2</b>   |
|-------------------------------|---|------------------------|---|-----------------------------|---------------------------------|---|--|---|
| 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   |
| 1<br>(a) Name of organization | <b>(b)</b> IRS code section and EIN (if applicable) | (c) Region             | <b>(d)</b> Purpose of grant                                 | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | (g) Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance       | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|                               |   | SUB-SAHARAN<br>AFRICA  |   | 0.                          |                                 |   | MEDICAL SUPPLIES,<br>EQUIPMENT                     | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|                               |   | SUB-SAHARAN<br>AFRICA  |   | 0.                          |                                 | 572,832.                                | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SUB-SAHARAN<br>AFRICA  |   | 0.                          |                                 | 64,061,249.                             | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SUB-SAHARAN<br>AFRICA  |   | 0.                          |                                 | 179,472,794.                            | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SUB-SAHARAN<br>AFRICA  |   | 0.                          |                                 | 1,374,369.                              | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SUB-SAHARAN<br>AFRICA  |   | 0.                          |                                 |   | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE                                |
|                               |   | SUB-SAHARAN<br>AFRICA  | SUPPORT OF RELATED<br>PARTY ORGANIZATION IN<br>SOUTH AFRICA | 60,000.                     | WIRE                            | 0.                                      |  |   |
|                               |   | SUB-SAHARAN<br>AFRICA  | VASELINE HEALTH<br>PROJECT                                  | 10,000.                     |                                 | 0.                                      |  |   |
|                               |   | SUB-SAHARAN<br>AFRICA  |   | 0.                          |                                 | 140,134.                                | MEDICAL SUPPLIES                                   | PURCHASED PRICE   |

| Schedule     | e F (Form 990)     | DIRECT 1   | RELIEF                  |                               |                             | 95-1833                         | L116   |  | Page <b>2</b>   |
|--------------|--------------------|--|-------------------------|-------------------------------|-----------------------------|---------------------------------|--|--|---|
| Part II      | Continuation of    | f Grants and Other                                     | Assistance to Organizat | tions or Entities Outside the | United States.              | (Schedule F (Form 9             | 90), Part II, line                             | 1)   |   |
| 1<br>(a) Nam | ne of organization | <b>(b)</b> IRS code section<br>and EIN (if applicable) | (c) Region              | (d) Purpose of grant          | (e) Amount<br>of cash grant | (f) Manner of cash disbursement | <b>(g)</b> Amount of<br>non-cash<br>assistance | (h) Description<br>of non-cash<br>assistance       | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|              |                    |  | SUB-SAHARAN<br>AFRICA   |                               | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES               | ESTIMATED<br>WHOLESALE PRICE                                |
|              |                    |  | SUB-SAHARAN<br>AFRICA   |                               | 0.                          |                                 | 138,380.                                       | PHARMACEUTICALS                                    | ESTIMATED<br>WHOLESALE PRICE                                |
|              |                    |  | SUB-SAHARAN<br>AFRICA   |                               | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES               | ESTIMATED<br>WHOLESALE PRICE,<br>PURCHASED PRICE            |
|              |                    |  | SUB-SAHARAN<br>AFRICA   |                               | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>WHOLESALE PRICE                                |
|              |                    |  | SUB-SAHARAN<br>AFRICA   |                               | 0.                          |                                 |  | PHARMACEUTICALS,<br>MEDICAL SUPPLIES,<br>EQUIPMENT | ESTIMATED<br>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.

(c) Number of

recipients

(d) Amount of

cash grant

(a) Type of grant or assistance

(b) Region

95-1831116

(f) Amount of

noncash assistance (g) Description of

noncash assistance

(e) Manner of

cash disbursement

Schedule F (Form 990) 2020

Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

| Sche | dule F (Form 990) 2020 DIRECT RELIEF   | 95-1831116 | Page 4 |
|------|--|------------|--------|
| Par  | t IV Foreign Forms   |            |        |
| 1    | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes,"<br>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign<br>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<br>be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and<br>Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a<br>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? <i>If</i> "Yes," <i>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)</i>   | X 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? <i>If</i> "Yes," <i>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)</i>  | Yes        | X No   |
| 5    | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes,"<br>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain<br>Foreign Partnerships (see Instructions for Form 8865)  | Yes        | X No   |
| 6    | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)  | X Yes      | No     |

## 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.

032075 12-03-20

| SCHEDULE I   | G                             | arants and Oth                     | er Assistan                 | ce to Orgar                             | izations.   |                                       | OMB No. 1545-0047                            |
|--|-------------------------------|------------------------------------|-----------------------------|---|---|---------------------------------------|--|
| (Form 990)   | Go                            | vernments, an                      | d Individua                 | ls in the Ŭni                           | ted States  |                                       | 2020   |
| Department of the Treasury                                       | Comp                          |                                    | Attach to For               |   |   |                                       | Open to Public                               |
| Internal Revenue Service   |                               | Go to www.ir                       | s.gov/Form990 fo            |   | nation.   |                                       | Inspection                                   |
| Name of the organization<br>DIRECT RELI                          | SF                            |                                    |                             |   |   |                                       | Employer identification number<br>95-1831116 |
| Part I General Information on Grants                             | and Assistance                |                                    |                             |   |   |                                       |  |
| 1 Does the organization maintain record                          | s to substantiate the         | amount of the grants               | or assistance, the          | grantees' eligibility                   | / for the grants or assi  | stance, and the selecti               | on   |
| criteria used to award the grants or as                          | sistance?                     | -                                  |                             |   | -   |                                       | X Yes No                                     |
| 2 Describe in Part IV the organization's                         | procedures for monit          | oring the use of grant             | funds in the United         | States.                                 |   |                                       |  |
| Part II Grants and Other Assistance                              | o Domestic Organiz            | zations and Domestic               | Governments.                | Complete if the org                     | anization answered "Y   | ∕es" on Form 990, Part                | IV, line 21, for any                         |
| recipient that received more that                                | <u>n \$5,000. Part II can</u> | be duplicated if addition          | onal space is need          | ed.                                     | (f) Mathaal of  | 1                                     |  |
| <b>1 (a)</b> Name and address of organization<br>or government   | <b>(b)</b> EIN                | (c) IRC section<br>(if applicable) | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance        |
|  |                               |                                    |                             |   | ESTIMATED   | PHARMACEUTICALS                       | SUPPORT TO US CLINICS &                      |
| 1ST CHOICE HEALTHCARE  |                               |                                    |                             |   | WHOLESALE   | , MEDICAL                             | HEALTH CENTERS FOR                           |
| 1300 CREASON ROAD  |                               |                                    |                             |   | PRICE,  | SUPPLIES,                             | LOW-INCOME, UNINSURED                        |
| CORNING, AR 72422  | 71-0715998                    | 501(C)(3)                          | 0.                          | 401,706.                                | PURCHASED   | EQUIPMENT                             | PATIENTS                                     |
|  |                               |                                    |                             |   | ESTIMATED   | PHARMACEUTICALS                       | SUPPORT TO US CLINICS &                      |
| A+ COUNSELING CENTER AND A+ HEAL                                 | ГН                            |                                    |                             |   | WHOLESALE   | , MEDICAL                             | HEALTH CENTERS FOR                           |
| CENTER - 10351 SOUTHERN MARYLAND                                 |                               |                                    |                             |   | PRICE,  | SUPPLIES,                             | LOW-INCOME, UNINSURED                        |
| BLVD DUNKIRK, MD 20754   | 59-3812335                    | 501(C)(3)                          | 0.                          | 742,098.                                | PURCHASED   | EQUIPMENT                             | PATIENTS                                     |
| AAA COMPREHENSIVE HEALTHCARE, IN<br>7451 LANKERSHIM BLVD         |                               | 501 (2) (2)                        | 107 500                     |   |   |                                       |  |
| NORTH HOLLYWOOD, CA 91605  | 27-0735908                    | 501(C)(3)                          | 187,500.                    | 0.                                      |   |                                       | COVID19-ABBOTT                               |
| AARON E. HENRY COMMUNITY HEALTH<br>SER - 510 HWY 322 POST OFFICE |                               |                                    | 50.000                      |   |   |                                       |  |
| DRAWER 1216 - CLARKSDALE, MS 386                                 | 14 64-0624495                 | 501(C)(3)                          | 50,000.                     | 0.                                      |   |                                       | COVID19-US                                   |
| ADDITUTO PANTLY CADED INC  |                               |                                    |                             |   | ESTIMATED   | PHARMACEUTICALS                       | SUPPORT TO US CLINICS &                      |
| ABCLINIC FAMILY CARES, INC.                                      |                               |                                    |                             |   | WHOLESALE   | , MEDICAL                             | HEALTH CENTERS FOR                           |
| 1084 INDUSTRIAL PKWAY  | 81-2703805                    | E01(0)(2)                          | 0.                          | 25 090                                  | PRICE,  | SUPPLIES,                             | LOW-INCOME, UNINSURED<br>PATIENTS            |
| SARALAND, AL 36571   | 81-2703805                    | 501(C)(3)                          | 0.                          | 35,089.                                 | PURCHASED<br>ESTIMATED  | EQUIPMENT<br>PHARMACEUTICALS          | SUPPORT TO US CLINICS &                      |
| ACACIA MEDICAL MISSION   |                               |                                    |                             |   | WHOLESALE   | MEDICAL                               | HEALTH CENTERS FOR                           |
| 1781 E. AMMANN RD  |                               |                                    |                             |   |   | ,                                     |  |
| BULVERDE TX 78163  | 90-0401594                    | 501(C)(3)                          | 0.                          | 963 207                                 | PRICE,<br>PURCHASED   | SUPPLIES,<br>EOUIPMENT                | LOW-INCOME, UNINSURED<br>PATIENTS            |
|  |                               |                                    |                             | 303,207.                                | FORCHABED   | EXOTEMENI.                            | ▶ 1,541.                                     |
| 2 Enter total number of section 501(c)(3                         |                               | 1 toblo                            |                             |   |   |                                       | 37.  |
| 3 Enter total number of other organizati                         | ons listed in the line        |                                    |                             |   |   |                                       |  |

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

SEE PART IV FOR COLUMNS (G) AND (H) DESCRIPTIONS

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other | Assistance to Do | mestic Organizations                    | s and Domestic Go        | vernments (Sch                          | edule I (Form 990), Pa  | art II.)                               | 95-1831116 Pa                         |
|--|------------------|---|--------------------------|---|---|--|---------------------------------------|
| (a) Name and address of organization or government   | <b>(b)</b> EIN   | <b>(c)</b> IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |   |                          |   |   |  | SUPPORT TO US CLINICS                 |
| ACACIA NETWORK   |                  |   |                          |   | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 300 E 175TH STREET   |                  |   |                          |   | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| BRONX, NY 10457  | 26-0076866       | 501(C)(3)                               | 0.                       | 5,600.                                  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| ACCESS CARROLL   |                  |   |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| LO DISTILLERY DRIVE, STE 200   |                  |   |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| WESTMINISTER, MD 21157   | 20-2146701       | 501(C)(3)                               | 0.                       | 116,238.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ACCESS HEALTH LOUISIANA ST.  |                  |   |                          |   |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CHARLES COMMUNITY HEALTH CENTER -  |                  |   |                          |   | ESTIMATED   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 843 MILLING AVENUE - LULING, LA  |                  |   |                          |   | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| ,  | 47-0852944       | 501(C)(3)                               | 0.                       | 32,995.                                 | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |   |                          | ,                                       |   |  | SUPPORT TO US CLINICS                 |
| ACCESS SUPPORT NETWORK   |                  |   |                          |   | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 340 CHURCH ST  |                  |   |                          |   | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| SALINAS, CA 93901  | 77-0205717       | 501(C)(3)                               | 0.                       | 40,034.                                 |   | ,<br>SUPPLIES                          | ,<br>PATIENTS                         |
| ,  |                  |   |                          | ,                                       |   |  |                                       |
| ADAGIO HEALTH INC  |                  |   |                          |   |   |  |                                       |
| 603 STANWIX STREET, SUITE 500  |                  |   |                          |   |   |  |                                       |
| PITTSBURGH, PA 15222   | 23-7104168       | 501(C)(3)                               | 40,000.                  | 0.                                      |   |  | BAYER RH AWARDS PROGRA                |
| · · ·  |                  |   |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| ADAMS COMPASSIONATE HEALTHCARE   |                  |   |                          |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 4431 BROOKFIELD CORPORATE DRIVE  |                  |   |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| CHANTILLY, VA 20151  | 46-1959130       | 501(C)(3)                               | 0.                       | 24 926.                                 | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | '<br>PATIENTS                         |
| ,,   |                  |   |                          | ,                                       |   | -*                                     |                                       |
| ADVANCE COMMUNITY HEALTH   |                  |   |                          |   |   |  |                                       |
| 1001 ROCK QUARRY ROAD  |                  |   |                          |   |   |  |                                       |
| RALEIGH, NC 27610  | 56-1004791       | 501(C)(3)                               | 50,000.                  | 0.                                      |   |  | COVID19-US                            |
| ,/   |                  |   |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| ADVANTAGE CARE HEALTH CENTERS  |                  |   |                          |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| L89 WHEATLEY ROAD  |                  |   |                          |   | PRICE,  | , MEDICAL<br>SUPPLIES,                 | LOW-INCOME, UNINSURED                 |
|  | 75-3097539       | 501(C)(3)                               | 0.                       | 21 241                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| BROOKVILLE, NY 11545   | 13-3091339       | 501(0/(3)                               |                          | 41,241.                                 |   |  |                                       |
|  |                  |   |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| ADVENTHEALTH WATERMAN COMMUNITY  |                  |   |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CLINIC - 2300 KURT STREET -  | 50.0140660       | 501(0)(0)                               |                          | <b>F</b> 000                            | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| EUSTIS, FL 32726   | 59-3140669       | DOT(C)(3)                               | 0.                       | 7,839.                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF   |                              |  |  |   | /=   |   | 95-1831116 Page                       |
|---|------------------------------|--|--|---|--|---|---------------------------------------|
| Part II Continuation of Grants and Other A (a) Name and address of organization or government | Assistance to Doi<br>(b) EIN | nestic Organizations<br>(c) IRC section<br>if applicable | and Domestic Go<br>(d) Amount of<br>cash grant | vernments (Sch<br>(e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV, | art II.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |                              |  |  |   | appraisal, other)                                | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| ADVENTIST HEALTH ST. HELENA   |                              |  |  |   | WHOLESALE  | , OTHER   | HEALTH CENTERS FOR                    |
| 10 WOODLAND RD  |                              |  |  |   | PRICE,   | , OIMER,<br>MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| ST. HELENA, CA 94574  | 94-1279779                   | 501(C)(3)  | 0.   | 55 094  | PURCHASED  | SUPPLIES  | PATIENTS                              |
|   |                              |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| AGAPE CLINIC  |                              |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| 4104 JUNIUS STREET  |                              |  |  |   | PRICE,   | SUPPLIES  | LOW-INCOME, UNINSURED                 |
| DALLAS, TX 75246  | 14-1847977                   | 501(C)(3)  | 0.   | 2,640,125.  | ,  | EQUIPMENT   | PATIENTS                              |
|   | ,                            |  |  | _,,-  | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| AGHABY COMPREHENSIVE COMMUNITY  |                              |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| HEALTH CENTER - 349 W. COMPTON  |                              |  |  |   | PRICE,   | ,<br>SUPPLIES,  | LOW-INCOME, UNINSURED                 |
| BLVD - COMPTON, CA 90220  | 46-2637814                   | 501(C)(3)  | 0.   | 67 031.   | ,<br>PURCHASED                                   | ,<br>EQUIPMENT  | ,<br>PATIENTS                         |
| AIDS PROJECT LOS ANGELES, INC.  |                              |  |  | ,                   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| APLA HEALTH & WELLNESS - 3743   |                              |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| SOUTH LA BREA AVENUE - LOS  |                              |  |  |   | PRICE,   | ,<br>SUPPLIES,  | LOW-INCOME, UNINSURED                 |
| ANGELES, CA 90016   | 95-3842506                   | 501(C)(3)  | 0.   | 11,057.   | ,<br>PURCHASED                                   | ,<br>EQUIPMENT  | ,<br>PATIENTS                         |
|   |                              |  |  | ,   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| ALAMEDA COUNTY HEALTH CARE FOR  |                              |  |  |   | WHOLESALE  | , MEDICAL   | HEALTH CENTERS FOR                    |
| HOMELESS PROGRAM - 384 14TH   |                              |  |  |   | PRICE,   | ,<br>SUPPLIES,  | LOW-INCOME, UNINSURED                 |
| STREET - OAKLAND, CA 94612  | 94-6000501                   | 501(C)(3)  | 0.   | 204,117.  | PURCHASED  | EQUIPMENT   | PATIENTS                              |
|   |                              |  |  |   |  |   |                                       |
| ALAMEDA COUNTY HEALTH CARE FOR THE  |                              |  |  |   |  |   |                                       |
| 1404 FRANKLIN STREET #200   |                              |  |  |   |  |   |                                       |
| OAKLAND, CA 94612   | 94-6000501                   | 501(C)(3)  | 50,000.  | 0.  |  |   | COVID19-US                            |
|   |                              |  |  |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| ALAMEDA HEALTH SYSTEM   |                              |  |  |   | WHOLESALE  | PHARMACEUTICALS                                       | HEALTH CENTERS FOR                    |
| 1411 E 31ST STREET  |                              |  |  |   | PRICE,   | , MEDICAL   | LOW-INCOME, UNINSURED                 |
| OAKLAND, CA 94602   | 94-3103136                   | 501(C)(3)  | 0.   | 756,737.  | PURCHASED  | SUPPLIES  | PATIENTS                              |
| ALDANY ADDA DDIMADY HEALMH CADE   |                              |  |  |   |  |   |                                       |
| ALBANY AREA PRIMARY HEALTH CARE   |                              |  |  |   |  |   |                                       |
| 204 N. WESTOVER BLVD  | E0 124401E                   | 501(C)(2)  | 50 000   | 0.  |  |   |                                       |
| ALBANY, GA 31707-2983   | 58-1344015                   | 501(0)(3)  | 50,000.  | 0.  |  |   | COVID19-US                            |
| ALDANY COMMINITRY PRATER CLINIC   |                              |  |  |   |  |   | SUPPORT TO US CLINICS &               |
| ALBANY COMMUNITY HEALTH CLINIC  |                              |  |  |   | PURCHASED  | MEDICAL   | HEALTH CENTERS FOR                    |
| 1174 N. 22ND STREET   | 83_6000221                   | 501(0)(3)  | 0.   | E 7//   |  | SUPPLIES  | LOW-INCOME, UNINSURED<br>PATIENTS     |
| LARAMIE, WY 82072   | 83-6000331                   | DOT(C)(2)  | 0.   | 5,744.  | PRICE  | POLATTER  | PATIENTS                              |

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| Part II Continuation of Grants and Other A         | Assistance to Do | mestic Organizations                    | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| ALBEMARLE HOSPITAL FOUNDATION DBA                  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY CARE CLINIC - 918                        |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| GREENLEAF STREET - ELIZABETH CITY,                 |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NC 27909   | 43-2031990       | 501(C)(3)                               | 0.                              | 1,119,347.                                     | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ALBRECHT FREE CLINIC                               |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 08 WASHINGTON STREET                               |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VEST BEND, WI 53095                                | 39-1839654       | 501(C)(3)                               | 0.                              | 54,738.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| ALCONA HEALTH CENTERS                              |                  |   |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 177 N. BARLOW ROAD                                 |                  |   |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| LINCOLN, MI 48742                                  | 38-2170985       | 501(C)(3)                               | 0.                              | 18,840.  | PRICE   | PHARMACEUTICALS                        | PATIENTS                              |
| ,  |                  |   |                                 | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ALL FOR HEALTH, HEALTH FOR ALL                     |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 19 EAST BROADWAY BLVD.                             |                  |   |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| GLENDALE, CA 91205                                 | 95-4773684       | 501(C)(3)                               | 0.                              | 149,443.                                       | PURCHASED   | EQUIPMENT                              | ,<br>PATIENTS                         |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ALL NATIONS HEALTH CENTER                          |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 330 W CENTRAL AVE                                  |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MISSOULA, MT 59801                                 | 81-0330646       | 501(C)(3)                               | 0.                              | 90,761.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| ALLIANCE MEDICAL CLINIC                            |                  |   |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| L381 UNIVERSITY AVENUE                             |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HEALDSBURG, CA 95448                               | 94-2308748       | 501(C)(3)                               | 0.                              | 40,451.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ALPHA OMEGA ALLIANCE INC DBA                       |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| RIVIERA BEACH INTEGRATED CARE - 31                 |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| N 20TH STREET - RIVIERA BEACH, FL                  |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 33404  | 42-1615117       | 501(C)(3)                               | 0.                              | 85,129.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                                 |  |   |  |                                       |
| ALTAMED HEALTH SERVICES CORP.                      |                  |   |                                 |  |   |  |                                       |
| 2040 CAMFIELD AVENUE                               |                  |   |                                 |  |   |  |                                       |
| COMMERCE, CA 90040                                 | 95-2810095       | 501(C)(3)                               | 50,000.                         | Ο.   |   |  | COVID19-US                            |
|  |                  |   | · ·                             |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ALTAMED HEALTH SERVICES                            |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CORPORATION - 2040 CAMFIELD AVENUE                 |                  |   |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| - LOS ANGELES, CA 90040                            | 95-2810095       | 501(C)(3)                               | 0.                              | 838,974.                                       | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |

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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go          | overnments (Sch                                | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| ALTAPOINTE HEALTH SYSTEMS, INC.                    |                   |                                  |                          |  |   |  |                                       |
| 5750 - A SOUTHLAND DRIVE                           | 62 0700401        | F01(a)(2)                        | F0.000                   |  |   |  |                                       |
| MOBILE, AL 36693                                   | 63-0700401        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US<br>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.                       | 23,847.  |   | , SUPPLIES                             | PATIENTS                              |
| ,  |                   |                                  |                          | , -  | ESTIMATED   |  | 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)                        | ٥.                       | 16,066.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| AMISTAD COMM HEALTH CENTER, INC                    |                   |                                  |                          |  |   |  |                                       |
| 1533 SOUTH BROWNLEE BLVD                           |                   |                                  |                          |  |   |  |                                       |
| CORPUS CHRISTI, TX 78412                           | 20-3008507        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | LILLY NAVIGATOR GRANT                 |
| ,  |                   |                                  |                          |  | 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.                       | 349,325.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| AMMONOOSUC COMMUNITY HEALTH                        |                   |                                  |                          |  |   |  |                                       |
| SERVICE - 25 MOUNT EUSTIS -                        |                   |                                  |                          |  |   |  |                                       |
| LITTLETON, NH 03561                                | 51-0137745        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| /  |                   |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| AMMONOOSUC COMMUNITY HEALTH                        |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| SERVICES - 25 MT. EUSTIS ROAD -                    |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LITTLETON, NH 03561                                | 51-0137745        | 501(C)(3)                        | 0.                       | 25,498.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  |   |  |                                       |
| AMPLA HEALTH<br>870 W ONSTOTT FRONTAGE ROAD        |                   |                                  |                          |  |   |  |                                       |
| YUBA CITY, CA 95991                                | 94-2210447        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| 10DA CIII, CA 33331                                | J4-2210447        | 201(C)(2)                        | 50,000.                  | 0.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| AMPLA HEALTH DEL NORTE CLINICS,                    |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| INC - 935 MARKET STREET - YUBA                     |                   |                                  |                          |  | PRICE,  | , SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| CITY, CA 95991-4210                                | 94-2210447        | 501(C)(3)                        | 0.                       | 50,930.  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |

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| (a) Name and address of organization or government | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|------------|----------------------------------|-----------------------------|---|--|--|---------------------------------------|
| ANDERSON FREE CLINIC                               |            |                                  |                             |   |  |  |                                       |
| 414 NORTH FANT ST                                  |            |                                  |                             |   |  |  |                                       |
| ANDERSON, SC 29621                                 | 57-0787584 | 501(C)(3)                        | 15,000.                     | 0.                                      |  |  | LILLY NAVIGATOR GRANT                 |
|  |            |                                  |                             | ·                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| ANDERSON FREE CLINIC                               |            |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 414 N. FANT STREET                                 |            |                                  |                             |   | PRICE  | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| ANDERSON, SC 29621                                 | 57-0787584 | 501(C)(3)                        | 0.                          | 178 647                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  | 37 0707301 | 501(0)(0)                        |                             | 1,0,01,                                 | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| ANDERSON VALLEY HEALTH CENTER                      |            |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 13500 AIRPORT ROAD                                 |            |                                  |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BOONVILLE, CA 95415                                | 94-2347424 | 501(C)(3)                        | 0.                          | 17 782                                  | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  | 54 2547424 | 501(0)(5)                        |                             | 17,702.                                 |  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| ANN SILVERMAN COMMUNITY HEALTH                     |            |                                  |                             |   | ESTIMATED  | _ MEDICAL                              | HEALTH CENTERS FOR                    |
| CLINIC - 595 W. STATE STREET -                     |            |                                  |                             |   | WHOLESALE  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DOYLESTOWN, PA 18901                               | 23-2892823 | 501(C)(3)                        | 0.                          | 172,354.                                |  | EQUIPMENT                              | PATIENTS                              |
|  | 23 2052023 | 501(0)(3)                        | ••                          | 172,334.                                |  |  |                                       |
| ANSON REGIONAL MEDICAL SERVICES                    |            |                                  |                             |   |  |  |                                       |
| INC - 203 SALISBURY - WADESBORD,                   |            |                                  |                             |   |  |  |                                       |
| NC 28170   | 56-1768044 | 501(C)(3)                        | 50,000.                     | 0.                                      |  |  | COVID19-US                            |
|  | 50 1700044 | 501(0)(3)                        |                             |   | ESTIMATED  |  | SUPPORT TO US CLINICS                 |
| ANTELOPE VALLEY EMERGENCY MEDICAL                  |            |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| ASSOCIATES - 1600 WEST AVENUE J -                  |            |                                  |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LANCASTER, CA 93534                                | 95-7041087 | 501(C)(3)                        | 0.                          | 177 212                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| IANCASIER, CA 95554                                | 33-7041087 | 501(0)(5)                        | · · ·                       | 177,212.                                | FORCHASED  | EQUIFMENT                              | FAITENIS                              |
| ANTHONY L JORDAN HEALTH CORP                       |            |                                  |                             |   |  |  |                                       |
| 82 HOLLAND STREET                                  |            |                                  |                             |   |  |  |                                       |
|  | 16-0977295 | E01(0)(2)                        | E0.000                      | 0.                                      |  |  | COVID19-US                            |
| ROCHESTER, NY 14605                                | 10-0977295 | 501(C)(3)                        | 50,000.                     | 0.                                      |  | PHARMACEUTICALS                        |                                       |
| ANMIEDS ETDOM DADMICH CUUDCU TOTO                  |            |                                  |                             |   | ESTIMATED  |  | SUPPORT TO US CLINICS                 |
| ANTLERS FIRST BAPTIST CHURCH FREE                  |            |                                  |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CLINIC - 208 NE B STREET -                         | 72 1002216 | F01(0)(2)                        |                             | 150 150                                 | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ANTLERS, OK 74523                                  | 73-1092316 | DUT(C)(3)                        | 0.                          | 150,172.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  |            |                                  |                             |   | ESTIMATED  |  | SUPPORT TO US CLINICS                 |
| APICHA COMMUNITY HEALTH CENTER                     |            |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 400 BROADWAY                                       |            |                                  |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NEW YORK, NY 10013                                 | 13-3706365 | 501(C)(3)                        | 0.                          | 7,840.                                  | PURCHASED  | EQUIPMENT                              | PATIENTS                              |

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|  |                   |                                  |                                 |  |   |  |                                       |
| ARIZONA ASSOC. OF COMMUNITY HEALTH<br>CENTERS INC - 700 E. JEFFERSON ST. |                   |                                  |                                 |  |   |  |                                       |
| SUITE 100 - PHOENIX, AZ 85034  | 86-0494702        | 501(0)(3)                        | 250,000.                        | 0.   |   |  | COVID19-US                            |
| SUITE 100 - PROENIX, AZ 65034  | 80-0494702        | 501(C)(3)                        | 250,000.                        | 0.   |   |  | SUPPORT TO US CLINICS &               |
| ARKANSAS HARM REDUCTION PROJECT  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 4301 WEST MARKHAM SLOT 641   |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| LITTLE ROCK, AR 72205  | 83-3867162        | 501(C)(3)                        | 0.                              | 546,086.                                       |   | , MEDICAL<br>SUPPLIES                  | PATIENTS                              |
| IIIIIII ROCK, AR 72200   | 03-300/102        | 501(0)(3)                        |                                 | 540,000.                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ARLINGTON FREE CLINIC PHARMACY   |                   |                                  |                                 |  | WHOLESALE   | _ MEDICAL                              | HEALTH CENTERS FOR                    |
| 2921 S. 11TH STREET  |                   |                                  |                                 |  | PRICE,  | , MEDICAL<br>SUPPLIES,                 |                                       |
| ARLINGTON, VA 22204  | 54-1671883        | 501(C)(3)                        | 0.                              | 200 700  | PURCHASED   | EQUIPMENT                              | LOW-INCOME, UNINSURED<br>PATIENTS     |
| ACTINGION, VA 22204  | 54-10/1005        | 501(0)(5)                        | 0.                              | 233,130.                                       | ESTIMATED   | EQUIFMENT                              | SUPPORT TO US CLINICS &               |
| ARROYO VISTA FAMILY HEALTH CENTER  |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 5000 N. FIGUEROA STREET  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              |                                       |
| LOS ANGELES, CA 90042  | 95-3514918        | 501(C)(3)                        | 0.                              | 5 561  | PURCHASED   | EQUIPMENT                              | LOW-INCOME, UNINSURED<br>PATIENTS     |
| LOS ANGELES, CA 90042  | 32-2214910        | 501(0)(5)                        | 0.                              | 5,501.   | FORCHASED   | EQUIFMENT                              | FAITENIS                              |
| ARROYO VISTA FAMILY HEALTH FDTN  |                   |                                  |                                 |  |   |  |                                       |
| 6000 NORTH FIGUEROA STREET   |                   |                                  |                                 |  |   |  |                                       |
| LOS ANGELES, CA 90042  | 95-3514918        | 501(C)(3)                        | 100,000.                        | 0.   |   |  | COVID19-US                            |
|  | 55 5514510        | 501(0)(5)                        | 100,000.                        |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ARTHUR NAGEL COMMUNITY CLINIC  |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 116 12TH STREET #3   |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SANDERA, TX 78003  | 77-0697361        | 501(C)(3)                        | 0.                              | 69 519   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ASIAN & PACIFIC ISLANDER WELLNESS  | ,,                | 501(0)(5)                        |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| CENTER DBA SF COMMUNITY HEALTH   |                   |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| CENTER - 730 POLK STREET, 4TH  |                   |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| FLOOR - SAN FRANCISCO, CA 94109  | 94-3096109        | 501(C)(3)                        | 0.                              |  | PURCHASED   | , MIDICAL<br>SUPPLIES                  | PATIENTS                              |
| HOOK DAM HAMCIDEO, CA 94109  | 54 5050105        | 501(0)(3)                        |                                 | 0,200.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| ASIAN AMERICAN HEALTH COALITION  |                   |                                  |                                 |  | WHOLESALE   | , OTHER ,                              | HEALTH CENTERS FOR                    |
| DBA HOPE CLINIC - 7001 CORPORATE   |                   |                                  |                                 |  | PRICE,  | , OINER,<br>MEDICAL                    | LOW-INCOME, UNINSURED                 |
| DRIVE - HOUSTON, TX 77036  | 31-1756818        | 501(C)(3)                        | 0.                              | 106 973  | PURCHASED   | SUPPLIES .                             | PATIENTS                              |
| ALVE HOUSION, IX //030   | 31-1/30310        | 501(C)(3)                        |                                 | 100,973.                                       | LOKCHABED   | DOLLUTES'                              | LUIIDNID                              |
| ASIAN HEALTH SERVICES  |                   |                                  |                                 |  |   |  |                                       |
|  |                   |                                  |                                 |  |   |  |                                       |
| 101 8TH STREET, SUITE 100  | 94-2235908        | 501(0)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| OAKLAND, CA 94670  | 94-2235900        | 501(C)(3)                        | 50,000.                         | U.   |   |  | LOATD19-09                            |

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| Part II Continuation of Grants and Other A         | Assistance to Do | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               | Γ  |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| 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.                       | 700,858.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| ASIAN PACIFIC HEALTH CARE VENTURE                  |                  |                                  |                          |  |   |  |  |
| 4216 FOUNTAIN AVENUE                               |                  |                                  |                          |  |   |  |  |
| LOS ANGELES, CA 90029                              | 95-4177752       | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                                   |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| ASIAN PACIFIC HEALTH CARE VENTURE,                 |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| INC - 1530 HILLHURST AVENUE - LOS                  |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| ANGELES, CA 90027                                  | 95-4177752       | 501(C)(3)                        | 0.                       | 800,816.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| ASOCIACIN PUERTORRIQUEA                            |                  |                                  |                          |  |   |  | SUPPORT TO US CLINICS &                      |
| PROBIENESTAR DE LAS FAMILIAS                       |                  |                                  |                          |  | ESTIMATED   |  | HEALTH CENTERS FOR                           |
| (PROFAMILIAS) - CALLE PADRE LAS                    |                  |                                  |                          |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                        |
| CASAS #117 - SAN JUAN, PR 00919                    | 23-7034732       | 501(C)(3)                        | 0.                       | 7,815.   | PRICE   | EQUIPMENT                              | PATIENTS                                     |
| ASOCIACION DE SALUD PRIMARIA DE PR                 |                  |                                  |                          |  |   |  |  |
| ALIANZA BUILDING #400 AVE.                         |                  |                                  |                          |  |   |  | ABBVIE PR MEDICALLY                          |
| RIO PIEDRAS, PR 00927                              | 66-0419912       | 501(0)(3)                        | 115,770.                 | 0.   |   |  | FRAGILE POPULATIONS                          |
| RIO PIEDRAS, PR 00927                              | 00-0419912       | 501(C)(3)                        | 115,770.                 | 0.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| ASYLUM-SEEKERS SHELTER HEALTH                      |                  |                                  |                          |  | WHOLESALE   |  | HEALTH CENTERS FOR                           |
|  |                  |                                  |                          |  |   | , OTHER,                               |  |
| PROGRAM - 4902 PACIFIC HIGHWAY -                   | 05 6006144       | F01 ( 0) ( 2)                    |                          | 00 700   | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                        |
| SAN DIEGO, CA 92110                                | 95-6006144       | 501(C)(3)                        | 0.                       | 89,790.  | PURCHASED   | SUPPLIES,                              | PATIENTS                                     |
|  |                  |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| ATASCOSA HEALTH CENTER, INC.                       |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 310 W OAKLAWN ROAD                                 |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| PLEASANTON, TX 78064                               | 74-2089103       | 501(C)(3)                        | 0.                       | 5,119.   | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                  |                                  |                          |  |   |  | SUPPORT TO US CLINICS &                      |
| ATLANTA HARM REDUCTION COALITION                   |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 1231 JOSEPH E. BOONE BLVD.                         |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| ATLANTA, GA 30314                                  | 58-2227958       | 501(C)(3)                        | 0.                       | 381,398.                                       | PRICE   | SUPPLIES                               | PATIENTS                                     |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| AUGUSTA REGIONAL FREE CLINIC                       |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| PHARMACY - 342 MULE ACADEMY ROAD -                 |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| FISHERSVILLE, VA 22939                             | 54-1651896       | 501(C)(3)                        | 0.                       | 5,238.   | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |

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|--|------------------------------|-----------------|---------------|------------------------|---|---------------------|-----------------------------------|
| Part II Continuation of Grants and Other A (a) Name and address of | Assistance to Doi<br>(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<br>assistance | valuation<br>(book, FMV,<br>appraisal, other) | non-cash assistance | or assistance                     |
|  |                              |                 |               |                        | ESTIMATED                                     | PHARMACEUTICALS     | SUPPORT TO US CLINICS &           |
| AVENAL COMMUNITY HEALTH CENTER                                     |                              |                 |               |                        | WHOLESALE                                     | , MEDICAL           | HEALTH CENTERS FOR                |
| 1000 SKYLINE BOULEVARD   |                              |                 |               |                        | PRICE,  | SUPPLIES,           | LOW-INCOME, UNINSURED             |
| AVENAL, CA 93204   | 77-0425496                   | 501(C)(3)       | 0.            | 67,615.                | PURCHASED                                     | EQUIPMENT           | PATIENTS                          |
|  |                              |                 |               |                        |   |                     | SUPPORT TO US CLINICS &           |
| AVERA HEALTH AVERA FOUNDATION                                      |                              |                 |               |                        |   |                     | HEALTH CENTERS FOR                |
| 15 SOUTH 6TH AVENUE  |                              |                 |               |                        | PURCHASED                                     | MEDICAL             | LOW-INCOME, UNINSURED             |
| SIOUX FALLS, SD 57105  | 46-0422673                   | 501(C)(3)       | 0.            | 15,245.                | PRICE   | SUPPLIES            | PATIENTS                          |
|  |                              |                 |               |                        | ESTIMATED                                     |                     | SUPPORT TO US CLINICS &           |
| AXIS COMMUNITY HEALTH  |                              |                 |               |                        | WHOLESALE                                     | MEDICAL             | HEALTH CENTERS FOR                |
| 5925 W. LAS POSITAS BLVD   |                              |                 |               |                        | PRICE,  | SUPPLIES,           | LOW-INCOME, UNINSURED             |
| PLEASANTON, CA 94588   | 94-2232394                   | 501(C)(3)       | 0.            | 8,156.                 | PURCHASED                                     | EQUIPMENT           | PATIENTS                          |
|  |                              |                 |               |                        |   |                     | SUPPORT TO US CLINICS &           |
| BACHMAN LAKE TOGETHER  |                              |                 |               |                        | ESTIMATED                                     |                     | HEALTH CENTERS FOR                |
| 9507 OVERLAKE DR.  |                              |                 |               |                        | WHOLESALE                                     | MEDICAL             | LOW-INCOME, UNINSURED             |
| DALLAS, TX 75220   | 81-4526609                   | 501(C)(3)       | 0.            | 5,332.                 | PRICE   | SUPPLIES            | PATIENTS                          |
| BAKERSVILLE COMMUNITY MEDICAL                                      |                              |                 |               |                        |   |                     |                                   |
| CLINI - PO BOX 27 - BAKERSVILLE,                                   |                              |                 |               |                        |   |                     |                                   |
| NC 28705   | 56-1084427                   | 501(C)(3)       | 50,000.       | 0.                     |   |                     | COVID19-US                        |
| NC 20705   | 50 1004427                   | 501(0/(5/       | 50,000.       | •.                     | ESTIMATED                                     |                     | SUPPORT TO US CLINICS &           |
| BANNER HEALTH BANNER - UNIVERSITY                                  |                              |                 |               |                        | WHOLESALE                                     |                     | HEALTH CENTERS FOR                |
| MEDICAL CENTER TUCSO - 1625 N.                                     |                              |                 |               |                        | PRICE,  |                     |                                   |
|  | 45-0233470                   | 501(0)(2)       | 0.            | 104 727                | PURCHASED                                     | EQUIPMENT           | LOW-INCOME, UNINSURED<br>PATIENTS |
| CAMPBELL AVENUE - TUSCON, AZ 85719                                 | 45-0255470                   | 501(0)(3)       | · · ·         | 124,737.               | PORCHASED                                     | EQUIPMENI           | FAILENIS                          |
| BANYAN COMMUNITY HEALTH CENTER,                                    |                              |                 |               |                        |   |                     |                                   |
| INC - 6100 BLUE LAGOON DRIVE #400                                  |                              |                 |               |                        |   |                     |                                   |
| - MIAMI, FL 33126  | 27-3164934                   | 501(C)(3)       | 50,000.       | 0.                     |   |                     | COVID19-US                        |
| MIMI, 11 33120   | 27 5104554                   | 501(0/(5/       |               | ••                     | ESTIMATED                                     | PHARMACEUTICALS     | SUPPORT TO US CLINICS &           |
| BAPTIST COMMUNITY HEALTH SERVICES                                  |                              |                 |               |                        | WHOLESALE                                     | , OTHER,            | HEALTH CENTERS FOR                |
| 4960 ST. CLAUDE  |                              |                 |               |                        | PRICE,  | , OTHER,<br>MEDICAL |                                   |
|  | 45-3792193                   | 501(0)(3)       | 0.            | 120 607                | PRICE,<br>PURCHASED                           | SUPPLIES            | LOW-INCOME, UNINSURED<br>PATIENTS |
| NEW ORLEANS, LA 70117  | 40-0/92193                   | DOT(C)(D)       | 0.            | 129,097.               |   | purruies,           | SUPPORT TO US CLINICS             |
|  |                              |                 |               |                        | ESTIMATED<br>WHOLESALE                        | MEDICAL             |                                   |
| SAPTIST HEALTH CARE BAPTIST  |                              |                 |               |                        |   | MEDICAL             | HEALTH CENTERS FOR                |
| HOSPITAL - 1000 WEST MORENO STREET                                 |                              | E01(0)(2)       | _             | 109 939                | PRICE,  | SUPPLIES,           | LOW-INCOME, UNINSURED             |
| - PENSACOLA, FL 32501  | 59-2425151                   | DOT(C)(3)       | 0.            | LU1,137.               | PURCHASED                                     | EQUIPMENT           | PATIENTS                          |

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| Part II Continuation of Grants and Other A                                      | Assistance to Dor | nestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government                              | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BAPTIST MISSION CENTER  |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2125 EXCHANGE AVE   |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| OKLAHOMA CITY, OK 73108   | 73-0644143        | 501(C)(3)                        | 0.                       | 5,362.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|   |                   |                                  |                          |  |   |  | SUPPORT TO US CLINICS &               |
| BARKLEY RISK MANAGEMENT   |                   |                                  |                          |  |   |  | HEALTH CENTERS FOR                    |
| 143 W. 5TH STREET   |                   |                                  |                          |  | PURCHASED   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| OXNARD, CA 93030  | 84-4423818        |                                  | 0.                       | 5,474.   | PRICE   | SUPPLIES                               | PATIENTS                              |
|   |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BARNABAS HEALTH SERVICES  |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1303 JASMINE STREET   |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| FERNANDINA BEACH, FL 32034  | 59-2920275        | 501(C)(3)                        | 0.                       | 693,635.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|   |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BARRIER ISLANDS FREE MEDICAL  |                   |                                  |                          |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| CLINIC - 3226 MAYBANK HIGHWAY, #C   |                   |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| - JOHNS ISLAND, SC 29455  | 20-5628911        | 501(C)(3)                        | 0.                       | 116,552.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|   |                   |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| BARRIO COMPREHENSIVE FAMILY HEALTH  |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CARE - 3066 E. COMMERCE ST SAN  |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ANTONIO, TX 78220   | 74-1724391        | 501(C)(3)                        | 0.                       | 16,212.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|   |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BARTZ-ALTADONNA COMMUNITY HEALTH  |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 43322 GINGHAM AVE  |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LANCASTER, CA 93535   | 27-3261289        | 501(C)(3)                        | 0.                       | 307,577.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| BATON ROUGE PRIMARY CARE  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COLLABORATIVE JEWEL NEWMAN  |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| COMMUNITY CENTER - 2013 CENTRAL   |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ROAD, SUITE B - BATON ROUGE, LA   | 41-2114148        | 501(C)(3)                        | 0.                       | 152,074.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| BAY AREA COMMUNITY HEALTH DBA<br>TRI-C - 4910 FREMONT BLVD<br>FREMONT, CA 94538 | 23-7255435        |                                  | 50,000.                  | 0.   |   |  | COVID19-US                            |
| ,   |                   |                                  | , ,                      |  |   |  | SUPPORT TO US CLINICS &               |
| BAYLOR SCOTT AND WHITE HEALTH   |                   |                                  |                          |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 3500 GASTON AVENUE  |                   |                                  |                          |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| DALLAS, TX 75246  | 46-3131350        | 501(C)(3)                        | 0.                       | 22,400.  |   | EQUIPMENT                              | PATIENTS                              |

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| Part II Continuation of Grants and Other           | Assistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | Γ                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| DAVOIDE INTO ING                                   |                  |                                  |                                 |  |   |  |                                       |
| BAYOUCLINIC INC.<br>13220 N WINTZELL AVE           |                  |                                  |                                 |  |   |  | PFIZER INFECTIOUS DISEASE             |
|  | 63-1270951       | 501(0)(3)                        | 250,000.                        | 0.   |   |  | AWARDS                                |
| BAYOU LA BATRE, AL 36509                           | 03-1270951       | 501(0)(5)                        | 250,000.                        | 0.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BEACH HEALTH CLINIC PHARMACY                       |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 3396 HOLLAND ROAD STE 102                          |                  |                                  |                                 |  | PRICE,  | SUPPLIES                               |                                       |
| VIRGINIA BEACH, VA 23452                           | 54-1366960       | F(1)(2)(2)                       | 0.                              | 14 140   | PURCHASED   | EQUIPMENT                              | LOW-INCOME, UNINSURED<br>PATIENTS     |
| VIRGINIA BEACH, VA 23432                           | 54-1500900       | 501(0)(5)                        | 0.                              | 14,149.  | FORCHASED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BEACON CHARITABLE PHARMACY                         |                  |                                  |                                 |  | ESTIMATED   | _ MEDICAL                              | HEALTH CENTERS FOR                    |
|  |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL<br>SUPPLIES,                 |                                       |
| 408 9TH ST SW                                      | 20-0797475       | E01(0)(2)                        | 0.                              | 05 072   |   | ,                                      | LOW-INCOME, UNINSURED                 |
| CANTON, OH 44707                                   | 20-0797475       | 501(C)(3)                        | 0.                              | 95,273.  |   | EQUIPMENT                              | PATIENTS                              |
| DELGON GUDIGETAN GONOGNIEW HEALEN                  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BEACON CHRISTIAN COMMUNITY HEALTH                  |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 2079 FOREST AVENUE -                      |                  | 504 ( 7) ( 2)                    |                                 | 100 100  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| STATEN ISLAND, NY 10303                            | 02-0703686       | 501(C)(3)                        | 0.                              | 108,106.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| BEAR LAKE COMMUNITY HEALTH CENTER                  | Ļ                |                                  |                                 |  |   |  |                                       |
| 517 W 100 N SUITE 210                              | t                |                                  |                                 |  |   |  |                                       |
| PROVIDENCE, UT 84332                               | 81-0587644       | 501(0)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| BEARSKIN MEADOW SUMMER CAMP DYF                    | 01-0307044       | 501(0)(5)                        | 50,000.                         | 0.   |   |  | SUPPORT TO US CLINICS &               |
| DIABETIC YOUTH FOUNDATION - 65000                  |                  |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
|  |                  |                                  |                                 |  |   |  |                                       |
| TEN MILE ROAD - KINGS CANYON                       | 04 6002672       | F01(G)(2)                        |                                 | 20 100   | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NATIONAL PARK, CA 93633                            | 94-6003673       | 501(C)(3)                        | 0.                              | 20,196.  |   | EQUIPMENT                              | PATIENTS                              |
| BEAUFORT-JASPER HAMPTON                            |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| COMPREHENSIVE HEALTH SERVICES                      |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| BJHCHS CHELSEA - 721 OKATIE HWY -                  |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| OKATIE, SC 29909                                   | 57-0523586       | 501(C)(3)                        | 0.                              | 7,036.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BECKLEY HEALTH RIGHT                               |                  |                                  |                                 |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 111 RANDOLPH STREET                                |                  |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BECKLEY, WV 25801                                  | 55-0774466       | 501(C)(3)                        | 0.                              | 7,034.   |   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BEDFORD STUYVESANT FAMILY HEALTH                   |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 1456 FULTON STREET -                      |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BROOKLYN, NY 11216                                 | 11-2412205       | 501(C)(3)                        | 0.                              | 10,421.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF   |                              |   |  |   |  |   | 95-1831116 Pag                        |
|---|------------------------------|---|--|---|--|---|---------------------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | Assistance to Dor<br>(b) EIN | (c) IRC section<br>(c) IRC section<br>if applicable | and Domestic Go<br>(d) Amount of<br>cash grant | vernments (Sch<br>(e) Amount of<br>non-cash<br>assistance | edule I (Form 990), Pa<br>(f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | art II.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |                              |   |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| BEE BUSY WELLNESS CENTER  |                              |   |  |   | WHOLESALE  | , OTHER ,   | HEALTH CENTERS FOR                    |
| 785 WEST BELLFORT STREET  |                              |   |  |   | PRICE.   | MEDICAL   | LOW-INCOME, UNINSURED                 |
| IOUSTON, TX 77031   | 27-0653014                   | 501(C)(3)   | ٥.   | 630,119.  | PURCHASED  | SUPPLIES,   | ,<br>PATIENTS                         |
| ELINGTON COMMUNITY MEDICAL  |                              |   |  | ,   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS                 |
| ERVICES ASSOCIATION - 70 NORTH  |                              |   |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| TURMER STREET - BELINGTON, WV   |                              |   |  |   | PRICE,   | ,<br>SUPPLIES,  | LOW-INCOME, UNINSURED                 |
| 6250  | 23-7310126                   | 501(C)(3)   | 0.   | 32 494.   | PURCHASED  | ,<br>EQUIPMENT  | ,<br>PATIENTS                         |
|   |                              |   |  | ,   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| BENEFIS HOSPITALS, INC  |                              |   |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| .101 26TH STREET SOUTH  |                              |   |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| REAT FALLS, MT 59405  | 81-0232122                   | 501(C)(3)   | 0.   | 81 623  | PURCHASED  | EQUIPMENT   | PATIENTS                              |
|   | 01 0101111                   | 501(0)(5)   |  | 01,010.   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS                 |
| ERGEN VOLUNTEER MEDICAL   |                              |   |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| NITIATIVE, INC 75 ESSEX STREET  |                              |   |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| HACKENSACK, NJ 07601  | 20-2633437                   | 501(0)(3)   | 0.   | 86 338  | PURCHASED  | EQUIPMENT   | PATIENTS                              |
| HACKENSACK, NO 07001  | 20-2033437                   | 501(0)(3)   | 0.   | 00,550.   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS                 |
| ETANCES HEALTH  |                              |   |  |   | WHOLESALE  | _ MEDICAL   | HEALTH CENTERS FOR                    |
|   |                              |   |  |   |  | <b>'</b>  |                                       |
| 280 HENRY STREET  | 13-2697725                   | E01(0)(2)   | 0.   | 100 050   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| IEW YORK, NY 10002-4618   | 13-2097725                   | 501(C)(3)   | 0.   | 190,059.  | PURCHASED  | EQUIPMENT   | PATIENTS                              |
|   |                              |   |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| ETHESDA COMMUNITY CLINIC  |                              |   |  |   | WHOLESALE  | , MEDICAL   | HEALTH CENTERS FOR                    |
| 11 MOUNTAIN BROOK DRIVE   |                              |   |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| ANTON, GA 30115   | 27-4923001                   | 501(C)(3)   | 0.   | 437,434.  | PURCHASED  | EQUIPMENT   | PATIENTS                              |
|   |                              |   |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS                 |
| ETHESDA FREE HEALTH CLINIC  |                              |   |  |   | WHOLESALE  | , OTHER,  | HEALTH CENTERS FOR                    |
| 912 NORTH WASHINGTON AVENUE   |                              |   |  |   | PRICE,   | MEDICAL   | LOW-INCOME, UNINSURED                 |
| CEAN SPRINGS, MS 39564  | 27-3534168                   | 501(C)(3)   | 0.   | 31,378.   | PURCHASED  | SUPPLIES,   | PATIENTS                              |
|   |                              |   |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS                 |
| ETHESDA HEALTH CLINIC   |                              |   |  |   | WHOLESALE  | , MEDICAL   | HEALTH CENTERS FOR                    |
| 09 W. FERGUSON  |                              |   |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| YLER, TX 75702  | 26-0036674                   | 501(C)(3)   | ٥.   | 614,801.  | PURCHASED  | EQUIPMENT   | PATIENTS                              |
|   |                              |   |  |   | ESTIMATED  |   | SUPPORT TO US CLINICS                 |
| EVERLYCARE  |                              |   |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| .01 EAST BEVERLY BLVD.  |                              |   |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| IONTEBELLO, CA 90640  | 47-1545656                   | 501(C)(3)   | 0.   | 10,144.   | PURCHASED  | EQUIPMENT   | PATIENTS                              |

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| Part II Continuation of Grants and Other A   | ssistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                               | 1                                     |
| (a) Name and address of organization or government                                       | <b>(b)</b> EIN  | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| BIG SPRINGS MEDICAL ASSOCIATION  |                 |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| DBA MISSOURI HIGHLANDS HEALTH CARE   |                 |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| - 110 SOUTH SECOND STREET -  |                 |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ELLINGTON, MO 63638  | 43-1068291      | 501(C)(3)                        | 0.                              | 1,464,095.                                     | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                 |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BIG SUR HEALTH CENTER  |                 |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 46896 HIGHWAY 1  |                 |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| BIG SUR, CA 93920  | 77-0077112      | 501(C)(3)                        | 0.                              | 19,191.  | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
| 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,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NC 28425   | 23-7356223      | 501(C)(3)                        | 0.                              | 137,170.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                 |                                  |                                 |  | 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.                              | 41,435.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| BLEEDING DISORDERS OF KENTUCKY   |                 |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| HEMOPHILIA TREATMENT CENTER - 2401   |                 |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| TERRA CROSSING BLVD - LOUISVILLE,  |                 |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| KY 40245   | 84-2961011      | 501(C)(3)                        | 0.                              | 30,400.  | PRICE   | PHARMACEUTICALS                        | PATIENTS                              |
| BOARD TRUSTEES UNIVERSITY ILLINOIS<br>506 S. WRIGHT ST. 209HAB MC339<br>URBANA, IL 61801 | 37-6000511      | 501(C)(3)                        | 27,610.                         | 0.   |   |  | FACEBOOK CRISIS RESPONSE<br>MAPPING   |
| BOND COMMUNITY HEALTH CENTER YOURX   | 57-0000511      | 501(0)(3)                        | 27,010.                         | 0.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PHARMACY @ BONDCHC - 1720 SOUTH  |                 |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| GADSDEN STREET - TALLAHASSEE, FL   |                 |                                  |                                 |  | PRICE,  | , UINER,<br>MEDICAL                    | LOW-INCOME, UNINSURED                 |
| 32301  | 59-2426414      | 501(0)(2)                        | 0.                              | 516 107  |   |  | PATIENTS                              |
| 32301  | 59-2420414      | 501(C)(3)                        | 0.                              | 510,127.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
| BOND COMMUNITY HEALTH CTR, INC<br>1720 SOUTH GADSDEN STREET                              |                 |                                  |                                 |  |   |  |                                       |
| TALLAHASSEE, FL 32301  | 59-2426414      | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                 |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| BONNER GENERAL HOSPITAL, INC   |                 |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 520 NORTH THIRD AVE  |                 |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SANDPOINT, ID 83864  | 82-0207116      | 501(C)(3)                        | 0.                              | 38,223.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Part II Continuation of Grants and Other A         | ssistance to Do | mestic Organizations             | and Domestic Go          | vernments (Sch                          | edule I (Form 990), Pa  | art II.)                               |                                       |
|--|-----------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
| (a) Name and address of organization or government | <b>(b)</b> EIN  | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                 |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BOONE FREE MEDICAL CLINIC                          |                 |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 703 ARDEN STREET                                   |                 |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BOONE, IA 50036                                    | 42-1428706      | 501(C)(3)                        | 0.                       | 148,095.                                | 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.                       | 216,364.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ,  |                 |                                  |                          | ,                                       |   |  |                                       |
| BORINQUEN MEDICAL CENTER                           |                 |                                  |                          |   |   |  |                                       |
| -<br>3601 FEDERAL HIGHWAY                          |                 |                                  |                          |   |   |  | COVID19-US,                           |
| MIAMI, FL 33137-3795                               | 59-1417397      | 501(C)(3)                        | 237,500.                 | 0.                                      |   |  | COVID19-ABBOTT                        |
| BOUNDARY REGIONAL COMMUNITY HEALTH                 |                 | 501(0)(5)                        | 207,000.                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CENTER DBA KANIKSU HEALTH SERVICES                 |                 |                                  |                          |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| - 30410 HWY 200 - PONDERAY, ID                     |                 |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 83852  | 04-3634356      | 501(0)(3)                        | 0.                       | 26 612                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| 53652  | 04-3034350      | 501(C)(3)                        | 0.                       | 20,012.                                 |   |  |                                       |
| DADLEY EDEE GLINIG OF DONNOVE                      |                 |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| SRADLEY FREE CLINIC OF ROANOKE                     |                 |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| VALLEY INC PHARMACY - 1240 THIRD                   |                 |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| STREET, SW - ROANOKE, VA 24016                     | 23-7380491      | 501(C)(3)                        | 0.                       | 163,408.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| BRAZOS VALLEY COMMUNITY ACTION                     |                 |                                  |                          |   | ESTIMATED   |  | SUPPORT TO US CLINICS a               |
| AGENCY, INC 1500 UNIVERSITY                        |                 |                                  |                          |   | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| DRIVE EAST - COLLEGE STATION, TX                   |                 |                                  |                          |   | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| 77840  | 74-1715140      | 501(C)(3)                        | 0.                       | 132,958.                                | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                 |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| BREAD OF HEALING CLINIC                            |                 |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 821 NORTH 16TH STREET                              |                 |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MILWAUKEE, WI 53205                                | 81-0669867      | 501(C)(3)                        | 0.                       | 480,704.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                 |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| BRIDGES TO HEALTH                                  |                 |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 19 SOUTH WASHINGTON STREET                         |                 |                                  |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| MARION, IN 46952                                   | 20-5405181      | 501(C)(3)                        | 0.                       | 106,533.                                | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| · · · · · · · · · · · · · · · · · · ·              |                 | *                                |                          | ,                                       |   |  |                                       |
| BRISTOL BAY AREA HEALTH CORP                       |                 |                                  |                          |   |   |  |                                       |
| PO 130, 6000 KANAKANAK RD                          |                 |                                  |                          |   |   |  |                                       |
| DILLINGHAM, AK 99576                               | 92-0044965      | 501(C)(3)                        | 200,000.                 | 0.                                      |   |  | COVID19-US                            |

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|--|------------------|----------------------------------|-----------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                             |   | 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.                          | 103,189.                                | ,<br>PURCHASED   | SUPPLIES,                                 | ,<br>PATIENTS                         |
|  |                  |                                  |                             |   | 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.                          | 7 029                                   | PURCHASED  | , SUPPLIES                                | PATIENTS                              |
|  | 20 2333144       | 501(0/(5/                        |                             | 7,025.                                  |  |   |                                       |
| BROCKTON NEIGHBORHOOD HEALTH<br>CENTER - 63 MAIN ST BROCKTON,  |                  |                                  |                             |   |  |   |                                       |
| MA 02301   | 04-3165044       | 501(C)(3)                        | 50,000.                     | 0.                                      |  |   | COVID19-US                            |
| BRONX COMMUNITY HEALTH NETWORK<br>1 FORDHAM PLAZA, SUITE 1108  |                  |                                  |                             |   |  |   |                                       |
| BRONX, NY 10458  | 13-3905296       | 501(C)(3)                        | 50,000.                     | ٥.                                      |  |   | COVID19-US                            |
|  |                  |                                  |                             |   |  |   | SUPPORT TO US CLINICS &               |
| BROOKLYN PLAZA MEDICAL CENTER,   |                  |                                  |                             |   | ESTIMATED  |   | HEALTH CENTERS FOR                    |
| INC 650 FULTON STREET -  |                  |                                  |                             |   | WHOLESALE  |   | LOW-INCOME, UNINSURED                 |
| BROOKLYN, NY 11217   | 11-2467268       | 501(C)(3)                        | 0.                          | 5,600.                                  | PRICE  | EQUIPMENT                                 | PATIENTS                              |
| BROTHER BILL'S HELPING HAND  |                  |                                  |                             | ,                                       | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| COMMUNITY CLINIC - 3906 N.   |                  |                                  |                             |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| WESTMORELAND RD DALLAS, TX   |                  |                                  |                             |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| 75212  | 75-6027740       | 501(C)(3)                        | 0.                          | 675 485.                                | ,<br>PURCHASED   | ,<br>EQUIPMENT                            | ,<br>PATIENTS                         |
| BROWARD COMM/FAMILY HEALTH CTRS<br>5010 HOLLYWOOD BLVD. STE 100-B<br>HOLLYWOOD, FL 33021                 | 59-3489664       | 501(C)(3)                        | 50,000.                     | 0.                                      |  |   | COVID19-US                            |
| · ·  |                  |                                  | · · · · ·                   |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| BROWARD COMMUNITY & FAMILY HEALTH  |                  |                                  |                             |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| CENTER - 5010 HOLLYWOOD BLVD -   |                  |                                  |                             |   | PRICE,   | , SUPPLIES,                               | LOW-INCOME, UNINSURED                 |
| HOLLYWOOD, FL 33021  | 59-3489664       | 501(C)(3)                        | 0.                          | 39,540.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| BROWNSVILLE COMMUNITY DEVELOPMENT (<br>592 ROCKAWAY AVENUE   | 2                |                                  |                             | ,                                       |  |   |                                       |
| BROOKLYN, NY 11212   | 11-2544630       | 501(C)(3)                        | 50,000.                     | ٥.                                      |  |   | COVID19-US                            |

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|--|------------------|---|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Do | mestic Organizations                    | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                               | Г                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BROWNSVILLE COMMUNITY HEALTH                       |                  |   |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| CENTER - 191 EAST PRICE ROAD -                     |                  |   |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| BROWNSVILLE, TX 78521                              | 74-2176836       | 501(C)(3)                               | 0.                              | 69,722.  | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BROWNSVILLE MULTI-SERVICE                          |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 592 ROCKAWAY AVENUE                                |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BROOKLYN, NY 11212                                 | 11-2544630       | 501(C)(3)                               | 0.                              | 66,741.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                                 | · · ·  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BULLHOOK COMMUNITY HEALTH CENTER                   |                  |   |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| INC 521 4TH ST - HAVRE, MT                         |                  |   |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| 59501  | 20-5970239       | 501(C)(3)                               | 0.                              | 18,763.  | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                  |   |                                 | ,  |   |  |                                       |
| BUTTE COUNTY DEPT OF PUBLIC HEALTH                 |                  |   |                                 |  |   |  |                                       |
| 202 MIRA LOMA DRIVE                                |                  |   |                                 |  |   |  |                                       |
| OROVILLE, CA 95965                                 | 94-6000506       | GOVERNMENT ENTIT                        | 450,000.                        | 0.   |   |  | CALIFORNIA WILDFIRES                  |
| ,  |                  |   | , -                             |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| BUTTE COUNTY PUBLIC HEALTH                         |                  |   |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| DEPARTMENT - 202 MIRA LOMA DRIVE -                 |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DROVILLE, CA 95965                                 | 94-6000506       | 501(C)(3)                               | 0.                              | 220 052  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  | 51 0000500       | 501(0)(3)                               |                                 |  |   |  |                                       |
| BUTTE COUNTY SHERIFFS SEARCH &                     |                  |   |                                 |  |   |  |                                       |
| RESCUE - PO BOX 542 - CHICO, CA                    |                  |   |                                 |  |   |  |                                       |
| 95927  | 68-0424791       | 501(C)(3)                               | 8,500.                          | 0.   |   |  | CALIFORNIA WILDFIRES                  |
| 5521   | 00 0424751       | 501(0/(5/                               | 0,500.                          | 0.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| C. W. WILLIAMS COMMUNITY HEALTH                    |                  |   |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CENTER PHARMACY - 3333 WILKINSON                   |                  |   |                                 |  | PRICE,  | , MEDICAL<br>SUPPLIES,                 | LOW-INCOME, UNINSURED                 |
|  | 56-1262478       | 501(0)(2)                               | 0.                              | 07 634   | ,   | ,                                      | PATIENTS                              |
| BOULEVARD - CHARLOTTE, NC 28208                    | 50-12024/8       | DOT(C)(3)                               | 0.                              | 01,034.  | PURCHASED   | EQUIPMENT                              |                                       |
|  |                  |   |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| C.A.R.E. CLINIC                                    |                  |   |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 906 COLLEGE AVE, DOOR #1                           | 00 00 40 45 4    | 501 ( 3) ( 2)                           | •                               | F 100  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| RED WING, MN 55066                                 | 27-0540451       | 5UI(C)(3)                               | 0.                              | 5,183.   | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                  |   |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| CABARRUS HEALTH ALLIANCE                           |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 300 MOORESVILLE ROAD                               |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| KANNAPOLIS, NC 28081                               | 56-2016594       |   | 0.                              | 119,929.                                       | PRICE   | SUPPLIES                               | PATIENTS                              |

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|---|------------|----------------------------------|--------------------------|---|--|---|--|
| Part II         Continuation of Grants and Other           (a) Name and address of organization or government | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance  |
|   |            |                                  |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS &  |
| CABELL-HUNTINGTON HEALTH  |            |                                  |                          |   | WHOLESALE  | PHARMACEUTICALS                           | HEALTH CENTERS FOR   |
| DEPARTMENT - 703 7TH AVE -  |            |                                  |                          |   | PRICE,   | , MEDICAL                                 | LOW-INCOME, UNINSURED  |
| HUNTINGTON, WV 25701  | 55-0400653 |                                  | 0.                       | 86,898.                                 | PURCHASED  | SUPPLIES                                  | 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)                        | ٥.                       | 3,268,906.                              | PURCHASED  | EQUIPMENT                                 | PATIENTS   |
|   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &  |
| CABRINI CLINIC  |            |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR   |
| 1234 PORTER ST  |            |                                  |                          |   | PRICE,   | SUPPLIES                                  | LOW-INCOME, UNINSURED  |
| DETROIT, MI 48226   | 38-3129349 | 501(C)(3)                        | 0.                       | 127,029.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS   |
| CACTUS HEALTH SERVICES INC.<br>700 N MAIN STREET<br>FORT STOCKTON, TX 79735                                   | 16-1663081 | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | 2018 CALIFORNIA<br>WILDFIRES, KRESGE CA<br>SOLAR                                   |
|   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &  |
| CACTUS HEALTH SERVICES, INC.  |            |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR   |
| 700 N. MAIN ST.   |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED  |
| FORT STOCKTON, TX 79735   | 16-1663081 | 501(C)(3)                        | 0.                       | 102,658.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS   |
| CAL OES GOVERNOR'S OFFICE OF<br>EMERGENCY SERVICES - 3650<br>SCHRIEVER AVENUE - MATHER, CA<br>95655           | 68-0399208 | 501(C)(3)                        | 0.                       | 1,164,808.                              | ESTIMATED<br>WHOLESALE<br>PRICE                                | EQUIPMENT                                 | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED<br>PATIENTS |
|   |            |                                  |                          | , , ,                                   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &  |
| CALVARY COMMUNITY CLINIC  |            |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR   |
| 3401 EAST LOUISIANA AVENUE  |            |                                  |                          |   | PRICE  | , SUPPLIES,                               | LOW-INCOME, UNINSURED  |
| TAMPA, FL 33610   | 47-1252154 | 501(C)(3)                        | 0.                       | 8.793.                                  | PURCHASED  | EQUIPMENT                                 | PATIENTS   |
|   |            | · · ·                            |                          |   |  |   |  |
| CAMBRIDGE HEALTH ALLIANCE   |            |                                  |                          |   |  |   |  |
| 1493 CAMBRIDGE STREET   |            |                                  |                          |   |  |   |  |
| CAMBRIDGE, MA 02139   | 04-3167608 | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US   |
| CAMILLUS HEALTH CENTER<br>336 NW 5TH STREET   |            |                                  |                          |   |  |   |  |
| MIAMI, FL 33128   | 65-0063921 | 501(C)(3)                        | 187,500.                 | 0.                                      |  |   | COVID19-ABBOTT   |

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|--|-------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                               | Γ                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CAMILLUS HEALTH CONCERN, INC.                      |                   |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 336 NW 5TH STREET                                  |                   |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| MIAMI, FL 33128                                    | 65 - 0063921      | 501(C)(3)                        | 0.                              | 392,809.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| AMINO HEALTH CENTER                                |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 0300 CAMINO CAPISTRANO                             |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| AN JUAN CAPISTRANO, CA 92675                       | 33-0574214        | 501(C)(3)                        | 0.                              | 6,447.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| CAMP BRAVE EAGLE INDIANA                           |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| IEMOPHILIA AND THROMBOSIS CENTER -                 |                   |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 326 NAAB ROAD - INDIANAPOLIS, IN                   |                   |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| 6260   | 35-2047838        | 501(C)(3)                        | 0.                              | 7,360.   | PRICE   | PHARMACEUTICALS                        | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| AMP BUCK NEVADA DIABETES                           |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| SSOCIATION - 18 STEWART STREET -                   |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ENO, NV 89501                                      | 88-0386000        | 501(C)(3)                        | 0.                              | 11,254.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| CAMP CONRAD-CHINNOCK                               |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 700 JENKS LAKE ROAD, EAST                          |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NGELUS OAKS, CA 92305                              | 95-3897543        | 501(C)(3)                        | 0.                              | 31,646.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| CAMP FLOYD ROGERS                                  |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 205 WEST CENTER ROAD                               |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MAHA, NE 68124                                     | 47-0592289        | 501(C)(3)                        | 0.                              | 7,098.   | PRICE   | EQUIPMENT                              | PATIENTS                              |
| AMP HENDON/KENTUCKY DIABETES CAMP                  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| OR CHILDREN - 1640 LYNDON FARMS                    |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| COURT, SUITE 108 - LOUISVILLE, KY                  |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 0223   | 27-3619275        | 501(C)(3)                        | 0.                              | 7,292.   | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| CAMP HO MITA KODA FOUNDATION                       |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 4040 AUBURN ROAD                                   |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| IEWBURY, OH 44065                                  | 82-1212824        | 501(C)(3)                        | 0.                              | 32,170.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| CAMP JOSLIN CLARA BARTON CAMP                      |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| .50 RICHARDSONS CORNER RD.                         |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CHARLTON, MA 01507                                 | 22-2701822        | 501(C)(3)                        | 0.                              | 10,965.  | PRICE   | EQUIPMENT                              | PATIENTS                              |

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|---|------------|----------------------------------|--------------------------|---|--|---|--|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|   |            |                                  |                          |   |  |   | SUPPORT TO US CLINICS &                      |
| CAMP KANDU  |            |                                  |                          |   | ESTIMATED  | MEDICAL                                   | HEALTH CENTERS FOR                           |
| 800 AVERY BLVD  |            |                                  |                          |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                        |
| RIDGELAND, MS 39157   | 23-7262987 | 501(C)(3)                        | 0.                       | 5,276.                                  | PRICE  | EQUIPMENT                                 | PATIENTS                                     |
|   |            |                                  |                          |   |  |   | SUPPORT TO US CLINICS &                      |
| CAMP KUDZU  |            |                                  |                          |   | ESTIMATED  | MEDICAL                                   | HEALTH CENTERS FOR                           |
| 5885 GLENRIDGE DRIVE  |            |                                  |                          |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                        |
| ATLANTA, GA 30328   | 58-2449646 | 501(C)(3)                        | 0.                       | 45,109.                                 | PRICE  | EQUIPMENT                                 | PATIENTS                                     |
|   |            |                                  |                          |   |  |   | SUPPORT TO US CLINICS &                      |
| CAMP NEW DAY  |            |                                  |                          |   | ESTIMATED  | MEDICAL                                   | HEALTH CENTERS FOR                           |
| 1400 COULTER STREET   |            |                                  |                          |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                        |
| AMARILLO, TX 79106  | 47-1596568 | 501(C)(3)                        | 0.                       | 8,719.                                  | PRICE  | EQUIPMENT                                 | PATIENTS                                     |
| CAMP SEALE HARRIS SOUTHEASTERN  |            |                                  |                          |   |  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &                      |
| DIABETES EDUCATION SERVICES - 500   |            |                                  |                          |   | ESTIMATED  | , MEDICAL                                 | HEALTH CENTERS FOR                           |
| CHASE PARK SOUTH - BIRMINGHAM, AL   |            |                                  |                          |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                        |
| 35244   | 63-1091899 | 501(C)(3)                        | 0.                       | 52,386.                                 | PRICE  | EQUIPMENT                                 | PATIENTS                                     |
|   |            |                                  |                          |   |  |   | SUPPORT TO US CLINICS &                      |
| CAMP STIX DIABETES PROGRAMS   |            |                                  |                          |   | ESTIMATED  | MEDICAL                                   | HEALTH CENTERS FOR                           |
| 11922 S PLAYER DRIVE  |            |                                  |                          |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                        |
| SPOKANE, WA 99223   | 91-2077207 | 501(C)(3)                        | 0.                       | 5,488.                                  | PRICE  | EQUIPMENT                                 | PATIENTS                                     |
|   |            |                                  |                          |   |  |   | SUPPORT TO US CLINICS &                      |
| CAMP SWEENEY  |            |                                  |                          |   | ESTIMATED  | MEDICAL                                   | HEALTH CENTERS FOR                           |
| 10687 FM 678  |            |                                  |                          |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                        |
| WHITESBORO, TX 76273  | 75-6002547 | 501(C)(3)                        | 0.                       | 34,388.                                 | PRICE  | EQUIPMENT                                 | PATIENTS                                     |
|   |            |                                  |                          |   |  |   | SUPPORT TO US CLINICS &                      |
| CAMP SWEET ESCAPE   |            |                                  |                          |   | ESTIMATED  | MEDICAL                                   | HEALTH CENTERS FOR                           |
| 35 LICK FORK RD   |            |                                  |                          |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                        |
| EDGEFILED, SC 29824   | 47-1776514 | 501(C)(3)                        | 0.                       | 23,592.                                 | PRICE  | EQUIPMENT                                 | PATIENTS                                     |
|   |            |                                  |                          |   |  |   | SUPPORT TO US CLINICS &                      |
| CAMP WANNAKLOT HEMOPHILIA OF  |            |                                  |                          |   | ESTIMATED  |   | HEALTH CENTERS FOR                           |
| GEORGIA – 8607 ROBERTS DRIVE –  |            |                                  |                          |   | WHOLESALE  |   | LOW-INCOME, UNINSURED                        |
| SANDY SPRINGS, GA 30350   | 58-1175625 | 501(C)(3)                        | 0.                       | 28,830.                                 | PRICE  | PHARMACEUTICALS                           | PATIENTS                                     |
|   |            |                                  |                          | -                                       |  |   | ABBVIE PR INFRASTRUCTUR                      |
| CAMUY HEALTH SERVICES, INC  |            |                                  |                          |   |  |   | EQUIPMENT, ABBVIE PR                         |
| PO BOX 660  |            |                                  |                          |   |  |   | TELEHEALTH, ABBVIE PR                        |
| CAMUY, PR 00627   | 66-0428652 | 501(C)(3)                        | 171,123.                 | 0.                                      |  |   | EMERGENCY PREP & RESP,                       |

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|   |                              |  |  |   | , ,  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| CAMIN REALMN CEDUTCEC INC   |                              |  |  |   | ESTIMATED<br>WHOLESALE   | , OTHER   | HEALTH CENTERS FOR                    |
| CAMUY HEALTH SERVICES, INC.<br>AVENUE MUNOZ RIVERA #63  |                              |  |  |   | PRICE  | , OIHER,<br>MEDICAL                                   |                                       |
|   | 66-0428652                   | 501(0)(2)  | 0.   | 20 212  | ,  |   | LOW-INCOME, UNINSURED<br>PATIENTS     |
| CAMUY, PR 00627   | 00-0420052                   | 501(C)(3)  | 0.   | 20,213.   | PURCHASED<br>ESTIMATED   | SUPPLIES,<br>PHARMACEUTICALS                          | SUPPORT TO US CLINICS &               |
|   |                              |  |  |   |  | MEDICAL   |                                       |
| ANYONLANDS HEALTHCARE   |                              |  |  |   | WHOLESALE  | /   | HEALTH CENTERS FOR                    |
| 27 VISTA AVENUE   | 06 0350153                   | 501 ( 2) ( 2)  |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| PAGE, AZ 86040  | 86-0350153                   | 501(C)(3)  | 0.   | 837,166.  | PURCHASED  | EQUIPMENT   | PATIENTS                              |
|   |                              |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| CAPE FEAR CLINIC, INC   |                              |  |  |   | WHOLESALE  | , OTHER,  | HEALTH CENTERS FOR                    |
| 1605 DOCTORS CIRCLE   |                              |  |  |   | PRICE,   | MEDICAL   | LOW-INCOME, UNINSURED                 |
| ILMINGTON, NC 28401   | 56-1984630                   | 501(C)(3)  | 0.   | 351,447.  | PURCHASED  | SUPPLIES,   | PATIENTS                              |
|   |                              |  |  |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| APITAL CITY RESCUE MISSION FREE   |                              |  |  |   | WHOLESALE  | PHARMACEUTICALS                                       | HEALTH CENTERS FOR                    |
| LINIC - 259 SOUTH PEARL STREET -  |                              |  |  |   | PRICE,   | , MEDICAL   | LOW-INCOME, UNINSURED                 |
| LBANY, NY 12202   | 56-2663290                   | 501(C)(3)  | ٥.   | 40,028.   | PURCHASED  | SUPPLIES  | PATIENTS                              |
| CAPITOL CITY FAMILY HEALTH CENTER   |                              |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| BA CARESOUTH MEDICAL & DENTAL -   |                              |  |  |   | WHOLESALE  | , OTHER,  | HEALTH CENTERS FOR                    |
| 140 FLORIDA STREET - BATON ROUGE,   |                              |  |  |   | PRICE,   | MEDICAL   | LOW-INCOME, UNINSURED                 |
| A 70806   | 72-1395500                   | 501(C)(3)  | 0.   | 28,153.   | PURCHASED  | SUPPLIES,   | PATIENTS                              |
|   |                              |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| ARACOLE, INC.   |                              |  |  |   | WHOLESALE  | , MEDICAL   | HEALTH CENTERS FOR                    |
| 138 HAMILTON AVENUE   |                              |  |  |   | PRICE,   | ,<br>SUPPLIES,  | LOW-INCOME, UNINSURED                 |
| INCINNATI, OH 45208   | 31-1210524                   | 501(C)(3)  | 0.   | 26,927.   | PURCHASED  | ,<br>EQUIPMENT  | ,<br>PATIENTS                         |
| ,   |                              |  |  | ,   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| ARE BEYOND THE BOULEVARD, INC.  |                              |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| 36 TAUROMEE AVENUE  |                              |  |  |   | PRICE,   | ,<br>SUPPLIES,  | LOW-INCOME, UNINSURED                 |
| CANSAS CITY, KS 66101   | 83-1122028                   | 501(C)(3)  | 0.   | 519 831   | PURCHASED  | EQUIPMENT   | PATIENTS                              |
|   |                              |  |  |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| ARE FOR THE HOMELESS  |                              |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| 0 EAST 33RD STREET - FIFTH FLOOR  |                              |  |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| WEW YORK, NY 10016  | 13-3666994                   | 501(0)(3)  | 0.   | 37 270  |  | EQUIPMENT   | PATIENTS                              |
| ICW LOKK, NI TOOTO  | 13-3000394                   | 501(0)(3)  |  | 51,218.   | PURCHASED  | PHARMACEUTICALS                                       |                                       |
|   |                              |  |  |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| CARE HARBOR   |                              |  |  |   | WHOLESALE  | , MEDICAL   | HEALTH CENTERS FOR                    |
| .8436 HAWTHORNE BLVD.   |                              |  |  | <i></i>   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| FORRANCE, CA 90504  | 27-2984870                   | 501(C)(3)  | 0.   | 12,026.   | PURCHASED  | EQUIPMENT   | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                                 |  |   |  | 95-1831116 Page                              |
|--|-------------------|----------------------------------|---------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other           | Assistance to Doi | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               | 1  |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| CARE RESOURCE                                      |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 3510 BISCAYNE BLVD., 2ND FLOOR                     |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| MIAMI, FL 33137                                    | 59-2564198        | 501(C)(3)                        | 0.                              | 34,952.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| CARE RESOURCE COMMUNITY HEALTH                     |                   |                                  |                                 |  |   |  |  |
| CENT - 3510 BISCAYNE BLVD                          |                   |                                  |                                 |  |   |  |  |
| 4IAMI, FL 33137                                    | 59-2564198        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                                   |
| · · ·  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| CARESOUTH CAROLINA, INC.                           |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 201 SOUTH 5TH STREET                               |                   |                                  |                                 |  | PRICE,  | SUPPLIES .                             | LOW-INCOME, UNINSURED                        |
| HARTSVILLE, SC 29550                               | 57-0664826        | 501(C)(3)                        | 0.                              | 73,476.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| ,  |                   |                                  |                                 | ,  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| CARIDAD CENTER                                     |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 3645 W. BOYNTON BEACH BLVD.                        |                   |                                  |                                 |  | WHOLESALE   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| BOYNTON BEACH, FL 33472                            | 65-0149423        | 501(C)(3)                        | 0.                              | 41,213.  | PRICE   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                                |
| ,  |                   |                                  |                                 | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| CARING COMMUNITY CLINIC                            |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 200 DOCTORS DRIVE, STE L                           |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| JACKSONVILLE, NC 28546                             | 56-1705813        | 501(C)(3)                        | 0.                              | 20 881.  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                                |
|  |                   |                                  |                                 |  |   | ~                                      | SUPPORT TO US CLINICS &                      |
| CARING HEALTH CENTER                               |                   |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                           |
| L049 MAIN STREET                                   |                   |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                        |
| SPRINGFIELD, MA 01103                              | 04-2620040        | 501(C)(3)                        | 0.                              | 5,600.   |   | EOUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 |  |   |  |  |
| CARING HEALTH CENTER INC                           |                   |                                  |                                 |  |   |  |  |
| LO49 MAIN STREET                                   |                   |                                  |                                 |  |   |  |  |
| SPRINGFIELD, MA 01103                              | 04-2620040        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                                   |
| CARING HEARTS FREE CLINIC OF                       | 01 2020010        |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| PATRICK COUNTY - 835 WOODLAND                      |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| DRIVE, SUITE 101 - STUART, VA                      |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| 24171  | 14-1909014        | 501(C)(3)                        | 0.                              | 5 770  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| CAROLINA FAMILY HEALTH CENTERS                     | 14-1909014        | 501(0)(3)                        |                                 | 5,770.   | ESTIMATED   | польниит                               | SUPPORT TO US CLINICS &                      |
|  |                   |                                  |                                 |  |   |  |  |
| WILSON COMMUNITY HEALTH CENTER -                   |                   |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 303 EAST GREEN STREET - WILSON, NC                 |                   | E01(0)(2)                        |                                 | 90 F94   | PRICE,  | <i>'</i>                               | LOW-INCOME, UNINSURED                        |
| 27893  | 58-2079819        | pul(C)(J)                        | 0.                              | /8,571.  | PURCHASED   | SUPPLIES                               | PATIENTS                                     |

| Part II Continuation of Grants and Other A         | ssistance to Dor | nestic Organizations             | and Domestic Go          | vernments (Sch                          | edule I (Form 990), Pa   | art II.)                               |                                       |
|--|------------------|----------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | 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.                       | 44,222.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| ,  |                  |                                  |                          | ,                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CATAHOULA PARISH HOSPITAL DISTRICT                 |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| NO. 2 - 307 CHISUM STREET - SICILY                 |                  |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| ISLAND, LA 71368                                   | 72-0838896       | 501(C)(3)                        | 0.                       | 9 019.                                  | ,<br>PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| · · · · · · · · · · · · · · · · · · ·              |                  | ,                                | 1                        | ,                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CATHERINE'S HEALTH CENTER                          |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1211 LAFAYETTE AVE NE                              |                  |                                  |                          |   | PRICE,   | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| GRAND RAPIDS, MI 49505                             | 20-3572418       | 501(C)(3)                        | 0.                       | 105 884                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| CATHOLIC DIOCESE OF LITTLE ROCK                    | 20 3372410       | 501(0)(5)                        |                          | 105,004.                                | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| WESTSIDE FREE MEDICAL CLINIC -                     |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 2500 N. TYLER STREET - LITTLE                      |                  |                                  |                          |   | PRICE,   | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
|  | 71-0236871       | E01(0)(2)                        | 0.                       | 22 620                                  | ,  | ,                                      | ,                                     |
| ROCK, AR 72207                                     | /1-02300/1       | 501(C)(3)                        | 0.                       | 23,029.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CBV MANAGEMENT INC                                 |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CARRETERA 159 KM 13.9                              |                  |                                  |                          |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| COROZAL, PR 00783                                  | 66-0864150       | 501(C)(3)                        | 0.                       | 136,460.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| CCI HEALTH & WELLNESS SERVICES                     |                  |                                  |                          |   |  |  |                                       |
| 8630 FENTON STREET SUITE 1204                      |                  |                                  |                          |   |  |  |                                       |
| SILVER SPRING, MD 20910                            | 52-0988386       | 501(0)(3)                        | 50,000.                  | 0.                                      |  |  | COVID19-US                            |
| SHIVER STRING, MD 20510                            | 52 0500500       | 501(0)(5)                        | 50,000.                  | 0.                                      | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CCI HEALTH & WELLNESS SERVICES                     |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
|  |                  |                                  |                          |   |  | ,                                      |                                       |
| 8630 FENTON STREET                                 | 50 0000000       | 501 ( 9) ( 2)                    |                          | 010 000                                 | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SILVER SPRING, MD 20910                            | 52-0988386       | 501(C)(3)                        | 0.                       | 817,937.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CDT MARIO CANALES TORRESOLA                        |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2 CALLE ROSANTA AULET                              |                  |                                  |                          |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| JAYUYA, PR 00664                                   | 66-0827064       |                                  | 0.                       | 8,777.                                  | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  |  | SUPPORT TO US CLINICS &               |
| CEDARS-SINAI MEDICAL CENTER                        |                  |                                  |                          |   | WHOLESALE  |  | HEALTH CENTERS FOR                    |
| 8700 BEVERLY BLVD                                  |                  |                                  |                          |   | PRICE,   |  | LOW-INCOME, UNINSURED                 |
| LOS ANGELES, CA 90048                              | 95-1644600       | 501(C)(3)                        | 0.                       | 128,201.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |

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|--|------------------------------|---|----------------------------------|---|---|-----------------------------|-------------------------|
| Part II Continuation of Grants and Other A                       | Assistance to Dor<br>(b) EIN | nestic Organizations<br>(c) IRC section | and Domestic Go<br>(d) Amount of | vernments (Sch                          | edule I (Form 990), Pa<br>(f) Method of       | art II.) (g) Description of | (h) Purpose of grant    |
| organization or government                                       |                              | if applicable                           | cash grant                       | non-cash<br>assistance                  | valuation<br>(book, FMV,<br>appraisal, other) | non-cash assistance         |                         |
|  |                              |   |                                  |   | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| ENLA MEDICATION ACCESS PROGRAM                                   |                              |   |                                  |   | WHOLESALE                                     | , MEDICAL                   | HEALTH CENTERS FOR      |
| MAP - 1101 4TH STREET, SUITE 203                                 |                              |   |                                  |   | PRICE,  | SUPPLIES,                   | LOW-INCOME, UNINSURED   |
| ALEXANDRIA, LA 71301   | 02-0751416                   | 501(C)(3)                               | 0.                               | 297,385.                                | PURCHASED                                     | EQUIPMENT                   | PATIENTS                |
| ENTER FOR FAMILY HEALTH AND                                      |                              |   |                                  |   | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| DUCATION - 8727 VAN NUYS   |                              |   |                                  |   | WHOLESALE                                     | , MEDICAL                   | HEALTH CENTERS FOR      |
| OULEVARD - PANORAMA CITY, CA                                     |                              |   |                                  |   | PRICE,  | SUPPLIES,                   | LOW-INCOME, UNINSURED   |
| 1402   | 27-0224623                   | 501(C)(3)                               | 0.                               | 721,470.                                | PURCHASED                                     | EQUIPMENT                   | PATIENTS                |
|  |                              |   |                                  | ,                                       | ESTIMATED                                     |                             | SUPPORT TO US CLINICS & |
| CENTER FOR HAITIAN STUDIES, INC                                  |                              |   |                                  |   | WHOLESALE                                     | PHARMACEUTICALS             | HEALTH CENTERS FOR      |
| ,<br>3260 NE 2ND AVE   |                              |   |                                  |   | PRICE,  | MEDICAL                     | LOW-INCOME, UNINSURED   |
| IIAMI, FL 33138  | 65-0136723                   | 501(C)(3)                               | 0.                               | 43,390.                                 | ,<br>PURCHASED                                | ,<br>SUPPLIES               | ,<br>PATIENTS           |
| ,  |                              |   |                                  | , -                                     | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| ENTER FOR HEALING AND HOPE                                       |                              |   |                                  |   | WHOLESALE                                     | MEDICAL                     | HEALTH CENTERS FOR      |
| 00 W. LINCOLN AVENUE   |                              |   |                                  |   | PRICE,  | ,<br>SUPPLIES,              | LOW-INCOME, UNINSURED   |
| OSHEN, IN 46526  | 02-0560511                   | 501(C)(3)                               | 0.                               | 1,495,857.                              | ,   | ,<br>EQUIPMENT              | ,<br>PATIENTS           |
| ,,   |                              |   |                                  |   | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| ENTER STREET COMMUNITY HEALTH                                    |                              |   |                                  |   | WHOLESALE                                     | MEDICAL                     | HEALTH CENTERS FOR      |
| ENTER - 136 WEST CENTER STREET -                                 |                              |   |                                  |   | PRICE,  | SUPPLIES,                   | LOW-INCOME, UNINSURED   |
| MARION, OH 43302   | 34-1751179                   | 501(C)(3)                               | 0.                               | 23 559.                                 | PURCHASED                                     | EQUIPMENT                   | PATIENTS                |
|  |                              |   |                                  |   |   |                             |                         |
| CENTRAL FLORIDA FAMILY HEALTH CTR                                |                              |   |                                  |   |   |                             |                         |
| 4930 EAST LAKE MARY BLVD   |                              |   |                                  |   |   |                             |                         |
| CANFORD, FL 32771  | 59-1741286                   | 501(C)(3)                               | 50,000.                          | 0.                                      |   |                             | COVID19-US              |
|  |                              |   |                                  | ·                                       | ESTIMATED                                     |                             | SUPPORT TO US CLINICS & |
| ENTRAL FLORIDA HEALTH CARE                                       |                              |   |                                  |   | WHOLESALE                                     | MEDICAL                     | HEALTH CENTERS FOR      |
| 129 NORTH MISSOURI AVENUE  |                              |   |                                  |   | PRICE,  | SUPPLIES,                   | LOW-INCOME, UNINSURED   |
| AKELAND, FL 33805  | 59-1404594                   | 501(C)(3)                               | 0.                               | 7 941                                   | PURCHASED                                     | EQUIPMENT                   | PATIENTS                |
|  | 33 1101331                   | 501(0/(5/                               | · · ·                            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| ENTRAL LOUISIANA AIDS SUPPORT                                    |                              |   |                                  |   | WHOLESALE                                     | _ MEDICAL                   | HEALTH CENTERS FOR      |
| ENIRAL LOUISIANA AIDS SUPPORT<br>ERVICES - 1785 JACKSON STREET - |                              |   |                                  |   | PRICE,  | , MEDICAL<br>SUPPLIES,      |                         |
|  | 72-1097079                   | 501(0)(3)                               | 0.                               | 55 360                                  |   | EQUIPMENT                   | LOW-INCOME, UNINSURED   |
| LEXANDRIA, LA 71301  | 12-109/0/9                   | 201(C)(2)                               |                                  | 55,308.                                 | PURCHASED                                     |                             | PATIENTS                |
|  |                              |   |                                  |   | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| CENTRAL NEIGHBORHOOD HEALTH                                      |                              |   |                                  |   | WHOLESALE                                     | , MEDICAL                   | HEALTH CENTERS FOR      |
| FOUNDATION - 2707 SOUTH CENTRAL                                  |                              |   |                                  | 40.000                                  | PRICE,  | SUPPLIES,                   | LOW-INCOME, UNINSURED   |
| AVENUE – LOS ANGELES, CA 90011                                   | 75-2986675                   | 501(C)(3)                               | 0.                               | 48,330.                                 | PURCHASED                                     | EQUIPMENT                   | PATIENTS                |

| Schedule I (Form 990) DIRECT RELIEF   |                              |  |  |   | /=   |   | 95-1831116 Page                       |
|---|------------------------------|--|--|---|--|---|---------------------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | Assistance to Doi<br>(b) EIN | mestic Organizations<br>(c) IRC section<br>if applicable | and Domestic Go<br>(d) Amount of<br>cash grant | vernments (Sch<br>(e) Amount of<br>non-cash<br>assistance | edule I (Form 990), Pa<br>(f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | art II.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |                              |  |  |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| CENTRAL VIRGINIA HEALTH SERVICES  |                              |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| INC PHARMACY - 25892 JAMES MADISON  |                              |  |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| HIGHWAY - NEW CANTON, VA 23123  | 54-0887287                   | 501(C)(3)  | 0.   | 15,404.   | PURCHASED  | EQUIPMENT   | PATIENTS                              |
|   |                              |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| CENTRE VOLUNTEERS IN MEDICINE   |                              |  |  |   | WHOLESALE  | , MEDICAL   | HEALTH CENTERS FOR                    |
| 2520 GREEN TECH DRIVE   |                              |  |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| STATE COLLEGE, PA 16803   | 25-1897969                   | 501(C)(3)  | ٥.   | 106,688.  | PURCHASED  | EQUIPMENT   | PATIENTS                              |
| CENTRO DE SALUD DE LARES, INC<br>PO BOX 379   |                              |  |  |   |  |   |                                       |
| LARES, PR 00669   | 66 - 0426506                 | 501(C)(3)  | 26,000.  | 0.  |  |   | ABBVIE PR TELEHEALTH                  |
| CENTRO DE SALUD FAMILIAR DR JULIO   |                              |  |  |   |  |   | ABBVIE PR INFRASTRUCTUR               |
| PALMIERI FERRI, INC - MORSE ST.   |                              |  |  |   |  |   | EQUIPMENT, ABBVIE PR                  |
| #46 VALENTINA CORNER - ARROYO, PR   |                              |  |  |   |  |   | MOBILE HEALTH, ABBVIE P               |
| 00714   | 66-0496484                   | 501(C)(3)  | 55,000.  | 0.  |  |   | TELEHEALTH, COVID19-US                |
| CENTRO DE SALUD FAMILIAR LA FE<br>1314 E. YANDELL<br>EL PASO, TX 79902  | 74-1842169                   | 501(C)(3)  | 50,000.  | 0.  |  |   | COVID19-US                            |
|   |                              |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| CENTRO DE SALUD FAMILIAR LA FE,   |                              |  |  |   | WHOLESALE  | , MEDICAL   | HEALTH CENTERS FOR                    |
| INC 1314 EAST YANDELL - EL  |                              |  |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| PASO, TX 79902  | 74-1842169                   | 501(C)(3)  | 0.   | 8,535.  | PURCHASED  | EQUIPMENT   | PATIENTS                              |
| CENTRO DE SERV PRIMARIOS DE SALUD<br>BOX 368 CALLE ANTONIO ALCAZAR #7<br>FLORIDA, PR 00650                      | 66-0428922                   | 501(C)(3)  | 183,950.                                       | 0.  |  |   | COVID19-ABBOTT                        |
|   |                              |  | · · ·  |   |  |   |                                       |
| CENTRO DE SERVICIOS PRIMARIOS -   |                              |  |  |   |  |   |                                       |
| PATILLAS - PO BOX 697 - PATILLAS,   |                              |  |  |   |  |   | ABBVIE PR EMERGENCY PRE               |
| PR 00723  | 66-0430826                   | 501(C)(3)  | 84,000.  | 0.  |  |   | & RESP                                |
| CENTRO DE SERVICIOS PRIMARIOS DE  |                              |  | , ,  | -   |  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| SALUD DE PATILLAS, INC 99 CALLE   |                              |  |  |   | ESTIMATED  | MEDICAL   | HEALTH CENTERS FOR                    |
| GUILLERMO RIEFKOHL STREET -   |                              |  |  |   | WHOLESALE  | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| PATILLAS, PR 00723  | 66-0430826                   | 501(C)(3)  | 0.   | 35,760.   |  | EQUIPMENT   | PATIENTS                              |

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|--|-------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>T   | art II.)                               | Γ                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| CENTRO FAMILIAR CRISTIANO INC                      |                   |                                  |                                 |  |   |  | HEALTH CENTERS FOR                    |
| 57 CALLE ANGEL G. MARTINEZ, ESQ. B                 | 3                 |                                  |                                 |  | PURCHASED   |  | LOW-INCOME, UNINSURED                 |
| SABANA GRANDE, PR 00637                            | 66-0666148        |                                  | 0.                              | 33,812.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
| CENTRO INTEGRADOS DE SERV DE SALUD                 |                   |                                  |                                 |  |   |  | ABBVIE PR INFRASTRUCTURE              |
| P.O. BOX 379                                       |                   |                                  |                                 |  |   |  | EQUIPMENT, ABBVIE PR                  |
| LARES, PR 00669                                    | 66-0426506        | 501(C)(3)                        | 10,000.                         | 0.   |   |  | MOBILE HEALTH                         |
|  |                   |                                  | ,                               | •  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CENTRO MEDICO COMMUNITY CLINIC                     |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1303 W SIXTH STREET                                |                   |                                  |                                 |  | PRICE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CORONA, CA 92882                                   | 33-0986880        | 501(C)(3)                        | 0.                              | 55 751   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| CENTRO SALUD FAMILIAR DR. JULIO                    | 33 0300000        | 501(0/(5/                        |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PALMIERI FERRI, INC MORSE                          |                   |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| STREET #46 VALENTINA CORNER -                      |                   |                                  |                                 |  | PRICE   | , OTHER,<br>MEDICAL                    | LOW-INCOME, UNINSURED                 |
| ARROYO, PR 00714                                   | 66-0496484        | 501(0)(2)                        | 0.                              | 20 777   | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| ARRO10, FR 00714                                   | 00-0490404        | 501(0)(3)                        | 0.                              | 50,111.  | FORCHASED   | SOFFILLS,                              | FAILENIS                              |
| CENTRO SAN VICENTE                                 |                   |                                  |                                 |  |   |  |                                       |
| 8061 ALAMEDA AVE.                                  |                   |                                  |                                 |  |   |  |                                       |
| EL PASO, TX 79915                                  | 74-2505561        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CENTRO SAN VICENTE                                 |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 8061 ALAMEDA AVENUE                                |                   |                                  |                                 |  | PRICE,  | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| EL PASO, TX 79915                                  | 74-2505561        | 501(C)(3)                        | 0.                              | 135 235  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  | 74 2303301        | 501(0/(5/                        |                                 | 100,200.                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CENTROS DE SALUD DE LARES, INC.                    |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| ,  |                   |                                  |                                 |  |   | ,                                      |                                       |
| CARRETERA 111 KM 33.2                              |                   | F01(d)(2)                        |                                 | C 221  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LARES, PR 00669                                    | 66-0426506        | 501(C)(3)                        | 0.                              | 6,331.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| CHAPA-DE INDIAN HEALTH PROGRAM                     |                   |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| AUBURN HEALTH CENTER - 11670                       |                   |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| ATWOOD ROAD - AUBURN, CA 95603                     | 94-2583156        | 501(C)(3)                        | 0.                              | 5,600.   | PRICE   | EQUIPMENT                              | PATIENTS                              |
| CHAPMAN UNIVERSITY                                 |                   |                                  |                                 |  |   |  |                                       |
| ONE UNIVERSITY DRIVE                               |                   |                                  |                                 |  |   |  | FACEBOOK CRISIS RESPONSE              |
| ORANGE, CA 92866                                   | 95-1643992        | 501(C)(3)                        | 77,140.                         | 0.   |   |  | MAPPING                               |

| chedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other A | Assistance to Dor | nestic Organizations             | and Domestic Go             | vernments (Sch                          | edule I (Form 990). Pa   | art II.)                               | 95-1831116 Pag                        |
|---|-------------------|----------------------------------|-----------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government  | (b) EIN           | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |                   |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CHARIS HEALTH CENTER  |                   |                                  |                             |   | WHOLESALE  | , OTHER ,                              | HEALTH CENTERS FOR                    |
| 2620 NORTH MT. JULIET RD.   |                   |                                  |                             |   | PRICE,   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| MT. JULIET, TN 37122  | 35-2298919        | 501(C)(3)                        | 0.                          | 435,944.                                | PURCHASED  | SUPPLIES,                              | PATIENTS                              |
|   |                   |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CHARITABLE PHARMACY OF CENTRAL  |                   |                                  |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| OHIO - 200 EAST LIVINGSTON AVENUE   |                   |                                  |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - COLUMBUS, OH 43215  | 27-0147099        | 501(C)(3)                        | 0.                          | 330,520.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| CHARLES B. WANG COMMUNITY HEALTH  |                   |                                  |                             | ,                                       |  |  |                                       |
| CENTER INC - 268 CANAL STREET -   |                   |                                  |                             |   |  |  |                                       |
|   | 12 2720604        | E01/(0)/(2)                      | F0.000                      | 0                                       |  |  |                                       |
| NEW YORK, NY 10013  | 13-2739694        | 501(C)(3)                        | 50,000.                     | 0.                                      |  |  | COVID19-US                            |
|   |                   |                                  |                             |   |  |  | SUPPORT TO US CLINICS                 |
| CHARLES RIVER COMMUNITY HEALTH  |                   |                                  |                             |   | ESTIMATED  |  | HEALTH CENTERS FOR                    |
| 495 WESTERN AVENUE  |                   |                                  |                             |   | WHOLESALE  |  | LOW-INCOME, UNINSURED                 |
| BRIGHTON, MA 02135  | 23-7221597        | 501(C)(3)                        | 0.                          | 5,600.                                  | PRICE  | EQUIPMENT                              | PATIENTS                              |
| CHARLES RIVER COMMUNITY HEALTH INC  |                   |                                  |                             |   |  |  |                                       |
| 495 WESTERN AVENUE  |                   |                                  |                             |   |  |  |                                       |
| BRIGHTON, MA 02135  | 23-7221597        | 501(C)(3)                        | 50,000.                     | 0.                                      |  |  | COVID19-US                            |
|   | 25 1221551        | 501(0/(5/                        | 50,000.                     | 0.                                      |  |  |                                       |
| CHARTER OAK HEALTH CENTER, INC.   |                   |                                  |                             |   |  |  |                                       |
| 21 GRAND STREET   |                   |                                  |                             |   |  |  |                                       |
| HARTFORD, CT 06106  | 06-0986747        | 501(C)(3)                        | 50,000.                     | 0.                                      |  |  | COVID19-US                            |
| IARTORD, CI 00100   | 00-0900/4/        | 501(C)(3)                        | 30,000.                     | 0.                                      | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CHATHAM CARES COMMUNITY PHARMACY  |                   |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
|   |                   |                                  |                             |   |  | <b>'</b>                               |                                       |
| 127 EAST RALEIGH STREET   | 41 0170000        | F01(a)(2)                        |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SILVER CITY, NC 27344   | 41-2170926        | 501(C)(3)                        | 0.                          | 80,280.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|   |                   |                                  |                             |   |  |  |                                       |
| CHEROKEE HEALTH SYSTEMS   |                   |                                  |                             |   |  |  |                                       |
| 6350 WEST ANDREW JOHNSON HWY  |                   |                                  |                             | _                                       |  |  |                                       |
| TALBOTT, TN 37877   | 62-0637925        | 501(C)(3)                        | 300,000.                    | 0.                                      |  |  | HURRICANE DORIAN                      |
|   |                   |                                  |                             |   | ESTIMATED  |  | SUPPORT TO US CLINICS                 |
| CHEROKEE HEALTH SYSTEMS KNOXVILLE   |                   |                                  |                             |   | WHOLESALE  | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 2018 WESTERN AVENUE   |                   |                                  |                             |   | PRICE,   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| KNOXVILLE, TN 37921   | 62-0637925        | 501(C)(3)                        | 0.                          | 105,892.                                | PURCHASED  | SUPPLIES                               | PATIENTS                              |

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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | s and Domestic Go               | vernments (Sch                          | edule I (Form 990), P<br>I  | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CHERRY STREET SERVICES, INC                        |                   |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 100 CHERRY STREET SE                               |                   |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| GRAND RAPIDS, MI 49503                             | 38-2853534        | 501(C)(3)                        | 0.                              | 37,833.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| CHEYENNE HEALTH AND WELLNESS, DBA,                 |                   |                                  |                                 |   |   |  |                                       |
| 2508 E. FOX FARM ROAD 1A                           |                   |                                  |                                 |   |   |  |                                       |
| CHEYENNE, WY 82007                                 | 87-0718984        | 501(C)(3)                        | 40,000.                         | 0.                                      |   |  | LILLY NAVIGATOR GRANT                 |
|  |                   |                                  |                                 |   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| CHICAGO FAMILY HEALTH CENTER                       |                   |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 9119 S. EXCHANGE AVENUE                            |                   |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CHICAGO, IL 60617                                  | 36-2893854        | 501(C)(3)                        | 0.                              | 5,586.                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| CHILDREN & COMMUNITY HEALTH CENTER                 |                   |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OF MCKINNEY DBA COMMUNITY HEALTH                   |                   |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CLINIC OF MC - 4510 MEDICAL CENTER                 |                   |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| DRIVE, SUITE 20 - MCKINNEY, TX                     | 20-0637782        | 501(C)(3)                        | 0.                              | 13,079.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| CHILDRENS HEALTH SYSTEM OF TEXAS                   |                   |                                  |                                 | ,                                       |   |  | SUPPORT TO US CLINICS &               |
| CHILDRENS MEDICAL CENTER DALLAS -                  |                   |                                  |                                 |   | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 1935 MEDICAL DISTRICT DRIVE -                      |                   |                                  |                                 |   | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| DALLAS, TX 75235                                   | 75-2062019        | 501(C)(3)                        | 0.                              | 22,400.                                 | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |   |   |  | SUPPORT TO US CLINICS &               |
| CHINATOWN SERVICE CENTER                           |                   |                                  |                                 |   | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 767 N. HILL STREET                                 |                   |                                  |                                 |   | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LOS ANGELES, CA 90012                              | 95-2918844        | 501(C)(3)                        | 0.                              | 8,100.                                  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CHIPPEWA VALLEY FREE CLINIC                        |                   |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1030 OAK RIDGE DRIVE                               |                   |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| EAU CLAIRE, WI 54701                               | 39-1840231        | 501(C)(3)                        | 0.                              | 24,554.                                 | PURCHASED   | EQUIPMENT                              | ,<br>PATIENTS                         |
| · · ·  |                   |                                  |                                 | ,                                       |   |  |                                       |
| CHIRICAHUA COMMUNITY HEALTH                        |                   |                                  |                                 |   |   |  |                                       |
| CENTERS - 1205 F AVENUE - DOUGLAS,                 |                   |                                  |                                 |   |   |  |                                       |
| AZ 85607   | 86-0814898        | 501(C)(3)                        | 250,000.                        | 0.                                      |   |  | COVID19-US                            |
|  |                   |                                  | , ,                             |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CHIRICAHUA COMMUNITY HEALTH                        |                   |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTERS, INC 1205 F AVENUE -                       |                   |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| DOUGLAS, AZ 85607                                  | 86-0814898        | 501(C)(3)                        | 0.                              | 20.647.                                 | PURCHASED   | EQUIPMENT                              | ,<br>PATIENTS                         |

| Part II Continuation of Grants and Other           | Assistance to Dor                       | nestic Organizations             | and Domestic Go          | overnments (Sch                         | nedule I (Form 990), Pa  | art II.)                               |                                       |
|--|---|----------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | <b>(b)</b> EIN                          | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| CHOICE HEALTH NETWORK HARM                         |   |                                  |                          |   |  |  | SUPPORT TO US CLINICS &               |
| REDUCTION PROGRAM - 900 EAST HILL                  |   |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| AVENUE SUITE #285 - KNOXVILLE, TN                  |   |                                  |                          |   | WHOLESALE  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| 37915  | 62-1698383                              | 501(C)(3)                        | 0.                       | 1,090,384.                              | PRICE  | ,<br>SUPPLIES                          | PATIENTS                              |
|  |   |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CHOTA COMMUNITY HEALTH SERVICES                    |   |                                  |                          |   | WHOLESALE  | . MEDICAL                              | HEALTH CENTERS FOR                    |
| 1798 NEW HIGHWAY 68                                |   |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| MADISONVILLE, TN 37354                             | 68-0560048                              | 501(C)(3)                        | 0.                       | 20,212.                                 | PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |   |                                  |                          | , -                                     | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CHRIST CLINIC                                      |   |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 25722 KINGSLAND BLVD., SUITE 101                   |   |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| KATY, TX 77494                                     | 35-2179708                              | 501(C)(3)                        | 0.                       | 349 301.                                | ,<br>PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |   |                                  |                          | ,                                       | ESTIMATED  | ~                                      | SUPPORT TO US CLINICS                 |
| CHRISTIAN CLINIC OF HOWARD COUNTY                  |   |                                  |                          |   | WHOLESALE  | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 21 W. SYPERT STREET                                |   |                                  |                          |   | PRICE,   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| NASHVILLE, AR 71852                                | 20-5772465                              | 501(C)(3)                        | 0.                       | 5 194.                                  | PURCHASED  | , SUPPLIES                             | PATIENTS                              |
| ,  |   |                                  |                          | ,                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CHRISTIAN HEALTH CENTER, INC.                      |   |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1115 FAIRVIEW ROAD                                 |   |                                  |                          |   | PRICE,   | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| CAMDEN, AR 71701                                   | 71-0804142                              | 501(C)(3)                        | 0.                       | 80 267                                  | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  | ,1                                      |                                  |                          |   |  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CHRISTUS HEALTH                                    |   |                                  |                          |   | ESTIMATED  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 919 HIDDEN RIDGE                                   |   |                                  |                          |   | WHOLESALE  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| IRVING, TX 75038                                   | 76-0590551                              | 501(C)(3)                        | 0.                       | 195,307.                                |  | EQUIPMENT                              | PATIENTS                              |
|  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 501(0/(5/                        |                          | 199,007.                                | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CITRUS HEALTH NETWORK, INC.                        |   |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 4175 W 20TH AVE                                    |   |                                  |                          |   | PRICE,   | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| HIALEAH, FL 33012-5874                             | 59-1865751                              | 501(0)(3)                        | 0.                       | 189 148                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  | 33 1003731                              | 501(0)(3)                        | · · ·                    | 105,140.                                |  |  | SUPPORT TO US CLINICS                 |
| CITY OF LOS ANGELES                                |   |                                  |                          |   |  |  | HEALTH CENTERS FOR                    |
| 200 N SPRING STREET                                |   |                                  |                          |   | PURCHASED  |  |                                       |
|  | 95-6000735                              | 501(0)(3)                        | 0.                       | 81,117.                                 |  | EOUIPMENT                              | LOW-INCOME, UNINSURED<br>PATIENTS     |
| LOS ANGELES, CA 90012                              | 33-0000/35                              | 501(C)(3)                        |                          | 01,11/.                                 |  | ~                                      |                                       |
| TAN OF NEW OFFENS                                  |   |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CITY OF NEW ORLEANS                                |   |                                  |                          |   | WHOLESALE  | , OTHER,                               | HEALTH CENTERS FOR                    |
| 1300 PERDIDO STREET                                |   |                                  |                          |   | PRICE,   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| NEW ORLEANS, LA 70112                              | 72-6000969                              | 501(C)(3)                        | 0.                       | 325,486.                                | PURCHASED  | SUPPLIES,                              | PATIENTS                              |

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95-1831116

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CITY ON A HILL HEALTH CLINIC                       |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 100 S. PINE STREET                                 |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ZEELAND, MI 49464                                  | 20-3901260     | 501(C)(3)                        | 0.                       | 38,077.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CLACKAMAS VOLUNTEERS IN MEDICINE                   |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 700 MOLALLA AVE                                    |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| OREGON CITY, OR 97045                              | 37-1621141     | 501(C)(3)                        | 0.                       | 25,203.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | 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.                       | 494,735.                                       | PURCHASED   | SUPPLIES,                              | ,<br>PATIENTS                         |
| <i>'</i>   |                |                                  |                          | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CLARA'S HOUSE                                      |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2700 L STREET                                      |                |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| SACRAMENTO, CA 95616                               | 61-1591265     | 501(C)(3)                        | 0.                       | 7,993.   | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CLARKSTON COMMUNITY HEALTH CENTER                  |                |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| INC 3700 MARKET STREET -                           |                |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| CLARKSTON, GA 30021                                | 46-1402143     | 501(C)(3)                        | 0.                       | 92 542.  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                |                                  |                          |  |   | ~                                      | SUPPORT TO US CLINICS &               |
| CLATSOP COUNTY PUBLIC HEALTH                       |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 820 EXCHANGE STREET                                |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| ASTORIA, OR 97103                                  | 93-6002287     | 501(C)(3)                        | 0.                       | 160,648.                                       |   | , SUPPLIES                             | PATIENTS                              |
| CLEAN ENERGY GROUP INC<br>50 STATE STREET          |                |                                  |                          |  |   |  |                                       |
| MONTPELIER, VT 05602                               | 03-0359346     | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CLEARWATER FREE CLINIC                             |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1218 COURT STREET                                  |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CLEARWATER, FL 33756                               | 59-1852871     | 501(C)(3)                        | 0.                       | 153,852.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| CLEARWATER VALLEY HOSPITAL                         |                |                                  |                          |  | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| 301 CEDAR ST.                                      |                |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| OROFINO, ID 83544                                  | 82-0497771     | 501(C)(3)                        | 0.                       | 5,803.   | PURCHASED   | SUPPLIES                               | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                          |  |   |  | 95-1831116 Page                       |
|--|-------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other           | Assistance to Dor | nestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | irt II.)<br>T                          | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| TITNGTAS DEL GANTNO DENI ING                       |                   |                                  |                          |  |   |  |                                       |
| CLINCIAS DEL CAMINO REAL, INC<br>1040 FLYNN RD     |                   |                                  |                          |  |   |  |                                       |
| CAMARILLO, CA 93012                                | 95-2977147        | 501(0)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| CAMARIDIO, CR 93012                                | 55-2577147        | 501(0/(5/                        | 50,000.                  | 0.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| יו דאדר שדקים ג נוסאסק דאר                         |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| LINIC WITH A HEART, INC.                           |                   |                                  |                          |  |   | /                                      |                                       |
| 701 S. 17TH STREET, SUITE 4G                       | 20 2050120        | F01 ( d ) ( 2 )                  |                          | 10 000   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LINCOLN, NE 68502                                  | 20-2850139        | 501(C)(3)                        | 0.                       | 10,226.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CLINICA COMUNITARIA MAMEYES                        |                   |                                  |                          |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| PR-140 KM 39.6                                     |                   |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| JTUADO, PR 00641                                   | 66-0812599        | 501(C)(3)                        | 0.                       | 27,874.  | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| LINICA DE SALUD DEL VALLE DE                       |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| SALINAS - 440 AIRPORT BLVD -                       |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SALINAS, CA 93905                                  | 94-2652757        | 501(C)(3)                        | 0.                       | 8,020.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CLINICA ESPERANZA HOPE CLINIC                      |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 50 VALLEY STREET                                   |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| PROVIDENCE, RI 02909                               | 26-1714340        | 501(C)(3)                        | 0.                       | 174,510.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| LINICA MSR. OSCAR A ROMERO                         |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| .23 S ALVARADO STREET                              |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| OS ANGELES, CA 90057                               | 95-3881333        | 501(C)(3)                        | 0.                       | 68,912.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| LINICA SIERRA VISTA                                |                   |                                  |                          |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| DMINISTRATION - 1430 TRUXTUN                       |                   |                                  |                          |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| VENUE, SUITE 400 - BAKERSFIELD,                    |                   |                                  |                          |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CA 93301   | 95-2707101        | 501(C)(3)                        | 0.                       | 27,287.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          | ,  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| CLINICAS DEL CAMINO REAL, INC.                     |                   |                                  |                          |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 200 SOUTH WELLS ROAD                               |                   |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| /ENTURA, CA 93004                                  | 95-2977147        | 501(C)(3)                        | 0.                       | 7,394.   | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| ·  |                   |                                  |                          | , ,  |   | 1                                      |                                       |
| COAL COUNTRY COMMUNITY HEALTH                      |                   |                                  |                          |  |   |  |                                       |
| CENTE - 1312 HIGHWAY 49 N -                        |                   |                                  |                          |  |   |  |                                       |
| BEULAH, ND 58523                                   | 11-3686120        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |

| Part II Continuation of Grants and Other A         | Assistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sch                                 | equie i (Form 990), Pa  | art II.)                               | 1                                     |
|--|-------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| COALITION OF ORANGE COUNTY                         |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH CENTERS - 515                     |                   |                                  |                                 |  |   |  | HEALTH CENTERS FOR                    |
| CABRILLO PARK DRIVE - SANTA ANA,                   |                   |                                  |                                 |  | PURCHASED   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| CA 92701   | 95-2900725        | 501(C)(3)                        | 0.                              | 52,765.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| COASTAL BEND WELLNESS FOUNDATION                   |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 882 HOLLY ROAD                                     |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ORPUS CHRISTI, TX 78415                            | 74-2429518        | 501(C)(3)                        | 0.                              | 21,375.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| · · ·  |                   |                                  |                                 | ,  |   |  | SUPPORT TO US CLINICS &               |
| COASTAL COMMUNITY HEALTH SERVICES,                 |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| INC 106 SHOPPERS WAY, STE. 1 -                     |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| RUNSWICK, GA 31525                                 | 46-1859206        | 501(C)(3)                        | ٥.                              | 88,015.  | PRICE   | ,<br>SUPPLIES                          | ,<br>PATIENTS                         |
| ,  |                   |                                  |                                 | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| OASTAL FAMILY HEALTH CENTER                        |                   |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 025 A DIVISION STREET                              |                   |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| BILOXI, MS 39530                                   | 64-0592416        | 501(C)(3)                        | ٥.                              | 33 249.  | PURCHASED   | SUPPLIES,                              | ,<br>PATIENTS                         |
|  |                   |                                  |                                 | ,  |   |  |                                       |
| COASTAL FAMILY HEALTH CENTER, INC.                 |                   |                                  |                                 |  |   |  |                                       |
| P.O. BOX 475                                       |                   |                                  |                                 |  |   |  |                                       |
| BILOXI, MS 39530                                   | 64-0592416        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS                 |
| COASTAL HEALTH ALLIANCE                            |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 5 THIRD STREET, SUITE 21                           |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| POINT REYES STATION, CA 94956                      | 68-0172541        | 501(C)(3)                        | 0.                              | 13,396.  |   | , MEDICIE<br>SUPPLIES                  | PATIENTS                              |
|  | 00 01/2541        | 501(0/(5/                        |                                 | 13,350.  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OASTAL VOLUNTEERS IN MEDICINE                      |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 30 LACEY ROAD                                      |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ORKED RIVER, NJ 08731                              | 27-3491473        | 501(0)(3)                        | 0.                              | 17 251   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ONGED RIVER, NO VO/SI                              | 21-34914/3        | 501(0)(3)                        |                                 | 47,204.  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| NONAN COULDE HEALMU CENMED                         |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                |                                       |
| ODMAN SQUARE HEALTH CENTER                         |                   |                                  |                                 |  |   | ,                                      | HEALTH CENTERS FOR                    |
| 37 WASHINGTON STREET                               | 01 2670774        | 501(0)(2)                        |                                 | AA 636   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| OORCHESTER, MA 02124                               | 04-2678774        | 501(C)(3)                        | 0.                              | 44,636.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| IODWAN COULADE HEALMH CENTER                       |                   |                                  |                                 |  |   |  |                                       |
| ODMAN SQUARE HEALTH CENTER                         |                   |                                  |                                 |  |   |  |                                       |
| 37 WASHINGTON STREET                               | 04.055055         | 501(0)(2)                        | F                               | -  |   |  |                                       |
| DORCHESTER, MA 02124                               | 04-2678774        |                                  | 50,000.                         | 0.   | 1   | 1                                      | COVID19-US                            |

| Part II Continuation of Grants and Other           |                | <b>–</b>                         |                          |  |   |  |                                       |
|--|----------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| COLORADO COALITION FOR THE                         |                |                                  |                          |  |   |  |                                       |
| HOMELESS - 2111 CHAMPA STREET -                    |                |                                  |                          |  |   |  |                                       |
| DENVER, CO 80205                                   | 84-0951575     | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| COLUMBIA COUNTY VOLUNTEERS IN                      |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MEDICINE CLINIC, INC 310 EAST                      |                |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| THIRD STREET - MIFFLINVILLE, PA                    |                |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| 18631  | 20-5695518     | 501(C)(3)                        | 0.                       | 165,059.                                       | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                |                                  |                          | , -  |   | ~                                      |                                       |
| COLUMBIA VALLEY COMMUNITY HEALTH                   |                |                                  |                          |  |   |  |                                       |
| 600 ORONDO AVE, STE 1                              |                |                                  |                          |  |   |  |                                       |
| WENATCHEE, WA 98801                                | 23-7297657     | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| ,  |                |                                  | ,                        |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COLUMBUS COUNTY HEALTH DEPARTMENT                  |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 304 JEFFERSON STREET                               |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| WHITEVILLE, NC 28472                               | 56-6000289     | 501(C)(3)                        | 0.                       | 59,962.  | PURCHASED   | EQUIPMENT                              | 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.                       | 34,616.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMONSENSE CHILDBIRTH                             |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| SUITE 340  |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| WINTER GARDEN, FL 34787                            | 59-3479821     | 501(C)(3)                        | 0.                       | 27,812.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  |   |  |                                       |
| COMMUNICARE HEALTH CENTERS                         |                |                                  |                          |  |   |  |                                       |
| 3066 E. COMMERCE ST.                               |                |                                  |                          |  |   |  |                                       |
| SAN ANTONIO, TX 78220                              | 74-1724391     | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNICARE HEALTH CENTERS                         |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2051 JOHN JONES ROAD                               |                |                                  |                          | _  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DAVIS, CA 95617-1260                               | 20-0859263     | 501(C)(3)                        | 0.                       | 15,611.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| COMMUNIHEALTH SERVICES                             |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 518 DURHAM STREET                                  |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BASTROP, LA 71220                                  | 82-0579411     | 501(C)(3)                        | 0.                       | 28,891.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

Schedule I (Form 990) DIRECT RELIEF

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
|  |                |                                  |                          |   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH SERVICE AGENCY                    |                |                                  |                          |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| INC., DBA CAREVIDE - 4500 WESLEY                   |                |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| STREET - GREENVILLE, TX 75401                      | 75-1528614     | 501(C)(3)                        | 0.                       | 27,505.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| COMMUNITY ACTION COMMITTEE OF PIKE                 |                |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COUNTY VALLEY VIEW HEALTH CENTERS                  |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| - 227 VALLEY VIEW DRIVE - WAVERLY,                 |                |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ОН 45690   | 31-0718042     | 501(C)(3)                        | 0.                       | 20,708.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| COMMUNITY ACTION CORPORATION OF                    |                |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SOUTH TEXAS ALICE HEALTH CENTER -                  |                |                                  |                          |   | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 700 FLOURNEY ROAD, SUITE 2A -                      |                |                                  |                          |   | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| ALICE, TX 78332                                    | 74-1679824     | 501(C)(3)                        | 0.                       | 71,160.                                 | PURCHASED   | SUPPLIES,                              | ,<br>PATIENTS                         |
|  |                |                                  |                          | , ,                                     | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY CARE CENTER                              |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2135 NEW WALKERTOWN ROAD                           |                |                                  |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| WINSTON SALEM, NC 27101                            | 58-1403699     | 501(C)(3)                        | 0.                       | 1,884,963.                              |   | ,<br>EQUIPMENT                         | '<br>PATIENTS                         |
| ,  |                |                                  |                          |   | ESTIMATED   | ~<br>PHARMACEUTICALS                   | SUPPORT TO US CLINICS &               |
| COMMUNITY CARE CLINIC OF DARE                      |                |                                  |                          |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 425 W HEALTH CENTER DR                             |                |                                  |                          |   | PRICE,  | , SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| NAGS HEAD, NC 27959                                | 20-2230717     | 501(C)(3)                        | 0.                       | 36 068.                                 | PURCHASED   | EOUIPMENT                              | PATIENTS                              |
| ,,   |                |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY CARE CLINIC OF                           |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| HIGHLANDS-CASHIERS - 52 AUNT DORA                  |                |                                  |                          |   | PRICE,  | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| DRIVE - HIGHLANDS, NC 28741                        | 65-1251915     | 501(C)(3)                        | 0.                       | 96 266                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  | 00 1201910     | 501(0/(5/                        |                          | 50,200.                                 | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY CARE CLINIC OF ROWAN                     |                |                                  |                          |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| COUNTY - 315G MOCKSVILLE AVENUE -                  |                |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SALISBURY, NC 28144                                | 56-1964773     | 501(C)(3)                        | 0.                       | 255 187                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| SALISBORI, NC 20144                                | 50 1904/75     | 501(0)(3)                        | ·.                       | 233,407.                                | I OKCHADED  |  |                                       |
| COMMUNITY CLINIC ASSOC OF LA                       |                |                                  |                          |   |   |  |                                       |
|  |                |                                  |                          |   |   |  |                                       |
| COUNTY - 445 S FIGUEROA ST, SUITE                  |                | 501(C)(2)                        | E00 000                  | _                                       |   |  |                                       |
| 2100 - LOS ANGELES, CA 90071                       | 95-4576023     | DUT(C)(D)                        | 500,000.                 | 0.                                      |   | PHARMACEUTICALS                        | COVID19-US                            |
| COMMUNITY CLINIC OF SHELBYVILLE                    |                |                                  |                          |   | ESTIMATED   |  | 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     | POT(C)(3)                        | 0.                       | 55,313.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                              |                   |                                  |                          |  |   |  | 95-1831116 Page                       |
|--|-------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other                         | Assistance to Dor | nestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               | 1                                     |
| (a) Name and address of organization or government               | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                          |  | 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)                        | 0.                       | 40,978.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY FIRST HEALTH CENTERS                                   |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 55 ST. CLAIR RIVER DRIVE   |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LGONAC, MI 48001   | 38-2080825        | 501(C)(3)                        | 0.                       | 59,233.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY FREE CLINIC  |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 249 MILL STREET  |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| AGERSTOWN, MD 21740  | 52-1772594        | 501(C)(3)                        | 0.                       | 273,612.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| COMMUNITY HEALTH ALIIANCE<br>1055 S. WELLS AVE<br>RENO, NV 89502 | 88-0293149        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | HURRICANE DORIAN                      |
| ·  |                   |                                  | ,                        |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH ALLIANCE  |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| L055 S. WELLS AVENUE   |                   |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| RENO, NV 89502   | 88-0293149        | 501(C)(3)                        | 0.                       | 46,927.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| COMMUNITY HEALTH ALLIANCE OF<br>PASADE - 455 W. MONTANA ST       |                   |                                  |                          |  |   |  |                                       |
| PASADENA, CA 91103   | 95-4536824        | 501(C)(3)                        | 187,500.                 | 0.   |   |  | COVID19-ABBOTT                        |
|  |                   |                                  |                          |  |   |  | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH ALLIANCE OF                                     |                   |                                  |                          |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| PASADENA PHARMACY - 1855 N. FAIR                                 |                   |                                  |                          |  | WHOLESALE   | PHARMACEUTICALS                        | LOW-INCOME, UNINSURED                 |
| DAKS AVENUE - PASADENA, CA 91103                                 | 95-4536824        | 501(C)(3)                        | 0.                       | 8,902.   |   | , EQUIPMENT                            | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH AND DENTAL CARE                                 |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| NC - 351 W. SCHUYLKILL ROAD -                                    |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| POTTSTOWN, PA 19465  | 20-2764402        | 501(C)(3)                        | 0.                       | 20,498.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH AND EMERGENCY                                   |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| SERVICES - 13245 KESSLER ROAD -                                  |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CAIRO, IL 62914  | 37-1100482        | 501(C)(3)                        | 0.                       | 703,474.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

Schedule I (Form 990) DIRECT RELIEF

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| (a) Name and address of organization or government                                | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|---|----------------|----------------------------------|---------------------------------|--|---|---|---------------------------------------|
| COMMUNITY HEALTH AND SOCIAL   |                |                                  |                                 |  | ESTIMATED   |   | SUPPORT TO US CLINICS &               |
| SERVICES CENTER - CHASS - 5635  |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                    |
| WEST FORT STREET - DETROIT, MI  |                |                                  |                                 |  | PRICE,  | , MEDICAL                                     | LOW-INCOME, UNINSURED                 |
| 48209   | 38-3094394     | 501(C)(3)                        | 0.                              | 28,209.  | PURCHASED   | SUPPLIES                                      | PATIENTS                              |
| COMMUNITY HEALTH ASSN. OF SPOKANE   |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| CHAS ADMINISTRATION OFFICE - 611 N  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| IRON BRIDGE WAY - SPOKANE, WA   |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| 99202   | 91-1641797     | 501(C)(3)                        | 0.                              | 76,212.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
| COMMUNITY HEALTH ASSOCIATION  |                |                                  |                                 | -  |   |   | SUPPORT TO US CLINICS &               |
| INLAND SOUTHERN REGION - 621 E  |                |                                  |                                 |  | ESTIMATED   |   | HEALTH CENTERS FOR                    |
| CARNEGIE DRIVE - SAN BERNADINO, CA  |                |                                  |                                 |  | WHOLESALE   |   | LOW-INCOME, UNINSURED                 |
| 92408   | 30-0666184     | 501(C)(3)                        | 0.                              | 22,400.  | PRICE   | EQUIPMENT                                     | PATIENTS                              |
| SPO - 611 NORTH IRON BRIDGE WAY -<br>SPOKANE, WA 99202<br>COMMUNITY HEALTH CARE   | 91-1641797     | 501(C)(3)                        | 50,000.                         | 0.   |   |   | COVID19-US                            |
| 1148 BROADWAY , SUITE 100   |                |                                  |                                 |  |   |   |                                       |
| TACOMA, WA 98402  | 91-1349657     | 501(C)(3)                        | 50,000.                         | 0.   |   |   | COVID19-US                            |
| COMMUNITY HEALTH CARE ASSOC NY<br>111 BROADWAY , SUITE 1402<br>NEW YORK, NY 10006 | 13-2690296     | 501(C)(3)                        | 350,000.                        | 0.   |   |   | PFIZER INFECTIOUS DISEAS<br>AWARDS    |
|   |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH CARE CLINIC  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 900 N FRANKLIN AVENUE   |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| NORMAL, IL 61761  | 37-1316328     | 501(C)(3)                        | 0.                              | 371,680.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
| COMMUNITY HEALTH CARE DO NOT USE<br>500 W. RIVER DRIVE<br>DAVENPORT, IA 52801     | 42-1060724     | 501(C)(3)                        | 50,000.                         | 0.   |   |   | COVID19-US                            |
| COMMUNITY HEALTH CARE INC<br>53 S. LAUREAL ST. FLOOR 2<br>BRIDGETON, NJ 08302     | 22-2763588     | 501(C)(3)                        | 50,000.                         | 0.   |   |   | COVID19-US                            |

| Schedule I (Form 990)         DIRECT         RELIEF           Part II         Continuation of Grants and Other A | Societaneo to Do | mostic Organizations             | and Domostic Co             | vornmante (Sch                          | edule I (Form 990) P   | art II )                                  | 95-1831116 Pag                        |
|--|------------------|----------------------------------|-----------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                             |   |  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH CARE SYSTEMS  |                  |                                  |                             |   | ESTIMATED  | , OTHER ,                                 | HEALTH CENTERS FOR                    |
| 116 SMITH STREET   |                  |                                  |                             |   | WHOLESALE  | MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| TENNILLE, GA 31089   | 58-2001101       | 501(C)(3)                        | 0.                          | 68,101.                                 | PRICE  | SUPPLIES,                                 | PATIENTS                              |
| COMMUNITY HEALTH CARE, INC.  |                  |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| DGERTON WOMEN'S HEALTH CENTER -  |                  |                                  |                             |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| .510 EAST RUSHOLME STREET -  |                  |                                  |                             |   | PRICE.   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| AVENPORT, IA 52803   | 42-1060724       | 501(C)(3)                        | 0.                          | 59,011.                                 | ,<br>PURCHASED   | ,<br>EQUIPMENT                            | ,<br>PATIENTS                         |
|  |                  |                                  |                             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH CENTER  |                  |                                  |                             |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 506 N. MINNESOTA AVENUE, SUITE 1   |                  |                                  |                             |   | PRICE,   | , SUPPLIES,                               | LOW-INCOME, UNINSURED                 |
| HASTINGS, NE 68901   | 47-0378779       | 501(C)(3)                        | 0.                          | 38 701                                  | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|  | 17 0070779       | 501(0/(5/                        |                             |   |  |   |                                       |
| COMMUNITY HEALTH CENTER ASSOC MS<br>5400 LAKEOVER ROAD   |                  |                                  |                             |   |  |   |                                       |
| JACKSON, MS 39213  | 64-0703779       | 501(C)(3)                        | 250,000.                    | ٥.                                      |  |   | COVID19-US                            |
|  |                  |                                  |                             |   | ESTIMATED  |   | SUPPORT TO US CLINICS                 |
| COMMUNITY HEALTH CENTER NEW RIVER  |                  |                                  |                             |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| VALLEY - 215 ROANOKE STREET -  |                  |                                  |                             |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| CHRISTIANSBURG, VA 24073   | 51-0247098       | 501(C)(3)                        | 0.                          | 8,657.                                  | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| ,  |                  |                                  |                             | ,                                       |  |   | SUPPORT TO US CLINICS                 |
| COMMUNITY HEALTH CENTER OF BUFFALO   |                  |                                  |                             |   | ESTIMATED  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 4 BENWOOD AVE.   |                  |                                  |                             |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| BUFFALO, NY 14214  | 16-1566929       | 501(C)(3)                        | 0.                          | 6,850.                                  |  | EQUIPMENT                                 | PATIENTS                              |
|  | 10 1000725       | 501(0/(5/                        |                             | 0,000.                                  |  |   |                                       |
| COMMUNITY HEALTH CENTER OF BUFFALO   |                  |                                  |                             |   |  |   |                                       |
| CNC PO BOX 8000, DEPARTMENT 771  |                  |                                  |                             |   |  |   |                                       |
| - BUFFALO, NY 14267  | 16-1566929       | 501(C)(3)                        | 50,000.                     | 0.                                      |  |   | LILLY NAVIGATOR GRANT                 |
| BOFFALO, NI 14207  | 10-1300929       | 501(0)(5)                        | 50,000.                     | 0.                                      | ESTIMATED  |   | SUPPORT TO US CLINICS                 |
|  |                  |                                  |                             |   |  | MEDICAL                                   |                                       |
| COMMUNITY HEALTH CENTER OF CAPE  |                  |                                  |                             |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| OD, INC - 107 COMMERICLA STREE -   | 04 2280560       | F01(a)(2)                        |                             | 10.001                                  | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| ASHPEE, MA 02649   | 04-3370560       | DUT(C)(3)                        | 0.                          | 12,034.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|  |                  |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| COMMUNITY HEALTH CENTER OF CENTRAL   |                  |                                  |                             |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| IISSOURI - 1511 CHRISTY DRIVE -  |                  |                                  |                             |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| JEFFERSON CITY, MO 65101   | 68-0545808       | 501(C)(3)                        | 0.                          | 21,846.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |

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| Part II Continuation of Grants and Other A                    | Assistance to Dor | mestic Organizations                    | and Domestic Go                 | vernments (Sch                                 | iedule I (Form 990), P<br>T   | art II.)                               |                                       |
| (a) Name and address of organization or government            | <b>(b)</b> EIN    | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH CENTER OF CENTRAL                            |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| WYOMING - 5000 BLACKMORE ROAD -                               |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CASPER, WY 82609  | 83-0326307        | 501(C)(3)                               | ٥.                              | 59,950.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|   |                   |   |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OMMUNITY HEALTH CENTER OF                                     |                   |   |                                 |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| ICHMOND - 235 PORT RICHMOND                                   |                   |   |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VENUE - STATEN ISLAND, NY 10302                               | 51-0567466        | 501(C)(3)                               | 0.                              | 6,561.   | PRICE   | EQUIPMENT                              | PATIENTS                              |
|   |                   |   |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH CENTER OF                                    |                   |   |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| SNOHOMISH COUNTY - 8609 EVERGREEN                             |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VAY - EVERETT, WA 98208                                       | 91-1255170        | 501(C)(3)                               | 0.                              | 53,729.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| COMMUNITY HEALTH CENTER OF<br>SOUTHEAS - 3011 N MICHIGAN ST - |                   |   |                                 |  |   |  |                                       |
| PITTSBURG, KS 66762   | 75-3002264        | 501(C)(3)                               | 350,000.                        | 0.   |   |  | COVID19-US                            |
|   |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH CENTER OF                                    |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| SOUTHEAST KANSAS - 3011 N.                                    |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| IICHIGAN - PITTSBURG, KS 66762                                | 75-3002264        | 501(C)(3)                               | 0.                              | 156,213.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|   |                   |   |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH CENTER OF THE                                |                   |   |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| NORTH COUNTRY - 4 COMMERCE LANE -                             |                   |   |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| CANTON, NY 13617  | 16-1568985        | 501(C)(3)                               | 0.                              | 5,600.   | PRICE   | EQUIPMENT                              | PATIENTS                              |
|   |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH CENTER OF WEST                               |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| PALM BEACH - 2100 WEST 45TH STREET                            |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| WEST PALM BEACH, FL 33407                                     | 26-3611337        | 501(C)(3)                               | 0.                              | 218,466.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|   |                   |   |                                 |  |   |  |                                       |
| COMMUNITY HEALTH CENTERS INC                                  |                   |   |                                 |  |   |  |                                       |
| L10 S. WOODLAND STREET  | F0 11000F0        | 501(0)(2)                               |                                 | _  |   |  |                                       |
| VINTER GARDEN, FL 34787                                       | 59-1480970        | DUT(C)(3)                               | 50,000.                         | 0.   |   |  | COVID19-US                            |
|   |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH CENTERS OF                                   |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| MERICA - 517 MAIN STREET -                                    |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LIVINGSTON, CA 95334  | 82-1948361        | 501(C)(3)                               | 0.                              | 111,934.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

 Schedule I (Form 990)
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 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|---|----------------|----------------------------------|---------------------------------|---|---|---|--|
|   |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| COMMUNITY HEALTH CENTERS OF   |                |                                  |                                 |   | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| PINELLAS, INC 1344 22ND ST.   |                |                                  |                                 |   | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| SOUTH - ST. PETERSBURG, FL 33712  | 59-2097521     | 501(C)(3)                        | 0.                              | 121,897.                                | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|   |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| COMMUNITY HEALTH CENTERS OF SOUTH   |                |                                  |                                 |   | WHOLESALE   | , OTHER,                                      | HEALTH CENTERS FOR                           |
| CENTRAL TEXAS - 229 ST GEORGE -   |                |                                  |                                 |   | PRICE,  | MEDICAL                                       | LOW-INCOME, UNINSURED                        |
| GONZALES, TX 78629  | 74-1548089     | 501(C)(3)                        | 0.                              | 771,861.                                | PURCHASED   | SUPPLIES,                                     | PATIENTS                                     |
|   |                |                                  |                                 | ·                                       | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| COMMUNITY HEALTH CENTERS OF THE   |                |                                  |                                 |   | WHOLESALE   | , OTHER,                                      | HEALTH CENTERS FOR                           |
| CENTRAL COAST - 150 TEJAS PLACE -   |                |                                  |                                 |   | PRICE,  | MEDICAL                                       | LOW-INCOME, UNINSURED                        |
| NIPOMO, CA 93444  | 95-3253302     | 501(C)(3)                        | 0.                              | 69,323.                                 | PURCHASED   | SUPPLIES,                                     | PATIENTS                                     |
|   |                |                                  |                                 | ,                                       | ESTIMATED   | ,   | SUPPORT TO US CLINICS &                      |
| COMMUNITY HEALTH CENTERS, INC.  |                |                                  |                                 |   | WHOLESALE   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                           |
| 2621 SOUTH 3270 WEST  |                |                                  |                                 |   | PRICE,  | MEDICAL                                       | LOW-INCOME, UNINSURED                        |
| WEST VALLEY CITY, UT 84119  | 74-2412898     | 501(C)(3)                        | 0.                              | 35,149.                                 | PURCHASED   | ,<br>SUPPLIES                                 | ,<br>PATIENTS                                |
| 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,  | ,<br>SUPPLIES,                                | LOW-INCOME, UNINSURED                        |
| SPENCER, OK 73084   | 73-0930123     | 501(C)(3)                        | 0.                              | 228,613.                                | ,<br>PURCHASED  | ,<br>EOUIPMENT                                | ,<br>PATIENTS                                |
| ,   |                |                                  |                                 | , -                                     |   | ~   | SUPPORT TO US CLINICS &                      |
| COMMUNITY HEALTH CLINIC OF BUTLER   |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                           |
| COUNTY - 103 BONNIE DRIVE -   |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                       | LOW-INCOME, UNINSURED                        |
| BUTLER, PA 16002  | 20-4852135     | 501(C)(3)                        | 0.                              | 52,747.                                 | PRICE   | ,<br>SUPPLIES                                 | ,<br>PATIENTS                                |
| ,   |                |                                  |                                 | , -                                     |   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| COMMUNITY HEALTH CLINIC OF HARDIN   |                |                                  |                                 |   | ESTIMATED   | MEDICAL                                       | HEALTH CENTERS FOR                           |
| LARUE COUNTIES - 1113 WOODLAND  |                |                                  |                                 |   | WHOLESALE   | ,<br>SUPPLIES,                                | LOW-INCOME, UNINSURED                        |
| DRIVE - ELIZABETHTOWN, KY 42701   | 30-0042070     | 501(C)(3)                        | 0.                              | 7,257.                                  |   | EQUIPMENT                                     | PATIENTS                                     |
| COMMUNITY HEALTH CLINICS INC TERRY  |                |                                  |                                 | ,                                       |   | ~       |  |
| REILLY HEALTH SERVICES - P.O BOX  |                |                                  |                                 |   |   |   |  |
| 9, 211 16TH AVE NORTH - NAMPA, ID   |                |                                  |                                 |   |   |   |  |
| 83653   | 82-0300537     | 501(C)(3)                        | 50,000.                         | 0.                                      |   |   | COVID19-US                                   |
| COMMUNITY HEALTH CTRS CENTRAL<br>COAST - 2050 SOUTH BLOSSER ROAD -<br>SANTA MARIA, CA 93458 |                | 501(C)(3)                        | 150,000.                        | 0.                                      |   |   | BD AWARDS PROGRAM                            |

| Schedule I (Form 990) DIRECT RELIEF                        |                  |                                  |                          |   |   |   | 95-1831116 Page                                   |
|--|------------------|----------------------------------|--------------------------|---|---|---|---|
| Part II Continuation of Grants and Other A                 | Assistance to Do | nestic Organizations             | and Domestic Go          | vernments (Sch                          | edule I (Form 990), Pa<br>I   | art II.)                                      | 1   |
| (a) Name and address of organization or government         | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance             |
| COMMINITE HEALTH CEDE OF DINELLAS                          |                  |                                  |                          |   |   |   |   |
| COMMUNITY HEALTH CTRS OF PINELLAS<br>1344 22ND ST SOUTH    |                  |                                  |                          |   |   |   |   |
|  | 59-2097521       | 501(0)(2)                        | 50,000.                  | 0.                                      |   |   | COVID19-US  |
| ST PETERSBURG, FL 33712                                    | 59-2097521       | 501(C)(3)                        | 50,000.                  | υ.                                      |   |   | SUPPORT TO US CLINICS &                           |
| COMMUNITY HEALTH DEVELOPMENT                               |                  |                                  |                          |   | ESTIMATED   |   | HEALTH CENTERS FOR                                |
| 200 S EVANS  |                  |                                  |                          |   | WHOLESALE   | MEDICAL                                       | LOW-INCOME, UNINSURED                             |
|  | 74-2269739       | 501(0)(2)                        | 0.                       | 6,349.                                  |   | SUPPLIES                                      | PATIENTS  |
| JVALDE, TX 78801   | 74-2209739       | 501(C)(3)                        | · ·                      | 0,349.                                  | FRICE   | SOFFLIES                                      | ABBVIE PR INFRASTRUCTUR                           |
| COMMINIEV LENIEL EDN OF DE INC                             |                  |                                  |                          |   |   |   |   |
| COMMUNITY HEALTH FDN OF PR INC<br>MARGINAL SANTA CRUZ C-17 |                  |                                  |                          |   |   |   | EQUIPMENT, ABBVIE PR                              |
| BAYAMON, PR 00961  | 66-0749601       | E01(0)(2)                        | 131,000.                 | 0.                                      |   |   | MOBILE HEALTH, ABBVIE PF<br>TELEHEALTH, ABBVIE PR |
| SATAMON, PR 00981  | 00-0749001       | 501(C)(3)                        | 131,000.                 | υ.                                      | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                           |
| COMMUNITY HEALTH FOUNDATION OF                             |                  |                                  |                          |   | WHOLESALE   | _ MEDICAL                                     | HEALTH CENTERS FOR                                |
|  |                  |                                  |                          |   |   | <i>'</i>                                      |   |
| PUERTO RICO - MARGINAL SANTA CRUZ                          | 66-0749601       | E01(0)(2)                        | 0.                       | 24 027                                  | PRICE,  | SUPPLIES,<br>EQUIPMENT                        | LOW-INCOME, UNINSURED                             |
| C-17 - BAYAMON, PR 00961                                   | 00-0749001       | 501(C)(3)                        | 0.                       | 54,027.                                 | PURCHASED<br>ESTIMATED  | EQUIPMENT                                     | PATIENTS<br>SUPPORT TO US CLINICS &               |
|  |                  |                                  |                          |   | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                                |
| COMMUNITY HEALTH INITIATIVES                               |                  |                                  |                          |   |   |   |   |
| 2882 WEST 15TH STREET                                      | 47 2424769       | E01(0)(2)                        | 0.                       | 6 0 2 2                                 | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                             |
| BROOKLYN, NY 11224   | 47-2424768       | 501(C)(3)                        | 0.                       | 0,923.                                  | PURCHASED   | EQUIPMENT<br>PHARMACEUTICALS                  | PATIENTS  |
|  |                  |                                  |                          |   |   |   | SUPPORT TO US CLINICS &                           |
| COMMUNITY HEALTH NORTHWEST FLORIDA                         |                  |                                  |                          |   | ESTIMATED   | , OTHER,                                      | HEALTH CENTERS FOR                                |
| 2315 WEST JACKSON STREET                                   | 50 2105046       | 501 ( 3) ( 2)                    |                          | 02 1 51                                 | WHOLESALE   | MEDICAL                                       | LOW-INCOME, UNINSURED                             |
| PENSACOLA, FL 32505  | 59-3105246       | 501(C)(3)                        | 0.                       | 23,171.                                 |   | SUPPLIES,                                     | PATIENTS  |
|  |                  |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                           |
| COMMUNITY HEALTH OF EAST                                   |                  |                                  |                          |   | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                                |
| TENNESSEE, INC 130 INDEPENDENCE                            |                  |                                  |                          |   | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                             |
| LN LAFOLLETTE, TN 37766                                    | 58-1470587       | 501(C)(3)                        | 0.                       | 1,348,283.                              | PURCHASED   | EQUIPMENT                                     | PATIENTS  |
|  |                  |                                  |                          |   |   |   |   |
| COMMUNITY HEALTH OF SO FLORIDA,                            |                  |                                  |                          |   |   |   |   |
| INC - 10300 SW 216 ST - MIAMI, FL                          |                  |                                  |                          | _                                       |   |   |   |
| 33190  | 59-1372690       | 501(C)(3)                        | 50,000.                  | 0.                                      |   |   | COVID19-US  |
|  |                  |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                           |
| COMMUNITY HEALTH OF SOUTH FLORIDA                          |                  |                                  |                          |   | WHOLESALE   | , OTHER,                                      | HEALTH CENTERS FOR                                |
| 10300 SW 216TH STREET                                      |                  |                                  |                          |   | PRICE,  | MEDICAL                                       | LOW-INCOME, UNINSURED                             |
| MIAMI, FL 33190  | 59-1372690       | 501(C)(3)                        | 0.                       | 47,149.                                 | PURCHASED   | SUPPLIES,                                     | PATIENTS  |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other A | Assistance to Do | nestic Organizations             | and Domestic Go             | wernments (Sch                          | edule I (Form 990) P   |  | 95-1831116 Pag                             |
|--|------------------|----------------------------------|-----------------------------|---|--|--|--|
| (a) Name and address of organization or government   | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance      |
|  |                  |                                  |                             |   | ESTIMATED  |  | SUPPORT TO US CLINICS &                    |
| COMMUNITY HEALTH PARTNERS  |                  |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                         |
| 112 WEST LEWIS STREET  |                  |                                  |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                      |
| LIVINGSTON, MT 59047   | 84-1420492       | 501(C)(3)                        | 0.                          | 34,885.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                                   |
|  |                  |                                  |                             |   |  |  | SUPPORT TO US CLINICS &                    |
| COMMUNITY HEALTH PROGRAMS  |                  |                                  |                             |   | ESTIMATED  |  | HEALTH CENTERS FOR                         |
| 444 STOCKBRIDGE ROAD   |                  |                                  |                             |   | WHOLESALE  |  | LOW-INCOME, UNINSURED                      |
| GREAT BARRINGTON, MA 01230   | 04-2582119       | 501(C)(3)                        | 0.                          | 11,200.                                 | PRICE  | EQUIPMENT                              | PATIENTS                                   |
| COMMUNITY HEALTH PROJECT INC. DBA  |                  |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                    |
| CALLEN-LORDE COMMUNITY HEALTH  |                  |                                  |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                         |
| CENTER - 356 WEST 18TH STREET -  |                  |                                  |                             |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                      |
| NEW YORK, NY 10011   | 13-3409680       | 501(C)(3)                        | 0.                          | 19,922.                                 | PURCHASED  | EQUIPMENT                              | ,<br>PATIENTS                              |
|  |                  |                                  |                             | ,                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                    |
| COMMUNITY HEALTH SERVICES OF UNION   |                  |                                  |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                         |
| COUNTY - 1338-C EAST SUNSET DRIVE  |                  |                                  |                             |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                      |
| - MONROE, NC 28112   | 46-0495947       | 501(C)(3)                        | 0.                          | 20,022.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                                   |
| COMMUNITY HEALTH SYSTEMS<br>74 ECLIPSE BLVD<br>BELOIT, WI 53511  | 39-1919806       | 501(C)(3)                        | 50,000.                     | 0.                                      |  |  | COVID19-US                                 |
| COMMUNITY HEALTH SYSTEMS, INC.   |                  |                                  |                             |   |  |  |  |
| 22675 ALESSANDRO BLVD.<br>MORENO VALLEY, CA 92553  | 33-0056551       | 501(0)(2)                        | 50,000.                     | 0.                                      |  |  | ABBVIE PR MEDICALLY<br>FRAGILE POPULATIONS |
| OKENO VALLEI, CA 92555   | 33-0030351       | 501(C)(3)                        | 50,000.                     | · ·                                     | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                    |
| COMMUNITY HEALTH SYSTEMS, INC. DBA   |                  |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                         |
| ACCESS HEALTH - 252 RURAL ACRES  |                  |                                  |                             |   | PRICE,   | , MEDICAL<br>SUPPLIES,                 | LOW-INCOME, UNINSURED                      |
| DRIVE - BECKLEY, WV 25801  | 55-0490878       | 501(C)(3)                        | 0.                          | 15 820                                  | PURCHASED  | EQUIPMENT                              | PATIENTS                                   |
| KIVE - BECKHEI, WV 25001   | 55-0490070       | 501(0)(5)                        | · · ·                       | 43,030.                                 | ESTIMATED  | EQUIFMENT                              | SUPPORT TO US CLINICS &                    |
| COMMUNITY HEALTHCARE NETWORK   |                  |                                  |                             |   | WHOLESALE  | MEDICAL                                |  |
|  |                  |                                  |                             |   |  |  | HEALTH CENTERS FOR                         |
| 50 MADISON AVENUE 5TH FLOOR  | 12 2002060       | E01(0)(2)                        |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                      |
| IEW YORK, NY 10010   | 13-3083068       | DUT(C)(3)                        | 0.                          | 95,050.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                                   |
| COMMUNITY HEALTHCARE NETWORK, INC.   |                  |                                  |                             |   |  |  |  |
| 50 MADISON AVENUE FLOOR 5  | 12 2002060       | E01(0)(2)                        | 007 500                     | _                                       |  |  | COVID19-US,                                |
| NEW YORK, NY 10010-1600  | 13-3083068       | DOT(C)(3)                        | 237,500.                    | ٥.                                      |  |  | COVID19-ABBOTT                             |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other A        |            |                                  |                          |   |  |   | 95-1831116 Pag                        |
|---|------------|----------------------------------|--------------------------|---|--|---|---------------------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTHWORX  |            |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 1543 MCGINNIS STREET  |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| ALEXANDRIA, LA 71301  | 72-1444312 | 501(C)(3)                        | 0.                       | 34,499.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| COMMUNITY HELPING HANDS CLINIC  |            |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 34- C COURTHOUSE SQUARE   |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| CLEVELAND, GA 30528   | 64-0950194 | 501(C)(3)                        | 0.                       | 268,441.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|   |            |                                  |                          | -                                       |  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| COMMUNITY HELPING PLACE FREE  |            |                                  |                          |   | ESTIMATED  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| CLINIC - 56 CAMP GIBSON ROAD -  |            |                                  |                          |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| DAHLONEGA, GA 30533   | 37-1554432 | 501(C)(3)                        | 0.                       | 23,643.                                 | PRICE  | EQUIPMENT                                 | PATIENTS                              |
| COMMUNITY HLTH CTRS OF RICHMOND<br>439 PORT RICHMOND AVENUE<br>STATEN ISLAND, NY 10302                          | 51-0567466 | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |
|   | 51 0507100 | 501(0)(0)                        |                          | <b>.</b>                                | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| COMMUNITY MEDICAL CENTERS   |            |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 7210 MURRAY DRIVE   |            |                                  |                          |   | PRICE  | SUPPLIES                                  | LOW-INCOME, UNINSURED                 |
| STOCKTON, CA 95210  | 94-2437106 | 501(C)(3)                        | 0.                       | 8 518.                                  | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| COMMUNITY MEDICAL WELLNESS CENTERS  |            |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| USA – 1360 E. ANAHEIM STREET –  |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| LONG BEACH, CA 90813  | 45-2424322 | 501(C)(3)                        | 0.                       | 640 807.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| COMMUNITY MEDICINE PHARMACY   |            |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 1131 SALUDA STREET  |            |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| ROCK HILL, SC 29730   | 57-0891008 | 501(C)(3)                        | 0.                       | 123,490.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| ,   |            |                                  |                          | ,                                       | ESTIMATED  | ~<br>PHARMACEUTICALS                      | SUPPORT TO US CLINICS                 |
| COMMUNITY OUTREACH HEALTH CLINIC  |            |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| W180 N8085 TOWN HALL ROAD   |            |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| MENOMONEE FALLS, WI 53051   | 39-1743056 | 501(C)(3)                        | 0.                       | 466,707.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| · ·   |            |                                  |                          | , ,                                     |  |   |                                       |
| COMMUNITY PARTNERS INTERNATIONAL  |            |                                  |                          |   |  |   |                                       |
| 580 CALIFORNIA ST., 16TH FLOOR  |            |                                  |                          | _                                       |  |   | HURRICANE FLORENCE,                   |
| SAN FRANCISCO, CA 94104   | 94-3375666 | 501(C)(3)                        | 100,000.                 | 0.                                      |  |   | COVID19-US                            |

| Schedule I (Form 990) DIRECT RELIEF                |                  |                                  |                                 |  |   |  | 95-1831116 Page                              |
|--|------------------|----------------------------------|---------------------------------|--|---|--|--|
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| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                  |                                  |                                 |  |   |  |  |
| COMMUNITY UNIVERSITY HEALTHCARE                    |                  |                                  |                                 |  |   |  |  |
| CTR - 2001 BLOOMINGTON AVE SOUTH -                 | 44 6008540       | 501 ( 2) ( 2)                    |                                 | 0  |   |  |  |
| MINNEAPOLIS, MN 55404                              | 41-6007513       | 501(C)(3)                        | 203,930.                        | 0.   |   |  | HURRICANE HARVEY                             |
|  |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| COMMUNITY VOLUNTEERS IN MEDICINE                   |                  |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 300 B LAWRENCE DRIVE                               |                  |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| WEST CHESTER, PA 19380                             | 23-2944553       | 501(C)(3)                        | 0.                              | 253,062.                                       | PURCHASED   | SUPPLIES                               | PATIENTS                                     |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| COMMUNITYHEALTH                                    |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 2611 W. CHICAGO AVENUE                             |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| CHICAGO, IL 60622                                  | 36-3831793       | 501(C)(3)                        | 0.                              | 2,516,448.                                     | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| COMMUNITY-UNIVERSITY HEALTH CARE                   |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| CENTER UNIVERSITY OF MINNESOTA -                   |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 2001 BLOOMINGTON AVENUE -                          |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| MINNEAPOLIS, MN 55404                              | 41-6007513       | 501(C)(3)                        | ٥.                              | 8,314.   | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| COMMWELL HEALTH ADMINISTRATION                     |                  |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                           |
| OFFICE - 6114 HWY 301 S - FOUR                     |                  |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                        |
| OAKS, NC 27524                                     | 58 - 1319204     | 501(C)(3)                        | 0.                              | 781,039.                                       | PURCHASED   | SUPPLIES,                              | 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)                        | ٥.                              | 6,262.   | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                  |                                  |                                 |  | 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                        |
| SIDNEY, OH 45365                                   | 20-8479583       | 501(C)(3)                        | 0.                              | 1,205,842.                                     | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| · · ·  |                  |                                  |                                 | , ,  |   |  |  |
| COMPREHENSIVE COMMUNITY HEALTH                     |                  |                                  |                                 |  |   |  |  |
| CENT - 801 SOUTH CHEVY CHASE DRIVE                 |                  |                                  |                                 |  |   |  |  |
| SUITE 2 - GLENDALE, CA 91205                       | 42-1553807       | 501(C)(3)                        | 112,500.                        | 0.   |   |  | COVID19-ABBOTT                               |
| , on \$1200  |                  |                                  | ,                               |  |   |  | ABBVIE PR INFRASTRUCTUR                      |
| CONCILIO DE SALUD INTEGRAL DE                      |                  |                                  |                                 |  |   |  | EQUIPMENT, ABBVIE PR                         |
| LOIZA - CARRETERA 187,                             |                  |                                  |                                 |  |   |  | TELEHEALTH, ABBVIE PR                        |
| INTERSECCION 188 - LOIZA, PR 00772                 | 66-0314649       | 501(0)(3)                        | 87,000.                         | 0.   |   |  | EMERGENCY PREP & RESP,                       |

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|--|----------------|----------------------------------|-----------------------------|---|--|--|---------------------------------------|
| Part II Continuation of Grants and Other           |                |                                  |                             |   |  |  |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CONCILIO DE SALUD INTEGRAL DE                      |                |                                  |                             |   | WHOLESALE  | , OTHER,                               | HEALTH CENTERS FOR                    |
| LOIZA, INC - CARR. 187,                            |                |                                  |                             |   | PRICE,   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| INTERSECCION 188 - LOIZA, PR 00772                 | 23-7259899     | 501(C)(3)                        | 0.                          | 66,904.                                 | PURCHASED  | SUPPLIES,                              | PATIENTS                              |
| CONFERENCE OF NATIONAL BLACK                       |                |                                  |                             |   |  |  |                                       |
| CHURCH - 676 BECKWITH STREET SW -                  |                |                                  |                             |   |  |  |                                       |
| ATLANTA, GA 30314                                  | 20-0759212     | 501(C)(3)                        | 100,000.                    | 0.                                      |  |  | COVID19-US                            |
|  |                |                                  | ,                           |   | ESTIMATED  |  | SUPPORT TO US CLINICS &               |
| CONSEJO RENAL DE PUERTO RICO, INC.                 |                |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| HOSP. DR. RAMON FERNANDEZ MARINA                   |                |                                  |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SAN JUAN, PR 00922                                 | 66-0408212     | 501(C)(3)                        | 0.                          | 21,308.                                 | PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                |                                  |                             | ,                                       |  |  | SUPPORT TO US CLINICS &               |
| CONSULADO DE CARRERA DE MXICO EN                   |                |                                  |                             |   | ESTIMATED  |  | HEALTH CENTERS FOR                    |
| BROWNSVILLE - 301 MXICO BLVD SUITE                 |                |                                  |                             |   | WHOLESALE  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| F-2 - BROWNSVILLE, TX 78520                        | APPLIED FOR    |                                  | 0.                          | 9,990.                                  | PRICE  | SUPPLIES                               | PATIENTS                              |
| · · · · · · · · · · · · · · · · · · ·              |                |                                  |                             |   |  |  | SUPPORT TO US CLINICS &               |
| CONSULADO DE CARRERA DE MXICO EN                   |                |                                  |                             |   | ESTIMATED  |  | HEALTH CENTERS FOR                    |
| DEL RO - 2207 NORTH BEDELL AVENUE                  |                |                                  |                             |   | WHOLESALE  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| - DEL RO, TX 78840-8980                            | APPLIED FOR    |                                  | 0.                          | 5,949.                                  | PRICE  | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                             |   |  |  | SUPPORT TO US CLINICS &               |
| CONSULADO DE CARRERA DE MXICO EN                   |                |                                  |                             |   | ESTIMATED  |  | HEALTH CENTERS FOR                    |
| DOUGLAS - 1324 G AVE - DOUGLAS, AZ                 |                |                                  |                             |   | WHOLESALE  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| 85607  | APPLIED FOR    |                                  | 0.                          | 7,017.                                  | PRICE  | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                             |   |  |  | SUPPORT TO US CLINICS &               |
| CONSULADO DE CARRERA DE MXICO EN                   |                |                                  |                             |   | ESTIMATED  |  | HEALTH CENTERS FOR                    |
| EAGLE PASS - 2252 E. GARRISON                      |                |                                  |                             |   | WHOLESALE  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| STREET – EAGLE PASS, TX 78852                      | APPLIED FOR    |                                  | 0.                          | 8,115.                                  | PRICE  | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                             |   |  |  | SUPPORT TO US CLINICS &               |
| CONSULADO DE CARRERA DE MXICO EN                   |                |                                  |                             |   | ESTIMATED  |  | HEALTH CENTERS FOR                    |
| MC ALLEN - 600 SOUTH BROADWAY                      |                |                                  |                             |   | WHOLESALE  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| STREET - MC ALLEN, TX 78501                        | APPLIED FOR    |                                  | 0.                          | 8,187.                                  | PRICE  | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                             |   |  |  | SUPPORT TO US CLINICS &               |
| CONSULADO DE CARRERA DE MXICO EN                   |                |                                  |                             |   | ESTIMATED  |  | HEALTH CENTERS FOR                    |
| PRESIDIO - 319 WEST 21 DE MARZO                    |                |                                  |                             |   | WHOLESALE  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| STREET - PRESIDIO, TX 79845                        | APPLIED FOR    |                                  | 0.                          | 5,814.                                  | PRICE  | SUPPLIES                               | PATIENTS                              |

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|---|------------------------------|--|--|------------------------|----------------------------------|---|---------------------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | Assistance to Doi<br>(b) EIN | nestic Organizations<br>(c) IRC section<br>if applicable | and Domestic Go<br>(d) Amount of<br>cash grant | (e) Amount of non-cash | <b>(f)</b> Method of valuation   | art II.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |                              |  |  | assistance             | (book, FMV,<br>appraisal, other) |   |                                       |
|   |                              |  |  |                        |                                  |   | SUPPORT TO US CLINICS &               |
| CONSULADO DE CARRERA DE MXICO EN  |                              |  |  |                        | ESTIMATED                        |   | HEALTH CENTERS FOR                    |
| YUMA - 298 SOUTH MAIN STREET -  |                              |  |  |                        | WHOLESALE                        | MEDICAL   | LOW-INCOME, UNINSURED                 |
| YUMA, AZ 85364  | APPLIED FOR                  |  | 0.   | 12,093.                | PRICE                            | SUPPLIES  | PATIENTS                              |
|   |                              |  |  |                        |                                  |   | SUPPORT TO US CLINICS &               |
| CONSULADO GENERAL DE MXICO EN EL  |                              |  |  |                        | ESTIMATED                        |   | HEALTH CENTERS FOR                    |
| PASO - 910 EAST SAN ANTONIO AVENUE  |                              |  |  |                        | WHOLESALE                        | MEDICAL   | LOW-INCOME, UNINSURED                 |
| - EL PASO, TX 79901   | APPLIED FOR                  |  | 0.   | 18,020.                | PRICE                            | SUPPLIES  | PATIENTS                              |
|   |                              |  |  |                        |                                  |   | SUPPORT TO US CLINICS &               |
| CONSULADO GENERAL DE MXICO EN   |                              |  |  |                        | ESTIMATED                        |   | HEALTH CENTERS FOR                    |
| NOGALES - 135 W. CARDWELL ST  |                              |  |  |                        | WHOLESALE                        | MEDICAL   | LOW-INCOME, UNINSURED                 |
| NOGALES, AZ 85621   | APPLIED FOR                  |  | Ο.   | 9,987.                 | PRICE                            | SUPPLIES  | PATIENTS                              |
|   |                              |  |  |                        |                                  |   | SUPPORT TO US CLINICS &               |
| CONSULADO GENERAL DE MXICO EN SAN   |                              |  |  |                        | ESTIMATED                        |   | HEALTH CENTERS FOR                    |
| DIEGO - 1549 INDIA ST SAN   |                              |  |  |                        | WHOLESALE                        | MEDICAL   | LOW-INCOME, UNINSURED                 |
| DIEGO, CA 92101   | APPLIED FOR                  |  | 0.   | 27,359.                | PRICE                            | SUPPLIES  | PATIENTS                              |
|   |                              |  |  |                        | ESTIMATED                        |   | SUPPORT TO US CLINICS &               |
| CONTRA COSTA HEALTH SERVICES  |                              |  |  |                        | WHOLESALE                        |   | HEALTH CENTERS FOR                    |
| 1220 MORELLO AVENUE   |                              |  |  |                        | PRICE,                           | OTHER, MEDICAL  | LOW-INCOME, UNINSURED                 |
| MARTINEZ, CA 94553  | 94-6000509                   | GOVERNMENT ENTIT   | Ο.   | 10,328.                | PURCHASED                        | SUPPLIES  | PATIENTS                              |
| i   |                              |  |  |                        | ESTIMATED                        | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| COOPERATIVE CHRISTIAN   |                              |  |  |                        | WHOLESALE                        | , MEDICAL   | HEALTH CENTERS FOR                    |
| 133 ARBOR STREET  |                              |  |  |                        | PRICE,                           | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| HOT SPRINGS, AR 71901   | 62-1671396                   | 501(C)(3)  | 0.   | 21,731.                | PURCHASED                        | EQUIPMENT   | PATIENTS                              |
|   |                              |  |  |                        |                                  |   |                                       |
| COPE-COMMUNITY OUTREACH & PATIENT   |                              |  |  |                        |                                  |   |                                       |
| EMPOW - 208 WEST COAL AVENUE -  |                              |  |  |                        |                                  |   | PFIZER INFECTIOUS DISEAS              |
| GALLUP, NM 87301  | 46-5551998                   | 501(C)(3)  | 150,000.                                       | ٥.                     |                                  |   | AWARDS                                |
|   |                              |  |  |                        | 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)  | 0.   | 22,526.                | PURCHASED                        | SUPPLIES  | PATIENTS                              |
| CODE DECDONCE   |                              |  |  |                        |                                  |   | א המוזכתים המוזכתים א המוזכתים        |
| CORE RESPONSE   |                              |  |  |                        |                                  |   | ABBVIE PR INFRASTRUCTURE              |
| STE 530 C/O ANN LEE, 6464 SUNSET B  |                              | F01(a)(2)  | 04 000   |                        |                                  |   | EQUIPMENT, ABBVIE PR                  |
| LOS ANGELES, CA 90028   | 27-1703237                   | DUT(C)(3)  | 84,000.  | 0.                     |                                  |   | TELEHEALTH, COVID19-US                |

 Schedule I (Form 990)
 DIRECT RELIEF

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
|  |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| CORNELL SCOTT-HILL HEALTH                          |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| CORPORATION - 400-428 COLUMBUS AVE                 |                |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| - NEW HAVEN, CT 06519                              | 06-0870990     | 501(C)(3)                        | 0.                              | 50,825.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| CORNERSTONE CARE, INC.                             |                |                                  |                                 |  |   |  |                                       |
| 7 GLASSWORKS ROAD                                  |                |                                  |                                 |  |   |  |                                       |
| GREENSBORO, PA 15338                               | 25-1346194     | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  | 10 1010171     |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| CORNERSTONE CARE, INC.                             |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 7 GLASSWORKS ROAD                                  |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| GREENSBORO, PA 15338                               | 25-1346194     | 501(C)(3)                        | 0.                              | 7 741  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 | .,   | ESTIMATED   | <b>x</b>                               | SUPPORT TO US CLINICS &               |
| CORNERSTONE FAMILY HEALTHCARE                      |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 2570 U.S. HIGHWAY 9W                               |                |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| CORNWALL, NY 12518                                 | 06-1036715     | 501(C)(3)                        | 0.                              | 34 873.  | PURCHASED   | ,<br>SUPPLIES                          | ,<br>PATIENTS                         |
| CORPORACION DE SERVICIOS MEDICOS                   |                |                                  |                                 | , .  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PRIMARIOS Y PREVENCION DE HATILLO                  |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| INC CARR. #2 KM86.6 INTERIOR,                      |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| MARGINAL - HATILLO, PR 00659                       | 66-0427194     | 501(C)(3)                        | 0.                              | 98,927.  | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | '<br>PATIENTS                         |
| ,  |                |                                  |                                 | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CORPORACION SANOS                                  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| AVE. RAFAEL CORDERO , ESQUINA TROCH                | I              |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| CAGUAS, PR 00725                                   | 66-0671421     | 501(C)(3)                        | 0.                              | 185,979.                                       | PURCHASED   | EQUIPMENT                              | ,<br>PATIENTS                         |
| CORPORACION SANOS                                  |                |                                  |                                 |  |   |  |                                       |
| PO BOX 1025  |                |                                  |                                 |  |   |  | ABBVIE PUERTO RICO                    |
| CAGUAS, PR 00726                                   | 66-0671421     | 501(C)(3)                        | 703,400.                        | 0.   |   |  | PROGRAM                               |
|  |                | 501(0)(0)                        | ,00,100.                        |  |   |  |                                       |
| COSSMA, INC  |                |                                  |                                 |  |   |  |                                       |
| PO BOX 1330  |                |                                  |                                 |  |   |  | ABBVIE PUERTO RICO                    |
| CIDRA, PR 00739-1330                               | 66-0434923     | 501(C)(3)                        | 403,000.                        | 0.   |   |  | PROGRAM                               |
| ,  |                | ,                                |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COSSMA, INC.                                       |                |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| AVE. EL JIBARO CARR. 172 KM 13.3                   |                |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| CIDRA, PR 00739                                    | 66-0434923     | 501(C)(3)                        | 0.                              | 351 674  | PURCHASED   | SUPPLIES,                              | ,<br>PATIENTS                         |

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|--|-------------------|----------------------------------|---------------------------------|---|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sch                          | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| COSTA SALUD COMM HEALTH CTR                        |                   |                                  |                                 |   |   |  |                                       |
| PO BOX 638   |                   |                                  |                                 |   |   |  |                                       |
| RINCON, PR 00677                                   | 66-0428488        | 501(C)(3)                        | 150,000.                        | 0.                                      |   |  | COVID19-ABBOTT                        |
|  |                   |                                  |                                 | <b>.</b>                                | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COSTA SALUD COMMUNITY HEALTH                       |                   |                                  |                                 |   | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| CENTERS RINCN - CALLE MUOZ RIVERA                  |                   |                                  |                                 |   | PRICE,  | , OILLAL,<br>MEDICAL                   | LOW-INCOME, UNINSURED                 |
| #28 - RINCN_ PR 00677                              | 66-0428488        | 501(C)(3)                        | 0.                              | 222 999.                                | PURCHASED   | SUPPLIES                               | 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.                              | 24 396.                                 | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| COUNTRY DOCTOR COMMUNITY HEALTH                    |                   |                                  |                                 | ,                                       |   | ~                                      |                                       |
| CTR COUNTRY DOCTOR COMMUNITY                       |                   |                                  |                                 |   |   |  |                                       |
| CLINIC - 500 19TH AVE E - SEATTLE,                 |                   |                                  |                                 |   |   |  |                                       |
| WA 98122   | 23-7100868        | 501(C)(3)                        | 50,000.                         | 0.                                      |   |  | COVID19-US                            |
|  |                   |                                  |                                 |   |   |  |                                       |
| COUNTY OF MONO                                     |                   |                                  |                                 |   |   |  |                                       |
| PO BOX 556   |                   |                                  |                                 |   |   |  |                                       |
| BRIDGEPORT, CA 93517                               | 95-6005661        | GOVERNMENT ENTIT                 | 80,000.                         | ٥.                                      |   |  | CALIFORNIA WILDFIRES                  |
| COUNTY OF MONTEREY HEALTH                          |                   |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| DEPARTMENT CLINIC SERVICES - 1615                  |                   |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| BUNKER HILL WAY - SALINAS, CA                      |                   |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 93906  | 94-6000524        | 501(C)(3)                        | ٥.                              | 60,634.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| COUNTY OF SANTA CRUZ HEALTH                        |                   |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SERVICES AGENCY - HOMELESS PERSONS                 |                   |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| HEALTH PROJECT - 115A CORAL ST                     |                   |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SANTA CRUZ, CA 95060                               | 94-6000534        | 501(C)(3)                        | ٥.                              | 111,200.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COVE HOUSE FREE CLINIC                             |                   |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 108 EAST HALSTEAD STREET                           |                   |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| COPPERAS COVE, TX 76522                            | 74-2764062        | 501(C)(3)                        | 0.                              | 1,759,461.                              | 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.                              | 3,095,798.                              | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

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|--|-------------------|---|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other           | Assistance to Dor | mestic Organizations                    | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               |                                       |
| (a) Name and address of organization or government | (b) EIN           | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| COWETA SAMARITAN CLINIC                            |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 137 JACKSON STREET                                 |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NEWNAN, GA 30263                                   | 80-0518912        | 501(C)(3)                               | 0.                              | 73,992.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |   |                                 |  |   |  | SUPPORT TO US CLINICS                 |
| COWLITZ FAMILY HEALTH CENTER                       |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| L057 12TH AVENUE                                   |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| LONGVIEW, WA 98632                                 | 91-0896241        | 501(C)(3)                               | ٥.                              | 16,014.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                   |   |                                 |  |   |  |                                       |
| COWLITZ FAMILY HEALTH CENTER                       |                   |   |                                 |  |   |  |                                       |
| 1057 12TH AVE                                      |                   |   |                                 |  |   |  |                                       |
| LONGVIEW, WA 97632                                 | 91-0896241        | 501(C)(3)                               | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| RAVEN COUNTY HEALTH DEPARTMENT                     |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2818 NEUSE BOULEVARD                               |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NEW BERN, NC 28560                                 | 56-2002666        | 501(C)(3)                               | 0.                              | 91,653.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |   |                                 |  |   |  |                                       |
| CRESCENT COMMUNITY HEALTH CTR                      |                   |   |                                 |  |   |  |                                       |
| 1690 ELM STREET SUITE #300                         |                   |   |                                 |  |   |  |                                       |
| DUBUQUE, IA 52001                                  | 48 - 1302204      | 501(C)(3)                               | 50,000.                         | Ο.   |   |  | COVID19-US                            |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CROSS AND CROWN CLINIC                             |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| L008 NORTH MCKINLEY STREET                         |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| OKLAHOMA CITY, OK 73106                            | 73-1608071        | 501(C)(3)                               | 0.                              | 103,265.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CROSS OVER HEALTH CENTER                           |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| L08 COWARDIN AVENUE                                |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| RICHMOND, VA 23224                                 | 54-1371067        | 501(C)(3)                               | ٥.                              | 148,871.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |   |                                 |  |   |  | SUPPORT TO US CLINICS                 |
| CROSS TIMBERS HEALTH CLINICS                       |                   |   |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| L100 REYNOSA                                       |                   |   |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DELEON, TX 76444                                   | 75-2113670        | 501(C)(3)                               | ٥.                              | 22,685.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |   |                                 | -  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| CROSSINGS COMMUNITY CLINIC                         |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| L0255 NORTH PENN AVENUE                            |                   |   |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| DKLAHOMA CITY, OK 73120                            | 86-1115863        | 501(C)(3)                               | 0.                              | 28.434.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF Part II Continuation of Grants and Other A                                  |            | maatia Organizationa             | and Domostic Co          | vernmente (Sob                          | odulo I (Form 000) D   |   | 95-1831116 Pag                        |
|---|------------|----------------------------------|--------------------------|---|--|---|---------------------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| CROSSROADS CENTER MEDICAL CLINIC  |            |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 444 VALPARAISO PKWY, BLDG. C  |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| VALPARAISO, FL 32580  | 20-5518720 | 501(C)(3)                        | 0.                       | 8,619.                                  | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|   |            |                                  |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS                 |
| CROWLEY HOUSE OF HOPE CLINIC  |            |                                  |                          |   | WHOLESALE  | PHARMACEUTICALS                           | HEALTH CENTERS FOR                    |
| 208 N. MAGNOLIA   |            |                                  |                          |   | PRICE,   | MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| CROWLEY, TX 76036   | 75-2625043 | 501(C)(3)                        | ٥.                       | 7,155.                                  | PURCHASED  | ,<br>SUPPLIES                             | ,<br>PATIENTS                         |
| ,   |            | -                                |                          | ,                                       | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| CSUSM SCHOOL OF NURSING STUDENT   |            |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| HEALTHCARE PROJECT - 1249 E. OHIO   |            |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| AVENUE - ESCONDIDO, CA 92027  | 80-0390564 | 501(C)(3)                        | 0.                       | 19 229.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| ,   |            |                                  |                          | ,                                       |  |   |                                       |
| CUMBERLAND FAMILY MEDICAL CENTER<br>360 KEEN STREET, PO BOX 1080  |            |                                  |                          |   |  |   |                                       |
| BURKESVILLE, KY 42717   | 20-3131989 | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |
| 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.                       | 314,388.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| CURTIS V.COOPER PRIMARY HEALTH<br>CARE - 106 E. BROAD STREET -  | 50 1126206 | F01/(7)/(2)                      | 50.000                   | 0                                       |  |   |                                       |
| SAVANNAH, GA 31401  | 58-1136296 | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |
| DAVID RAINES COMMUNITY HEALTH   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| CENTERS SHREVEPORT PHARMACY - 1625  |            |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| DAVID RAINES ROAD - SHREVEPORT, LA  |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| 71107   | 58-2000630 | 501(C)(3)                        | 0.                       | 491,358.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| DBA VIRGINIA B. ANDES VOLUNTEER   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| COMMUNITY CLINIC VOLUNTEERS IN  |            |                                  |                          |   | WHOLESALE  | , 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.                       | 452,498.                                | PURCHASED  | SUPPLIES,                                 | PATIENTS                              |
| DELTA HEALTH CENTER INC<br>702 MARTIN LUTHER KING RD  |            |                                  |                          |   |  |   |                                       |
| MOUND BAYOU, MS 38762   | 64-0443928 | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |

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|--|------------------|----------------------------------|---------------------------------|---|---|--|--|
| Part II Continuation of Grants and Other                       | Assistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                          | edule I (Form 990), Pa  | art II.)                               |  |
| (a) Name and address of organization or government             | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance          |
|  |                  |                                  |                                 |   |   |  |  |
| DENVER HEALTH AND HOSPITALS<br>FOUNDAT - 777 BANNOCK STREET MC |                  |                                  |                                 |   |   |  |  |
|  | 84-1085196       | 501(0)(3)                        | 100,000.                        | 0.                                      |   |  | COVID19-US                                     |
| 0111 - DENVER, CO 80204  | 04-1005190       | 501(0)(5)                        | 100,000.                        | 0.                                      | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                        |
| DENVER INDIAN HEALTH AND FAMILY                                |                  |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                             |
| SERVICES, INC 2880 W. HOLDEN                                   |                  |                                  |                                 |   | PRICE   | SUPPLIES                               | LOW-INCOME, UNINSURED                          |
| 1  | 84-0724261       | F(1)(2)(2)                       | 0.                              | 50 965                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                                       |
| PLACE - DENVER, CO 80204                                       | 84-0724201       | 501(C)(3)                        | · · ·                           | 52,805.                                 | PORCHASED   | EQUIPMENT                              | FAITENIS                                       |
| DECEDE AIDC DOCTECH  |                  |                                  |                                 |   |   |  |  |
| DESERT AIDS PROJECT  |                  |                                  |                                 |   |   |  |  |
| 1695 N. SUNRISE WAY  |                  | E01(0)(2)                        | 250,000                         | 0.                                      |   |  | COVID19-US, CVS                                |
| PALM SPRINGS, CA 92262-3702                                    | 33-0068583       | 501(C)(3)                        | 250,000.                        | 0.                                      | ESTIMATED   | PHARMACEUTICALS                        | INCREASING IMMUNITY<br>SUPPORT TO US CLINICS & |
| DECEDM AIDC DOCTEOM  |                  |                                  |                                 |   | WHOLESALE   | _ MEDICAL                              | HEALTH CENTERS FOR                             |
| DESERT AIDS PROJECT  |                  |                                  |                                 |   |   | ,                                      |  |
| 1695 N. SUNRISE WAY  |                  | F01 ( 0) ( 2)                    |                                 | 06 107                                  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                          |
| PALM SPRINGS, CA 92262   | 33-0068583       | 501(C)(3)                        | 0.                              | 96,197.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                                       |
|  |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                        |
| DESERT STAR INST. FOR FAMILY                                   |                  |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                             |
| PLANNING - 5501 NORTH 19TH AVENUE                              |                  |                                  |                                 | 20.250                                  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                          |
| - PHOENIX, AZ 85015  | 82-1523284       | 501(C)(3)                        | 0.                              | 39,369.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                                       |
|  |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                        |
| DHHS/PHB/HC/NORTH COAST AIDS                                   |                  |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                             |
| PROJECT - 908 7TH ST - EUREKA, CA                              |                  |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                          |
| 95501  | 94-6000513       |                                  | 0.                              | 144,673.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                                       |
| DIABETES YOUTH FOUNDATION OF                                   |                  |                                  |                                 |   |   |  | SUPPORT TO US CLINICS &                        |
| INDIANA THERMOKING OF INDIANA -                                |                  |                                  |                                 |   | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                             |
| 817 S. TIBBS AVE INDIANAPOLIS,                                 |                  |                                  |                                 |   | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                          |
| IN 46241   | 35-1783933       | 501(C)(3)                        | 0.                              | 6,694.                                  | PRICE   | EQUIPMENT                              | PATIENTS                                       |
|  |                  |                                  |                                 |   |   |  |  |
| DIRECT RELIEF FOUNDATION                                       |                  |                                  |                                 |   |   |  |  |
| 6100 WALLACE BECKNELL ROAD                                     |                  |                                  |                                 |   |   |  | INTERCOMPANY TRANSFER O                        |
| SANTA BARBARA, CA 93117  | 20-5983698       | 501(C)(3)                        | 21,300,866.                     | 0.                                      |   |  | FUNDS  |
|  |                  |                                  |                                 |   | ESTIMATED   |  | SUPPORT TO US CLINICS &                        |
| DIRNE HEALTH CENTERS INC DBA                                   |                  |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                             |
| HERITAGE HEALTH - PO BOX 1387 -                                |                  |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                          |
| HAYDEN, ID 83835   | 94-3036820       | 501(C)(3)                        | 0.                              | 5,572.                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                                       |

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|--|-------------------|----------------------------------|---------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other A                                       | Assistance to Dor | nestic Organizations             | and Domestic Go                 | overnments (Sch                                | edule I (Form 990), Pa<br>T   | art II.)   |  |
| (a) Name and address of organization or government                               | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance                 | (h) Purpose of grant<br>or assistance  |
| DISCOVERY INSTITUTE FOR ADDICTION<br>80 CONOVER ROAD<br>MARLBORO, NJ 07746       | 22-2511830        | 501(C)(3)                        | 0.                              | 80,068.  | ESTIMATED<br>WHOLESALE<br>PRICE                                       | PHARMACEUTICALS<br>, MEDICAL<br>SUPPLIES               | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED<br>PATIENTS |
| DIVERSITY HEALTH CENTER, INC.<br>301 FRASER DR FRASER DRIVE, SUITE E             |                   |                                  |                                 |  |   |  |  |
| HINESVILLE, GA 31313-3712  | 20-5746618        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US   |
| DIVERSITY HEALTH CENTER, INC.<br>213 NORTH MCDONALD STREET<br>LUDOWICI, GA 31316 | 20-5746618        | 501(C)(3)                        | 0.                              | 71 122.  | ESTIMATED<br>WHOLESALE<br>PRICE,<br>PURCHASED                         | PHARMACEUTICALS<br>, OTHER,<br>MEDICAL<br>SUPPLIES,    | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED<br>PATIENTS |
|  |                   |                                  |                                 | ,  |   | ,  | SUPPORT TO US CLINICS &  |
| DOCTORS CARE<br>609 W LITTLETON BLVD   |                   |                                  |                                 |  | ESTIMATED<br>WHOLESALE  | PHARMACEUTICALS<br>, MEDICAL                           | HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED  |
| LITTLETON, CO 80120  | 84-1150815        | 501(C)(3)                        | ٥.                              | 5,659.   | PRICE   | SUPPLIES   | PATIENTS   |
| DOT HOUSE HEALTH<br>1353 DORCHESTER AVENUE<br>DORCHESTER, MA 02122               | 23-7125970        | 501(C)(3)                        | 0.                              | 6,722.   | ESTIMATED<br>WHOLESALE<br>PRICE,<br>PURCHASED                         | MEDICAL<br>SUPPLIES,<br>EQUIPMENT                      | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED<br>PATIENTS |
| DOTHOUSE HEALTH<br>1353 DORCHESTER AVENUE  |                   |                                  |                                 |  |   |  |  |
| DORCHESTER, MI 02122   | 23-7125970        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US   |
| DOWNTOWN CLINIC<br>611 S. 2ND ST.<br>LARAMIE, WY 82070                           | 83-0326354        | 501(C)(3)                        | 0.                              | 20.464.  | ESTIMATED<br>WHOLESALE<br>PRICE,<br>PURCHASED                         | PHARMACEUTICALS<br>, MEDICAL<br>SUPPLIES,<br>EQUIPMENT | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED<br>PATIENTS |
| ,<br>DR. GARY BURNSTEIN COMMUNITY<br>45580 WOODWARD AVE                          |                   |                                  |                                 |  |   |  |  |
| PONTIAC, MI 48341  | 32-0015321        | 501(C)(3)                        | 27,250.                         | 0.   |   |  | LILLY NAVIGATOR GRANT  |
| DR. GARY BURNSTEIN COMMUNITY   |                   |                                  |                                 |  | ESTIMATED<br>WHOLESALE  | PHARMACEUTICALS<br>, MEDICAL                           | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR                                      |
| HEALTH CLINIC - 45580 WOODWARD<br>AVENUE - PONTIAC, MI 48341                     | 32-0015321        | 501(C)(3)                        | 0.                              | 161,964.                                       | PRICE,<br>PURCHASED   | SUPPLIES,<br>EQUIPMENT                                 | LOW-INCOME, UNINSURED<br>PATIENTS  |

| Schedule I (Form 990) DIRECT RELIEF   |            | na atia Quanania atiana          |                          |   | adula I (Farm 000) D   | out II \                                  | 95-1831116 Pag                        |
|---|------------|----------------------------------|--------------------------|---|--|---|---------------------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| DREAM CENTERS WOMEN'S CLINIC  |            |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 4360 MONTEBELLO DRIVE   |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| COLORADO SPRINGS, CO 80918  | 27-4876080 | 501(C)(3)                        | 0.                       | 299,188.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| ,   |            |                                  |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| DUFFY HEALTH CENTER   |            |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 94 MAIN STREET  |            |                                  |                          |   | PRICE,   | SUPPLIES .                                | LOW-INCOME, UNINSURED                 |
| HYANNIS, MA 02601   | 04-3373741 | 501(C)(3)                        | 0.                       | 31 133.                                 | ,<br>PURCHASED   | ,<br>EQUIPMENT                            | ,<br>PATIENTS                         |
|   |            |                                  |                          | ,,_                                     |  | ~   |                                       |
| EAST BOSTON NEIGHBORHOOD HEALTH   |            |                                  |                          |   |  |   |                                       |
| CEN - 10 GOVE STREET - BOSTON, MA   |            |                                  |                          |   |  |   |                                       |
| D2128   | 23-7425849 | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |
|   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| EAST CENTRAL MS HEALTH CARE, INC.   |            |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 1490 HIGHWAY 487  |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| SEBASTOPOL, MS 39359  | 64-0610471 | 501(C)(3)                        | 0.                       | 1/8 757                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| SEBASIOIOL, MS 33333  | 04 00104/1 | 501(0/(5/                        | ·.                       | 140,757.                                | I OKCHADED   | EQUITMENT                                 |                                       |
| EAST GEORGIA HEALTHCARE CENTER  |            |                                  |                          |   |  |   |                                       |
| INC 215 NORTH COLEMAN STREET -  |            |                                  |                          |   |  |   | ABBVIE PR EMERGENCY PR                |
|   | 58-2001607 | E01/(0)/(2)                      | 100.000                  | 0.                                      |  |   | & RESP                                |
| SWAINSBORO, GA 30401  | 50-2001007 | 501(C)(3)                        | 100,000.                 | Ū.                                      |  |   | & RESP<br>SUPPORT TO US CLINICS       |
|   |            |                                  |                          |   | ESTIMATED  |   |                                       |
| EAST GEORGIA HEALTHCARE, INC.   |            |                                  |                          |   | WHOLESALE  |   | HEALTH CENTERS FOR                    |
| 215 NORTH COLEMAN STREET  |            |                                  |                          |   | PRICE,   | MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| SWAINSBORO, GA 30401  | 58-2001607 | 501(C)(3)                        | 0.                       | 5,991.                                  | PURCHASED  | SUPPLIES                                  | PATIENTS                              |
| EAST HARLEM COUNCIL FOR HUMAN   |            |                                  |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS a               |
| SERVICES BORIKEN NEIGHBORHOOD   |            |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| HEALTH CENTER - 2265 THIRD AVENUE   |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| - NEW YORK, NY 10035  | 13-6213532 | 501(C)(3)                        | 0.                       | 10,674.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|   |            |                                  |                          |   |  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| EAST TEXAS COMMUNITY HEALTH   |            |                                  |                          |   | ESTIMATED  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| SERVICES - 1401 S. UNIVERSITY   |            |                                  |                          |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| DRIVE - NACOGDOCHES, TX 75963   | 75-2184369 | 501(C)(3)                        | 0.                       | 13,552.                                 | PRICE  | EQUIPMENT                                 | PATIENTS                              |
|   |            |                                  |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| EAST VALLEY COMMUNITY HEALTH  |            |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| CENTER - 420 S. GLENDORA AVE -  |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| WEST COVINA, CA 91790   | 23-7068586 | 501(C)(3)                        | 0.                       | 15 328.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |

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| Part II Continuation of Grants and Other           | Assistance to Do | nestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                                      | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                          |  | ESTIMATED   |   | SUPPORT TO US CLINICS &               |
| EASTERN SHORE RURAL HEALTH                         |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| SYSTEMS, INC 20280 MARKET                          |                  |                                  |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| STREET - ONANCOCK, VA 23417                        | 51-0196935       | 501(C)(3)                        | 0.                       | 11,833.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
| EDWARD M. KENNEDY COMMUNITY HEALTH                 |                  |                                  |                          |  |   |   |                                       |
| 650 LINCOLN STREET                                 |                  |                                  |                          |  |   |   |                                       |
| WORCESTER, MA 01605                                | 04-2513817       | 501(C)(3)                        | 50,000.                  | 0.   |   |   | COVID19-US                            |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| EISNER HEALTH                                      |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 1530 SOUTH OLIVE STREET                            |                  |                                  |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| LOS ANGELES, CA 90015                              | 95-1690966       | 501(C)(3)                        | 0.                       | 105,961.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                  |                                  |                          |  |   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| EL CENTRO DE CORAZON                               |                  |                                  |                          |  | ESTIMATED   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 7037 CAPITOL STREET, STE. N100                     |                  |                                  |                          |  | WHOLESALE   | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| HOUSTON, TX 77011                                  | 76-0442781       | 501(C)(3)                        | 0.                       | 56,891.  | PRICE   | EQUIPMENT                                     | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| EL DORADO COUNTY COMMUNITY HEALTH                  |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| CENTER - 4327 GOLDEN CENTER DRIVE                  |                  |                                  |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| - PLACERVILLE, CA 95667                            | 42-1533531       | 501(C)(3)                        | 0.                       | 32,260.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| EL HOGAR GUEST HOUSE CLINIC                        |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 600 BERCUT DRIVE                                   |                  |                                  |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| SACRAMENTO, CA 95811                               | 68-0032730       | 501(C)(3)                        | 0.                       | 19,406.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                  |                                  |                          |  | 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.                       | 13,205.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| EL PROYECTO DEL BARRIO                             |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 8902 WOODMAN AVENUE                                |                  |                                  |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| ARLETA, CA 91331                                   | 95-2662606       | 501(C)(3)                        | 0.                       | 1,016,521.                                     |   | EQUIPMENT                                     | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| EL PUNTO EN LA MONTAA, INC.                        |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| SAN JUAN   |                  |                                  |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| SAN JUAN, PR 00929                                 | 66-0714669       | 501(C)(3)                        | 0.                       | 21,424.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |

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| Part II Continuation of Grants and Other           | Assistance to Dor | mestic Organizations             | s and Domestic Go               | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| EL RIO COMMUNITY HEALTH CENTER                     |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 839 W. CONGRESS STREET                             |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| TUCSON, AZ 85745                                   | 86-0285857        | 501(C)(3)                        | 0.                              | 7,548.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ELAINE ELLIS CENTER OF HEALTH INC                  |                   |                                  |                                 |  |   |  |                                       |
| 1627 KENILWORTH AVE NE                             |                   |                                  |                                 |  |   |  |                                       |
| WASHINGTON, DC 20019                               | 27-3048576        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| ELLIS COUNTY COALITION FOR HEALTH                  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OPTION DBA HOPE CLINIC - 411 E.                    |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| JEFFERSON STREET - WAXAHACHIE, TX                  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 75165  | 75-2813621        | 501(C)(3)                        | ٥.                              | 300,035.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| EMPOWER U COMMUNITY HEALTH CENTER                  |                   |                                  |                                 |  |   |  |                                       |
| 7900 NW 27TH AVE STE $E-12$                        |                   |                                  |                                 |  |   |  |                                       |
| MIAMI, FL 33147                                    | 65-0899207        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| ,  |                   |                                  | , .                             |  |   |  | SUPPORT TO US CLINICS &               |
| ENCOMPASS COMMUNITY SERVICES                       |                   |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 380 ENCINAL STREET                                 |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| SANTA CRUZ, CA 95006                               | 23-7275290        | 501(C)(3)                        | 0.                              | 9,800.   |   | SUPPLIES                               | ,<br>PATIENTS                         |
|  |                   |                                  |                                 | <b>/</b>                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| EQUITAS HEALTH                                     |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 4400 N. HIGH STREET                                |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| COLUMBUS, OH 43214                                 | 31-1126780        | 501(C)(3)                        | 0.                              | 5,148.   | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                   |                                  |                                 | ,  |   |  | SUPPORT TO US CLINICS &               |
| ERIC B. CHANDLER HEALTH CENTER                     |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 277 GEORGE STREET                                  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| NEW BRUNSWICK, NJ 08901                            | 22-3273811        | 501(C)(3)                        | 0.                              | 53,254.  | PRICE   | SUPPLIES                               | PATIENTS                              |
| ,  |                   |                                  |                                 | ,  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| ERIE FAMILY HEALTH CENTER                          |                   |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 1701 W. SUPERIOR STREET                            |                   |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| CHICAGO, IL 60622                                  | 36-3088628        | 501(C)(3)                        | ٥.                              | 292,142.                                       | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| ERIE FAMILY HEALTH CENTER                          |                   |                                  |                                 |  |   |  |                                       |
| 1701 SUPERIOR STREET 3RD FLOOR                     |                   |                                  |                                 |  |   |  |                                       |
| CHICAGO, IL 60622                                  | 36-3088628        | 501(C)(3)                        | 187,500.                        | 0.   |   |  | COVID19-ABBOTT                        |

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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                                      | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  |   |   | PFIZER INFECTIOUS DISEASE             |
| ESPERANZA HEALTH                                   |                   |                                  |                                 |  |   |   | AWARDS, CLOROX FLU                    |
| 2001 S. CALIFORNIA AVE. SUITE 100                  |                   |                                  |                                 |  |   |   | VACCINE, COVID19-US,                  |
| CHICAGO, IL 60608                                  | 32-0115907        | 501(C)(3)                        | 402,750.                        | 0.   |   |   | COVID19-ABBOTT                        |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| ESPERANZA HEALTH CENTERS                           |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 2001 S. CALIFORNIA, SUITE 100                      |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| CHICAGO, IL 60608                                  | 32-0115907        | 501(C)(3)                        | 0.                              | 148,120.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| ETOWAH BAPTIST CHARITY PHARMACY                    |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 18901 E. ETOWAH ROAD                               |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| NOBLE, OK 73068                                    | 73-1637078        | 501(C)(3)                        | 0.                              | 29,951.  | 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.                              | 1,193,708.                                     | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |                                  |                                 | ,  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| EXCELTH, INC.                                      |                   |                                  |                                 |  | WHOLESALE   | , OTHER ,                                     | HEALTH CENTERS FOR                    |
| 1515 POYDRAS STREET                                |                   |                                  |                                 |  | PRICE,  | MEDICAL                                       | LOW-INCOME, UNINSURED                 |
| NEW ORLEANS, LA 70112                              | 72-1193464        | 501(C)(3)                        | 0.                              | 1,751,741.                                     | •   | SUPPLIES,                                     | ,<br>PATIENTS                         |
|  |                   |                                  |                                 | , , -  |   | ,   | SUPPORT TO US CLINICS &               |
| FACE TO FACE                                       |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                    |
| 873 SECOND STREET                                  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | LOW-INCOME, UNINSURED                 |
| SANTA ROSA, CA 95404                               | 68-0052664        | 501(C)(3)                        | 0.                              | 54,309.  |   | , SUPPLIES                                    | PATIENTS                              |
|  | 00 0002001        | 501(0)(5)                        |                                 |  |   |   |                                       |
| FAIR HAVEN COMMUNITY HEALTH CLINIC                 |                   |                                  |                                 |  |   |   |                                       |
| 374 GRAND AVE                                      |                   |                                  |                                 |  |   |   |                                       |
| NEW HAVEN, CT 06513                                | 06-0883545        | 501(0)(3)                        | 50,000.                         | 0.   |   |   | COVID19-US                            |
|  | 00 0003343        | 501(0)(5)                        | 50,000.                         | ••   | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
|  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     |                                       |
| FAIRVIEW COMMUNITY HEALTH CENTER                   |                   |                                  |                                 |  |   | <i>'</i>                                      | HEALTH CENTERS FOR                    |
| 225 NATCHEZ TRACE AVENUE                           | 61 1306050        | E01(0)(2)                        | _                               | 100 305  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| BOWLING GREEN, KY 42103                            | 61-1386859        | DUT(C)(3)                        | 0.                              | 122,397.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| FAITH COMMUNITY HEALTH                             |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 610 S SIXTH STREET                                 |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| BRANSON, MO 65616                                  | 94-3467834        | 501(C)(3)                        | 0.                              | 100,737.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                                 |  |   |  | 95-1831116 Page                       |
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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  |   |  |                                       |
| FAITH COMMUNITY HEALTH CTR INC<br>610 s 6TH ST     |                   |                                  |                                 |  |   |  |                                       |
|  | 94-3467834        | 501(0)(2)                        | 25 296                          | 0.   |   |  | BAXTER INNOVATION AWARDS              |
| BRANSON, MO 65616                                  | 94-340/034        | 501(C)(3)                        | 35,386.                         | 0.   |   |  |                                       |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FAITH FAMILY MEDICAL CLINIC                        |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 326 21ST AVENUE NORTH                              |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NASHVILLE, TN 37203                                | 62-1816811        | 501(C)(3)                        | 0.                              | 214,729.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FAMILIES TOGETHER OF ORANGE COUNTY                 |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 661 W. 1ST ST. #G                                  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| TUSTIN, CA 92780                                   | 20-0310654        | 501(C)(3)                        | 0.                              | 141,294.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  |                                       |
| FAMILIES TOGETHER OF ORANGE COUNTY                 |                   |                                  |                                 |  |   |  |                                       |
| 661 W. 1ST STREET, SUITE G                         |                   |                                  |                                 |  |   |  |                                       |
| TUSTIN, CA 92780                                   | 20-0310654        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                   |                                  |                                 |  | 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.                              | 174,551.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FAMILY CHRISTIAN HEALTH CENTER                     |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 31 WEST 155TH STREET                               |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HARVEY, IL 60473                                   | 36-4346917        | 501(C)(3)                        | ٥.                              | 6,654.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FAMILY HEALTH - LA CLINICA                         |                   |                                  |                                 |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 400 S. TOWNLINE ROAD                               |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| WAUTOMA, WI 54982                                  | 39-1181480        | 501(C)(3)                        | 0.                              | 12,237.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 | -  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| FAMILY HEALTH CARE                                 |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1615 MICHIGAN AVE                                  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BALDWIN, MI 49304-7984                             | 38-2053619        | 501(C)(3)                        | 0.                              |  | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FAMILY HEALTH CARE CENTER OF SSTAR                 |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 400 STANLEY STREET                                 |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| FALL RIVER, MA 02720                               | 04-2604426        | 501(C)(3)                        | 0.                              |  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |

| Schedule I (Form 990) | DIRECT | RELIEF |
|-----------------------|--------|--------|
|                       |        |        |

| (a) Name and address of            | <b>(b)</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<br>assistance | valuation<br>(book, FMV,<br>appraisal, other) | non-cash assistance  | or assistance           |
| FAMILY HEALTH CARE CENTERS OF      |                |                 |               |                        |   |                      |                         |
| GREAT - 6513 GARFIELD AVE - BELL   |                |                 |               |                        |   |                      |                         |
| GARDENS, CA 90201                  | 95-1641454     | 501(C)(3)       | 187,500.      | 0.                     |   |                      | COVID19-ABBOTT          |
| FAMILY HEALTH CARE CENTERS OF      |                |                 | ,             |                        |   |                      |                         |
| GREATER LOS ANGELES BELL GARDENS   |                |                 |               |                        |   |                      |                         |
| FAMILY MEDICAL CE - PO BOX 4996 -  |                |                 |               |                        |   |                      |                         |
| AGUADILLA, PR 00605                | 66-0594469     | 501(C)(3)       | 50,000.       | 0.                     |   |                      | COVID19-US              |
| FAMILY HEALTH CARE CENTERS OF      |                |                 | ,             |                        |   |                      | SUPPORT TO US CLINICS & |
| GREATER LOS ANGELES BELL GARDENS   |                |                 |               |                        | ESTIMATED                                     | MEDICAL              | HEALTH CENTERS FOR      |
| FAMILY MEDICAL CE - 6501 SOUTH     |                |                 |               |                        | WHOLESALE                                     | SUPPLIES,            | LOW-INCOME, UNINSURED   |
| GARFIELD AVENUE - BELL GARDENS, CA | 95-1641454     | 501(C)(3)       | 0.            | 5,052.                 | PRICE   | ,<br>EQUIPMENT       | ,<br>PATIENTS           |
| ,                                  |                |                 |               | ,                      | ESTIMATED                                     | PHARMACEUTICALS      | SUPPORT TO US CLINICS & |
| AMILY HEALTH CARE, INC             |                |                 |               |                        | WHOLESALE                                     | , MEDICAL            | HEALTH CENTERS FOR      |
| 340 SOUTHWEST BOULEVARD            |                |                 |               |                        | PRICE,  | ,<br>SUPPLIES,       | LOW-INCOME, UNINSURED   |
| KANSAS CITY, KS 66103              | 48-1067752     | 501(C)(3)       | 0.            |                        | PURCHASED                                     | ,<br>EQUIPMENT       | ,<br>PATIENTS           |
| FAMILY HEALTH CENTER OF CLARK      |                |                 |               | ,                      | ESTIMATED                                     | PHARMACEUTICALS      | SUPPORT TO US CLINICS & |
| COUNTY DBA FAMILY HEALTH CENTERS   |                |                 |               |                        | WHOLESALE                                     | , MEDICAL            | HEALTH CENTERS FOR      |
| OF SOUTHERN INDIA - 1319 DUNCAN    |                |                 |               |                        | PRICE,  | SUPPLIES,            | LOW-INCOME, UNINSURED   |
| AVENUE - JEFFERSONVILLE, IN 47130  | 35-1842342     | 501(C)(3)       | 0.            | 9,179.                 | PURCHASED                                     | EQUIPMENT            | PATIENTS                |
| FAMILY HEALTH CENTERS              |                |                 |               |                        |   |                      |                         |
| 716 1ST AVE S                      |                |                 |               |                        |   |                      |                         |
| DKANOGAN, WA 98840                 | 91-1275011     | 501(C)(3)       | 50,000.       | 0.                     |   |                      | COVID19-US              |
| 1                                  |                |                 |               |                        | ESTIMATED                                     | PHARMACEUTICALS      | SUPPORT TO US CLINICS & |
| FAMILY HEALTH CENTERS              |                |                 |               |                        | WHOLESALE                                     | , MEDICAL            | HEALTH CENTERS FOR      |
| 716 S. FIRST AVENUE                |                |                 |               |                        | PRICE,  | ,<br>SUPPLIES,       | LOW-INCOME, UNINSURED   |
| DKANOGAN, WA 98840                 | 91-1275011     | 501(C)(3)       | 0.            |                        | ,<br>PURCHASED                                | ,<br>EQUIPMENT       | ,<br>PATIENTS           |
| ,                                  |                | -               |               | ,                      | ESTIMATED                                     | ~<br>PHARMACEUTICALS | SUPPORT TO US CLINICS & |
| FAMILY HEALTH CENTERS INC          |                |                 |               |                        | WHOLESALE                                     | , MEDICAL            | HEALTH CENTERS FOR      |
| 2215 PORTLAND AVE                  |                |                 |               |                        | PRICE,  | ,<br>SUPPLIES,       | LOW-INCOME, UNINSURED   |
| LOUISVILLE, KY 40212               | 61-0716483     | 501(C)(3)       | 0.            | 12,742.                | PURCHASED                                     | ,<br>EQUIPMENT       | ,<br>PATIENTS           |
| ,                                  |                |                 |               |                        | 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(0)(3)       | 0.            |                        | PURCHASED                                     | EQUIPMENT            | PATIENTS                |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                                 |  |   |  | 95-1831116 Pag                               |
|--|-------------------|----------------------------------|---------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other           | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1  |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  |   |  |  |
| FAMILY HEALTH CENTERS OF SW FL<br>PO BOX 1357      |                   |                                  |                                 |  |   |  |  |
|  | 59-1741273        | 501/(3)/(3)                      | 50,000.                         | 0.   |   |  | COVID19-US                                   |
| FORT MYERS, FL 33901                               | 59-1/412/5        | 501(C)(3)                        | 50,000.                         | 0.   | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| FAMILY HEALTH CLINIC MEDICAL                       |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
|  |                   |                                  |                                 |  |   |  |  |
| CENTER HOSPITAL - 840 WEST                         | 75 000000         | F01 ( d ) ( 2 )                  |                                 | F 000  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| CLEMENTS - ODESSA, TX 79763                        | 75-2302928        | 501(C)(3)                        | 0.                              | 5,028.   | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| FAMILY HEALTH PARTNERSHIP                          |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 401 CONGRESS PARKWAY                               |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| CRYSTAL LAKE, IL 60014                             | 36-4277029        | 501(C)(3)                        | 0.                              | 13,239.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                        |
| FAMILY HEALTH SERVICES                             |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| ADMINISTRATION - 794 EASTLAND DR -                 |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| TWIN FALLS, ID 83301                               | 82-0371093        | 501(C)(3)                        | 0.                              | 644,161.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| DANTLY HEALEN OPPUTADA OF DADYE                    |                   |                                  |                                 |  |   |  |  |
| FAMILY HEALTH SERVICES OF DARKE                    |                   |                                  |                                 |  |   |  |  |
| COU - 5735 MEEKER ROAD -                           | 24 1110504        | F01 ( d ) ( 2 )                  | 50.000                          | 0  |   |  |  |
| GREENVILLE, OH 45331                               | 34-1119524        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                                   |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS                        |
| FAMILY HEALTHCARE                                  |                   |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 25 NORTH 100 EAST                                  |                   |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| ST. GEORGE, UT 84770                               | 35-2163112        | 501(C)(3)                        | 0.                              | 19,025.  | 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.                              | 10,803.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS                        |
| FAMILY HEALTHCARE NETWORK                          |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 305 EAST CENTER AVE.                               |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| VISALIA, CA 93291                                  | 94-2525145        | 501(C)(3)                        | 0.                              | 11,325.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS                        |
| FAVOR GREENVILLE                                   |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 355 WOODRUFF ROAD                                  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| GREENVILLE, SC 29607                               | 20-1724061        | 501(C)(3)                        | 0.                              | 32,027.  | PRICE   | SUPPLIES                               | PATIENTS                                     |

| Schedule I (Form 990) DIRECT RELIEF                |                  |                                  |                                 |  | /   |  | 95-1831116 Pag                        |
|--|------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FAYETTE CARE CLINIC                                |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1260 HIGHWAY 54 W                                  |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| FAYETTEVILE, GA 30214                              | 20-0314897       | 501(C)(3)                        | 0.                              | 119,993.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| FCYD CAMP UTADA                                    |                  |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 995 WEST 9000 SOUTH                                |                  |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VEST JORDAN, UT 84088                              | 87-0642251       | 501(C)(3)                        | 0.                              | 28,758.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FEED MY SHEEP FREE CHILDREN'S                      |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CLINIC - 116 W AVENUE G - TEMPLE,                  |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| TX 76504   | 46-3436384       | 501(C)(3)                        | 0.                              | 71,038.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FEMHEALTH USA INC DBA CARAFEM                      |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1001 CONNECTICUT AVENUE NW                         |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| WASHINGTON, DC 20036                               | 46-4144274       | 501(C)(3)                        | 0.                              | 28,166.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| FENWAY COMMUNITY HEALTH CENTER                     |                  |                                  |                                 |  |   |  |                                       |
| 1340 BOYLSTON STREET                               | 04-2510564       | 501(0)(2)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| BOSTON, MA 02215                                   | 04-2510504       | 501(C)(3)                        | 50,000.                         | 0.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FERNCARE FREE CLINIC, INC.                         |                  |                                  |                                 |  | WHOLESALE   | _ MEDICAL                              | HEALTH CENTERS FOR                    |
| 751 E. NINE MILE ROAD                              |                  |                                  |                                 |  | PRICE,  | , MEDICAL<br>SUPPLIES,                 |                                       |
|  | 32-0246843       | E01(0)(2)                        | 0.                              | E1 090   | ,   | ,                                      | LOW-INCOME, UNINSURED<br>PATIENTS     |
| FERNDALE, MI 48220                                 | 52-0240645       | 501(C)(3)                        | · · ·                           | 51,080.  | PURCHASED   | EQUIPMENT                              |                                       |
|  |                  |                                  |                                 |  | ESTIMATED<br>WHOLESALE  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FETTER HEALTH CARE NETWORK                         |                  |                                  |                                 |  |   | , OTHER,<br>MEDICAL                    | HEALTH CENTERS FOR                    |
| 51 NASSAU STREET                                   | 57 0604702       | F01 ( 0) ( 2)                    |                                 | 402 665  | PRICE,  |  | LOW-INCOME, UNINSURED                 |
| CHARLESTON, SC 29403                               | 57-0604703       | 501(C)(3)                        | 0.                              | 483,665.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
| FETTER HEALTH CARE NETWORK                         |                  |                                  |                                 |  |   |  |                                       |
| 51 NASSAU STREET                                   |                  |                                  |                                 |  |   |  |                                       |
|  | 57-0604703       | 501(0)(3)                        | E0 000                          | 0.   |   |  | COVID19-US                            |
| CHARLESTON, SC 29403-5500                          | 57-0604703       | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COATD12-02                            |
| FINGER LAKES MIGRANT HEALTH CARE                   |                  |                                  |                                 |  |   |  |                                       |
| PROJECT DBA FINGER LAKES COMMUNITY                 |                  |                                  |                                 |  |   |  |                                       |
| HEALTH - P.O BOX 423 - PENN YAN,                   | 16 1501104       | E01(0)(2)                        | F0 000                          | •  |   |  |                                       |
| NY 14527   | 16-1581104       |                                  | 50,000.                         | 0.   |   |  | COVID19-US                            |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other A        | Accietance to De | maatia Organizationa             | and Domostic Co          | verseete (Sob                           | odulo I (Earm 000) D   | ort II.)                                  | 95-1831116 Pag                        |
|---|------------------|----------------------------------|--------------------------|---|--|---|---------------------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| FINGER LAKES MIGRANT HEALTH CARE  |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| PROJECT, INC 14 MAIDEN LANE -   |                  |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| PENN YAN, NY 14527  | 16-1581104       | 501(C)(3)                        | 0.                       | 82,748.                                 | ,<br>PURCHASED   | ,<br>EQUIPMENT                            | ,<br>PATIENTS                         |
| ,   |                  |                                  |                          | , -                                     | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| IRST BAPTIST MEDICAL/DENTAL   |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| LINIC - 1607 CHERRY STREET -  |                  |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| VICKSBURG, MS 39181   | 64-0334158       | 501(C)(3)                        | 0.                       | 233 888                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|   |                  |                                  |                          | 200,000                                 | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| IRST CHOICE PRIMARY CARE  |                  |                                  |                          |   | WHOLESALE  | OTHER                                     | HEALTH CENTERS FOR                    |
| 100 POPLAR STREET   |                  |                                  |                          |   | PRICE,   | , OIMER,<br>MEDICAL                       | LOW-INCOME, UNINSURED                 |
| IACON GA 31201  | 20-4391090       | 501(0)(3)                        | 0.                       | 29 020                                  | PURCHASED  | SUPPLIES                                  | PATIENTS                              |
| ,   | 20-4391090       | 501(C)(3)                        | 0.                       | 29,020.                                 |  | · · ·                                     |                                       |
| IRST REFUGE MINISTRIES MEDICAL  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| LINIC FIRST BAPTIST DENTON  |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| MINISTRY CENTER - 1701 BROADWAY   |                  |                                  |                          | 45 400                                  | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| TREET - DENTON, TX 76201  | 45-5606427       | 501(C)(3)                        | 0.                       | 45,432.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|   |                  |                                  |                          |   |  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| ISH RIVER RURAL HEALTH  |                  |                                  |                          |   | ESTIMATED  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 2 BOLDUC AVENUE - MEDICAL   |                  |                                  |                          |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| CORT KENT, ME 04743   | 01-0452749       | 501(C)(3)                        | 0.                       | 13,358.                                 | PRICE  | EQUIPMENT                                 | PATIENTS                              |
| IVE RIVERS HEALTH CENTERS   |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| AMARITAN HOMELESS CLINIC - 921 S  |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| EDWIN C. MOSES BLVD DAYTON, OH  |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| 5417  | 45-0914398       | 501(C)(3)                        | 0.                       | 74,627.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|   |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| LAGLER COUNTY FREE CLINIC   |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 03 E. MOODY BLVD.   |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| BUNNELL, FL 32110   | 20-5036975       | 501(C)(3)                        | 0.                       | 84,045.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| •   |                  |                                  |                          | ·                                       | ESTIMATED  |   | SUPPORT TO US CLINICS                 |
| LINT HILLS COMMUNITY CLINIC   |                  |                                  |                          |   | WHOLESALE  | PHARMACEUTICALS                           | HEALTH CENTERS FOR                    |
| 01 HOUSTON ST.  |                  |                                  |                          |   | PRICE,   | MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| IANHATTAN, KS 66502   | 20-2306015       | 501(C)(3)                        | ٥.                       | 5,882.                                  | PURCHASED  | , SUPPLIES                                | PATIENTS                              |
| LORIDA 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) DIRECT RELIEF                |                   |                                  |                          |  |   |  | 95-1831116 Pa                         |
|--|-------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| FLORIDA COUNCIL OF PRIMARY CARE                    |                   |                                  |                          |  |   |  |                                       |
| 2340 HANSEN LANE                                   |                   |                                  |                          |  |   |  |                                       |
| TALLAHASSEE, FL 32301                              | 59-2559163        | 501(C)(3)                        | 250,000.                 | 0.   |   |  | COVID19-US                            |
|  | 55 2555105        | 501(0/(5/                        | 250,000.                 | ••   |   |  | SUPPORT TO US CLINICS                 |
| FLORIDA DIABETES CAMP                              |                   |                                  |                          |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CMS BUILDING A                                     |                   |                                  |                          |  | WHOLESALE   | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| GAINESVILLE, FL 32608                              | 23-7098099        | 501(C)(3)                        | 0.                       | 23,555.  |   | EQUIPMENT                              | PATIENTS                              |
| GAINESVILLE, FL 52000                              | 23-7090099        | 501(0/(5/                        | · · ·                    | 23,333.  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| FOREMOST FAMILY HEALTH CENTERS                     |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 2922 - B MARTIN LUTHER KING BLVD                   |                   |                                  |                          |  |   | '                                      |                                       |
|  | 75-2098992        | 501/(3)/(3)                      | 0.                       | 602 754  | PRICE,<br>PURCHASED   | SUPPLIES,                              | LOW-INCOME, UNINSURED<br>PATIENTS     |
| DALLAS, TX 75215                                   | 75-2098992        | 501(C)(3)                        | 0.                       | 093,754.                                       | ESTIMATED   | EQUIPMENT                              | SUPPORT TO US CLINICS                 |
| FOR DEND FANTLY HEALMH GENMED                      |                   |                                  |                          |  |   | PHARMACEUTICALS                        |                                       |
| FORT BEND FAMILY HEALTH CENTER                     |                   |                                  |                          |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| ACCESSHEALTH - 400 AUSTIN STREET -                 |                   | F01 ( a ) ( 2 )                  |                          | 100 540  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| RICHMOND, TX 77469                                 | 74-1951476        | 501(C)(3)                        | 0.                       | 189,748.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
| FOUNDCARE, INC.                                    |                   |                                  |                          |  |   |  |                                       |
| 2330 S CONGRESS AVE                                |                   |                                  |                          |  |   |  |                                       |
| WEST PALM BEACH, FL 33406                          | 54-2083748        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| WEST PALM BEACH, FL 53406                          | 54-2003/40        | 501(C)(3)                        | 50,000.                  | U.   |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| EDANIZI IN CONTINUE CONCENTRY CADE                 |                   |                                  |                          |  | ESTIMATED   |  |                                       |
| FRANKLIN COUNTY COMMUNITY CARE                     |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 506 TEXAS STATE HIGHWAY 37                         |                   |                                  |                          | 000 501  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MOUNT VERNON, TX 75457                             | 35-2593143        | 501(C)(3)                        | 0.                       | 282,561.                                       | 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                 |                   |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| MOBILE, AL 36603                                   | 63-0695975        | 501(C)(3)                        | 0.                       | 25,829.  | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| FREDERIKSTED HEALTH CARE, INC.                     |                   |                                  |                          |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 516 STRAND STREET                                  |                   |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| ST. CROIX, VI 00840                                | 66-0586667        | 501(C)(3)                        | 0.                       | 141,055.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                   |                                  |                          |  | 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                 |
| LYNCHBURG, VA 24504                                | 54-1420756        | 501(C)(3)                        | 0.                       | 14,527.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

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| Part II Continuation of Grants and Other A         | ssistance to Dor | nestic Organizations                    | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>T   | urt II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| 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                 |
| MOUNT, VA 24151                                    | 54-1634138       | 501(C)(3)                               | 0.                              | 191,779.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FREE CLINIC OF MERIDIAN, INC.                      |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 4707 POPLAR SPRINGS DRIVE                          |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MERIDIAN, MS 39305                                 | 45-5309446       | 501(C)(3)                               | 0.                              | 82,093.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| FREE CLINIC OF NEWTON                              |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| ONE WILSON DRIVE                                   |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| SPARTA, NJ 07871                                   | 45-4224214       | 501(C)(3)                               | 0.                              | 26,625.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FREE CLINIC OF ROCKINGHAM COUNTY                   |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 315 S. MAIN STREET                                 |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| REIDSVILLE, NC 27320                               | 56 - 2003143     | 501(C)(3)                               | 0.                              | 21,637.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FREE CLINIC OF ROME                                |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 3 PROFESSIONAL COURT SW                            |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ROME, GA 30165                                     | 20-5296305       | 501(C)(3)                               | 0.                              | 73,541.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| 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.                              | 333,660.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FREE CLINIC OF THE TWIN COUNTIES                   |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 140 LARKSPUR LANE SUITE C                          |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| GALAX, VA 24333                                    | 54-1632194       | 501(C)(3)                               | 0.                              | 5,238.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |   |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| FREE CLINICS OF HENDERSON COUNTY                   |                  |   |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 841 CASE STREET                                    |                  |   |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| HENDERSONVILLE, NC 28792                           | 56-2212024       | 501(C)(3)                               | 0.                              | 404,254.                                       | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FREE CLINICS OF IOWA                               |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| PO BOX 12099                                       |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DES MOINES, IA 50312                               | 42-1428706       | 501(C)(3)                               | 0.                              | 41,924.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF   |                              |   |                          | . (2.1                                  |  |   | 95-1831116 Page                       |
|---|------------------------------|---|--------------------------|---|--|---|---------------------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | Assistance to Doi<br>(b) EIN | (c) IRC section<br>(c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |                              |   |                          |   | 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)   | 0.                       | 41,033.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|   |                              |   |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| FREE MEDICAL CLINIC OF OAK RIDGE,   |                              |   |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| INC 116 EAST DIVISION ROAD -  |                              |   |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| OAK RIDGE, TN 37830   | 90-0715369                   | 501(C)(3)   | 0.                       | 157,392.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| ,   |                              |   |                          | ,                                       | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| FREE MEDICAL CLINIC OF THE OZARKS   |                              |   |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 400 SOUTH SUNSHINE STREET   |                              |   |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| BRANSON, MO 65616   | 73-1524435                   | 501(C)(3)   | 0.                       | 697 294.                                | PURCHASED  | ,<br>EQUIPMENT                            | ,<br>PATIENTS                         |
|   |                              |   |                          |   |  |   | SUPPORT TO US CLINICS &               |
| FRESNO COUNTY DEPARTMENT OF PUBLIC  |                              |   |                          |   |  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| HEALTH - 1221 FULTON STREET -   |                              |   |                          |   | PURCHASED  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| FRESNO, CA 93721  | 94-6000512                   | 501(C)(3)   | 0.                       | 14,343.                                 |  | EQUIPMENT                                 | PATIENTS                              |
|   | 51 0000512                   | 501(0)(0)   |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| FRIENDS IN NEED HEALTH CENTER,  |                              |   |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| INC 1105 WEST STONE DRIVE -   |                              |   |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| KINGSPORT, TN 37660   | 62-1541637                   | 501(0)(3)   | 0.                       | 170 160                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|   | 02 1341037                   | 501(0)(3)   |                          | 170,100.                                | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| FRIENDS OF FAMILY HEALTH CENTER   |                              |   |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 13152 NEWPORT AVENUE  |                              |   |                          |   | PRICE,   | SUPPLIES                                  |                                       |
| TUSTIN, CA 92780  | 27-1316512                   | 501(0)(2)   | 0.                       | 11 642                                  | PURCHASED  | EQUIPMENT                                 | LOW-INCOME, UNINSURED<br>PATIENTS     |
| 10511N, CR 92780  | 27-1310312                   | 501(C)(3)   | · · ·                    | 11,043.                                 |  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| FRONTERA HEALTHCARE NETWORK   |                              |   |                          |   | ESTIMATED<br>WHOLESALE   |   | HEALTH CENTERS FOR                    |
|   |                              |   |                          |   |  | , OTHER,                                  |                                       |
| 604 EAKER STREET  |                              | F01 ( g) ( ) )                                      |                          | 0 865                                   | PRICE,   | MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| EDEN, TX 76837  | 75-2854259                   | 501(C)(3)   | 0.                       | 9,765.                                  | PURCHASED  | SUPPLIES,                                 | PATIENTS                              |
| TINDATH COMPANIES DEDITING DE DITE  |                              |   |                          |   |  |   | ABBVIE PR INFRASTRUCTUR               |
| FUNDACIN CENTRO PEDITRICO DE DIAB   |                              |   |                          |   |  |   | EQUIPMENT, ABBVIE PR                  |
| C/O MARIANA BENITEZ, 260 CONVENTO   |                              | 501(0)(2)   | 105 005                  | _                                       |  |   | EMERGENCY PREP & RESP,                |
| SANTURCE, PR 00912  | 66-0597488                   | 501(C)(3)   | 125,000.                 | 0.                                      |  |   | COVID19-US                            |
|   |                              |   |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| FUNDACIN CENTRO PEDITRICO DE  |                              |   |                          |   | WHOLESALE  |   | HEALTH CENTERS FOR                    |
| DIABETES - 260 CONVENTO STREET 2ND  |                              |   |                          | _                                       | PRICE,   | MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| FLOOR - SANTURCE, PR 00912  | 66-0597488                   | 501(C)(3)   | 0.                       | 14,641.                                 | PURCHASED  | SUPPLIES                                  | PATIENTS                              |

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|---|------------|--------------------------------------|-----------------------------|---|--|--|---------------------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | (b) EIN    | (c) IRC section<br>(c) if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| FUNDACION BECHARA   |            |                                      |                             |   |  |  |                                       |
| PO BOX 362066   |            |                                      |                             |   |  |  | LILLY NAVIGATOR GRANT,                |
| SAN JUAN, PR 00936  | 66-0752214 | 501(C)(3)                            | 100,000.                    | 0.                                      |  |  | covid19-us                            |
|   |            |                                      |                             |   |  |  | ABBVIE PR INFRASTRUCTURE              |
| FUNDACION HOSPITAL PEDATRICO, INC.  |            |                                      |                             |   |  |  | EQUIPMENT, ABBVIE PR                  |
| PO BOX 10728  |            |                                      |                             |   |  |  | MEDICALLY FRAGILE                     |
| SAN JUAN, PR 00922  | 66-0817091 | 501(0)(3)                            | 108,500.                    | 0.                                      |  |  | POPULATIONS                           |
| JAN BOAN, IN 00522  | 00 001/001 | 501(0)(3)                            | 100,500.                    | 0.                                      |  |  |                                       |
| FUNDACION INFANTIL RONALD MCDONALD  |            |                                      |                             |   |  |  |                                       |
|   |            |                                      |                             |   |  |  | ADDUTE DD INEDACMDUCMUDE              |
| 250 CONVENTO STREET   | 66 0469226 | E01(0)(2)                            | 7 000                       | 0.                                      |  |  | ABBVIE PR INFRASTRUCTURE              |
| SAN JUAN, PR 00912  | 66-0468226 | 501(C)(3)                            | 7,000.                      | 0.                                      |  |  | EQUIPMENT                             |
|   |            |                                      |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FUNDACION MANOS JUNTAS  |            |                                      |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1145 WEST INTERSTATE 240 SERVICE RC   |            |                                      |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| OKLAHOMA CITY, OK 73139   | 73-1523135 | 501(C)(3)                            | 0.                          | 239,834.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|   |            |                                      |                             |   |  |  |                                       |
| FUNDACION STEFANO STEENBAKKERS  |            |                                      |                             |   |  |  |                                       |
| INDUSTRIAL MINILLAS 111 CARR. 174,  |            |                                      |                             | _                                       |  |  | ABBVIE PR MEDICALLY                   |
| BAYAMON, PR 00966   | 66-0797062 | 501(C)(3)                            | 107,000.                    | 0.                                      |  |  | FRAGILE POPULATIONS                   |
|   |            |                                      |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| G A CARMICHAEL FHC  |            |                                      |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1668 WEST PEACE STREET  |            |                                      |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CANTON, MS 39046  | 64-0580940 | 501(C)(3)                            | 0.                          | 7,698.                                  | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|   |            |                                      |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| GAIN, INC GREATER ACCESS TO THOSE   |            |                                      |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| IN NEED - 712 W 3RD STREET -  |            |                                      |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LITTLE ROCK, AR 72201   | 71-0763418 | 501(C)(3)                            | 0.                          | 111,560.                                | 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.                          | 19,710.                                 | PURCHASED  | SUPPLIES                               | PATIENTS                              |
| ·   |            |                                      |                             | , , , , , , , , , , , , , , , , , , ,   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| GARFIELD HEALTH CENTER  |            |                                      |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 701 S. ATLANTIC BLVD. #100  |            |                                      |                             |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| MONTEREY PARK, CA 91754   | 76-0733752 | 501(C)(3)                            | 0.                          | 46 167                                  | PURCHASED  | EQUIPMENT                              | PATIENTS                              |

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| Part II Continuation of Grants and Other           | Assistance to Do | mestic Organizations             | s and Domestic Go               | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                                      |                                       |
| (a) Name and address of organization or government | (b) EIN          | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                                 |  | ESTIMATED   |   | SUPPORT TO US CLINICS &               |
| GARFIELD MEDICAL CENTER                            |                  |                                  |                                 |  | WHOLESALE   |   | HEALTH CENTERS FOR                    |
| 525 N. GARFIELD AVENUE                             |                  |                                  |                                 |  | PRICE,  |   | LOW-INCOME, UNINSURED                 |
| MONTEREY PARK, CA 91754                            | 51-0519167       | 501(C)(3)                        | 0.                              | 34,668.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
| GASTON FAMILY HEALTH SERVICES                      |                  |                                  |                                 |  |   |   |                                       |
| 991 W. HUDSON BLVD.                                |                  |                                  |                                 |  |   |   |                                       |
| GASTONIA, NC 28052-4358                            | 58-1958398       | 501(C)(3)                        | 100,000.                        | 0.   |   |   | COVID19-US                            |
|  |                  |                                  |                                 |  | ESTIMATED   |   | SUPPORT TO US CLINICS &               |
| GATEWAY COMMUNITY HEALTH CENTER                    |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| 1515 PAPPAS STREET                                 |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| LAREDO, TX 78041                                   | 74-2553409       | 501(C)(3)                        | 0.                              | 5,675.   | 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.                              | 22,800.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| GENESIS COMMUNITY CLINIC                           |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 215 WEST 35TH STREET                               |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| GARDEN CITY, ID 83714                              | 82-0505073       | 501(C)(3)                        | 0.                              | 28,576.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| GENESIS COMMUNITY HEALTH INC.                      |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 639 EAST OCEAN AVE                                 |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| BOYNTON BEACH, FL 33435                            | 80-0374741       | 501(C)(3)                        | 0.                              | 22,929.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| GENESIS HEALTH SERVICES, INC.                      |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 707 7TH STREET W                                   |                  |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                                | LOW-INCOME, UNINSURED                 |
| PALMETTO, FL 34221                                 | 65-0478868       | 501(C)(3)                        | 0.                              | 50,136.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
| ,  |                  |                                  |                                 | ,  |   |   | SUPPORT TO US CLINICS &               |
| GEORGIA OVERDOSE PREVENTION                        |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                    |
| 345 CREEKSTONE RIDGE                               |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | LOW-INCOME, UNINSURED                 |
| WOODSTOCK, GA 30188                                | 58-2227958       | 501(C)(3)                        | 0.                              | 398,598.                                       |   | , SUPPLIES                                    | PATIENTS                              |
|  |                  |                                  | , v.                            |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| GET UP PROJECT DBA HOPE MEDICAL                    |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| CLINIC - 8101 CAMERON ROAD -                       |                  |                                  |                                 |  | PRICE,  | , MEDICAL<br>SUPPLIES,                        | LOW-INCOME, UNINSURED                 |
|  | 15-1021006       | 501(0)(3)                        |                                 | 56 060   | ,   | ,   | PATIENTS                              |
| AUSTIN, TX 78754                                   | 45-4931906       |                                  | 0.                              | 50,902.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |

 Schedule I (Form 990)
 DIRECT RELIEF

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

95-1831116 Page 1

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|--|---|---|--|
|  |                |                                  |                                 |  | 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                        |
| TRENTON, MO 64683                                  | 43-0828205     | 501(C)(3)                        | 0.                              | 5,692.   | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                |                                  |                                 |  | ESTIMATED   |   | SUPPORT TO US CLINICS &                      |
| GIDDAS HOME HEALTH CARE                            |                |                                  |                                 |  | WHOLESALE   |   | HEALTH CENTERS FOR                           |
| 13351 HAWTHORNE BLVD.                              |                |                                  |                                 |  | PRICE,  | MEDICAL                                       | LOW-INCOME, UNINSURED                        |
| HAWTHORNE BLVD, CA 90250                           | 81-0554539     |                                  | 0.                              | 11,933.  | PURCHASED   | SUPPLIES                                      | PATIENTS                                     |
|  |                |                                  |                                 |  |   |   | SUPPORT TO US CLINICS &                      |
| GLOBAL SUPPORT AND DEVELOPMENT                     |                |                                  |                                 |  | ESTIMATED   |   | HEALTH CENTERS FOR                           |
| 171 WESTPOINT HARBOR DR.                           |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | LOW-INCOME, UNINSURED                        |
| REDWOOD CITY, CA 94063                             | 83-2504447     | 501(C)(3)                        | 0.                              | 35,000.  | PRICE   | SUPPLIES                                      | PATIENTS                                     |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| GLOUCESTER-MATHEWS CARE CLINIC                     |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 6031 INDUSTRIAL DRIVE                              |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| GLOUCESTER, VA 23061                               | 54-1875619     | 501(C)(3)                        | 0.                              | 30,109.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                |                                  |                                 |  |   |   |  |
| GOLDEN VALLEY HEALTH CENTERS                       |                |                                  |                                 |  |   |   |  |
| 737 W. CHILDS AVE                                  |                |                                  |                                 |  |   |   |  |
| MERCED, CA 95341                                   | 94-2196086     | 501(C)(3)                        | 50,000.                         | 0.   |   |   | COVID19-US                                   |
| ·  |                |                                  | ,                               |  | ESTIMATED   |   | SUPPORT TO US CLINICS &                      |
| GOOD HEALTH CLINIC                                 |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                           |
| 91555 OVERSEAS HIGHWAY, #2                         |                |                                  |                                 |  | PRICE,  | , MEDICAL                                     | LOW-INCOME, UNINSURED                        |
| TAVERNIER, FL 33070                                | 04-3745805     | 501(C)(3)                        | 0.                              | 40,133.  | PURCHASED   | ,<br>SUPPLIES                                 | ,<br>PATIENTS                                |
| · · ·  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| GOOD NEIGHBOR COMMUNITY HEALTH                     |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| CENTER - 4321 41ST AVENUE -                        |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                                | LOW-INCOME, UNINSURED                        |
| COLUMBUS, NE 68601                                 | 13-4249732     | 501(C)(3)                        | 0.                              | 243,113.                                       | PURCHASED   | ,<br>EQUIPMENT                                | ,<br>PATIENTS                                |
|  |                |                                  |                                 | , ,  | ESTIMATED   | ~<br>PHARMACEUTICALS                          | SUPPORT TO US CLINICS &                      |
| GOOD NEIGHBOR HOUSE                                |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 627 EAST 1ST STREET                                |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| DAYTON, OH 45402                                   | 31-1374154     | 501(C)(3)                        | 0.                              | 190 841.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                |                                  |                                 | , , , , , , , , , , , , , , , , , ,            | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| GOOD NEWS CARE CENTER                              |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                           |
| 7855 SW 104TH STREET                               |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| MIAMI, FL 33156                                    | 59-0914210     | 501(C)(3)                        | 0.                              | 985 689  | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |

| Schedule I (Form 990) DIRECT RELIEF                |                  |                                  |                          |  |   |  | 95-1831116 Page                       |
|--|------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | ssistance to Dor | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               | T                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| GOOD NEWS CLINICS                                  |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 810 PINE STREET                                    |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| GAINESVILLE, GA 30501                              | 58 - 2058853     | 501(C)(3)                        | 0.                       | 231,084.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OOD NEWS HEALTH CLINIC                             |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 716 EAST WASHINGTON STREET                         |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| INDIANAPOLIS, IN 46201                             | 35-0999233       | 501(C)(3)                        | 0.                       | 73,284.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  | 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.                       | 88,188.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| OOD SAMARITAN CLINIC                               |                  |                                  |                          |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 880 WATERMELON ROAD, SUITE A                       |                  |                                  |                          |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| USCALOOSA, AL 35473                                | 63-1199900       | 501(C)(3)                        | 0.                       | 14,746.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| GOOD SAMARITAN CLINIC                              |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 15 NORTH B STREET                                  |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| FORT SMITH, AR 72901                               | 71-0863639       | 501(C)(3)                        | 0.                       | 484,120.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| OOD SAMARITAN CLINIC MISSION                       |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| EXINGTON - 216 HARMON STREET -                     |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| EXINGTON, SC 29072                                 | 57-1109766       | 501(C)(3)                        | 0.                       | 6,069.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OOD SAMARITAN CLINIC OF WEST                       |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| OLUSIA COUNTY - 136 EAST PLYMOUTH                  |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VENUE - DELAND, FL 32724                           | 30-0408193       | 501(C)(3)                        | 0.                       | 13,183.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OOD SAMARITAN HEALTH AND WELLNESS                  |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| ENTER - 175 SAMARITAN DRIVE -                      |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ASPER, GA 30143                                    | 58-2576315       | 501(C)(3)                        | 0.                       | 33,274.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| GOOD SAMARITAN HEALTH CLINIC OF                    |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| PASCO - 5334 ASPEN STREET - NEW                    |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| PORT RICHEY, FL 34652                              | 59-3072334       | 501(C)(3)                        | 0.                       | 238,086.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                  |                                  |                                 |  |   |  | 95-1831116 Pag                               |
|--|------------------|----------------------------------|---------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other A         | Assistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | irt II.)                               | 1  |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                  |                                  |                                 |  |   |  |  |
| GOOD SAMARITAN HEALTH CTR OF COBB                  |                  |                                  |                                 |  |   |  |  |
| 1605 ROBERTA DRIVE SW                              | 20.0045020       | 501 ( 3) ( 2)                    | 50.000                          |  |   |  |  |
| IARIETTA, GA 30008                                 | 32-0045238       | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                                   |
|  |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| OOD SAMARITAN HEALTH SERVICES                      |                  |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 422 B EAST 71ST STREET                             |                  |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| ULSA, OK 74136                                     | 73-1559561       | 501(C)(3)                        | 0.                              | 190,724.                                       | PURCHASED   | SUPPLIES                               | PATIENTS                                     |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| GOOD SHEPHERD CLINIC                               |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 5392 MURPHY DRIVE                                  |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| IORROW, GA 30260                                   | 58-2578581       | 501(C)(3)                        | 0.                              | 236,969.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| OOD SHEPHERD FREE MEDICAL CLINIC                   |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 07 NORTH BROAD STREET                              |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| LINTON, SC 29325                                   | 57-0996466       | 501(C)(3)                        | ٥.                              | 65,075.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| OOD SHEPHERD MEDICAL AND DENTAL                    |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| OUNDATION - 20 12TH AVE. NW -                      |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| RDMORE, OK 73401                                   | 73-1509801       | 501(C)(3)                        | 0.                              | 7,270.   | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                  |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| OOD SHEPHERD MEDICATION                            |                  |                                  |                                 |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| ANAGEMENT - 1256 UNION AVENUE -                    |                  |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| EMPHIS, TN 38104                                   | 46-3313048       | 501(C)(3)                        | 0.                              | 347,014.                                       | PRICE   | EQUIPMENT                              | PATIENTS                                     |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| OOD SHEPHERD MINISTRIES OF                         |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| KLAHOMA INC 222 NW 12TH STREET                     |                  |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| OKLAHOMA CITY, OK 73103                            | 20-0526892       | 501(C)(3)                        | 0.                              | 542,025.                                       | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                                |
| ,  |                  |                                  | 1                               | , , ,  |   |  | SUPPORT TO US CLINICS &                      |
| OTHAM HEALTH                                       |                  |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                           |
| 00 N PORTLAND AVE                                  |                  |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                        |
| ROOKLYN, NY 11205                                  | 00-000000        | 501(C)(3)                        | 0.                              | 22,400.  |   | EQUIPMENT                              | PATIENTS                                     |
|  |                  |                                  | +                               |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| RACE CLINIC  |                  |                                  |                                 |  | WHOLESALE   | _ MEDICAL                              | HEALTH CENTERS FOR                           |
| 300 W CANAL DRIVE                                  |                  |                                  |                                 |  | PRICE,  | SUPPLIES                               | LOW-INCOME, UNINSURED                        |
| KENNEWICK, WA 99336                                | 77-0592408       | 501(C)(3)                        | 0.                              | 315 225  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |

Schedule I (Form 990) DIRECT RELIEF

95-1831116

Page 1

| (a) Name and address of organization or government                     | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|------------------------------------|---|---|--|--|
|  |                |                                  |                                    |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| GRACE CLINIC OF YADKIN VALLEY  |                |                                  |                                    |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 948 JOHNSON RIDGE ROAD   |                |                                  |                                    |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| ELKIN, NC 28621  | 76-0800084     | 501(C)(3)                        | ٥.                                 | 12,258.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                    |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| GRACE COMMUNITY HEALTH CENTER  |                |                                  |                                    |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 1019 CUMBERLAND FALLS HWY  |                |                                  |                                    |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| CORBIN, KY 40701   | 26-1779437     | 501(C)(3)                        | ٥.                                 | 307,640.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                    |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| GRACE HEALTHCARE SERVICES CORP DBA                                     |                |                                  |                                    |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| GRACE PHARMACY - 1329 SW 16TH  |                |                                  |                                    |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| STREET - GAINESVILLE, FL 32610   | 81 - 4300044   | 501(C)(3)                        | ٥.                                 | 182,659.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                    |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| GRACE MEDICAL HOME   |                |                                  |                                    |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 1417 E. CONDCORD ST.   |                |                                  |                                    |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| ORLANDO, FL 32803  | 26-1817966     | 501(C)(3)                        | Ο.                                 | 779,859.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| GRACE MEDICAL HOME, INC<br>1417 E. CONCORD STREET<br>ORLANDO, FL 32803 | 26-1817966     | 501(C)(3)                        | 155,000.                           | 0.                                      |   |  | SAFETY NET SUPPORT                           |
| ,  |                |                                  | ,                                  |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| GRACE OUTREACH TO HEALTH COMMUNITY                                     |                |                                  |                                    |   | WHOLESALE   | . MEDICAL                              | HEALTH CENTERS FOR                           |
| CLINIC - 837 EAST WALNUT STREET -                                      |                |                                  |                                    |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| GRAPEVINE, TX 76051  | 75-2195702     | 501(C)(3)                        | ٥.                                 | 127,712.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                    |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| GRANT PARK CLINIC  |                |                                  |                                    |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 1340 BOULEVARD SE  |                |                                  |                                    |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| ATLANTA, GA 30315  | 58-1577640     | 501(C)(3)                        | Ο.                                 | 168,491.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| GRANVILLE VANCE PUBLIC HEALTH  |                |                                  |                                    |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| GRANVILLE COUNTY HEALTH DEPARTMENT                                     |                |                                  |                                    |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| - 101 HUNT DRIVE - OXFORD, NC  |                |                                  |                                    |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| 27565  | 56-1060453     | 501(C)(3)                        | 0.                                 | 30,560.                                 | PURCHASED   | EQUIPMENT                              | 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.                                 | 51,106.                                 | PURCHASED   | SUPPLIES                               | PATIENTS                                     |

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

 Schedule I (Form 990)
 DIRECT RELIEF

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

95-1831116 Page 1

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
|  |                |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| GREATER BADEN MEDICAL SERVICES                     |                |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 7450 ALBERT ROAD, 3RD FLOOR                        |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| BRANDYWINE, MD 20613                               | 52-0961414     | 501(C)(3)                        | ٥.                              | 6,665.   | PRICE   | SUPPLIES                               | PATIENTS                              |
| GREATER GREENWOOD UNITED MINISTRY                  |                |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| FREE MEDICAL CLINIC - 1404                         |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| EDGEFIELD STREET - GREENWOOD, SC                   |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| 29646  | 57-1012393     | 501(C)(3)                        | 0.                              | 16,415.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| GREATER HARTFORD HARM REDUCTION                    |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| COALITION INC 28 GRAND ST                          |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HARTFORD, CT 06106                                 | 47-4312705     | 501(C)(3)                        | ٥.                              | 1,450,218.                                     | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |  |   |  | ABBVIE PR INFRASTRUCTURE,             |
| GREATER HICKORY COOPERATIVE                        |                |                                  |                                 |  |   |  | EQUIPMENT, ABBVIE PR                  |
| 31 1ST AVE SE                                      |                |                                  |                                 |  |   |  | MEDICALLY FRAGILE                     |
| HICKORY, NC 28602                                  | 56-0934855     | 501(C)(3)                        | 30,000.                         | 0.   |   |  | POPULATIONS                           |
|  |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| GREATER HICKORY COOPERATIVE                        |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| COMMUNITY HEALTH CENTER - 31 1ST                   |                |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| AVENUE SE - HICKORY, NC 28602                      | 56-0934855     | 501(C)(3)                        | ٥.                              |  | PURCHASED   | ,<br>SUPPLIES                          | ,<br>PATIENTS                         |
|  |                |                                  |                                 | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| GREATER KILLEEN FREE CLINIC                        |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 718 N. 2ND STREET, STE. A                          |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| KILLEEN, TX 76541                                  | 74-2724725     | 501(C)(3)                        | ٥.                              | 1,061,060.                                     | ,   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| /  |                |                                  |                                 | , , -  | ESTIMATED   | ~                                      | SUPPORT TO US CLINICS &               |
| GREATER LAWRENCE FAMILY HEALTH                     |                |                                  |                                 |  | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| CENTER - 1 GRIFFIN BROOKE DRIVE -                  |                |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| METHUEN, MA 01844                                  | 04-2708824     | 501(C)(3)                        | ٥.                              |  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                                 | ,,   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| GREATER MERIDIAN HEALTH CLINIC                     |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| INC 2701 DAVIS STREET -                            |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MERIDIAN, MS 39301                                 | 64-0732893     | 501(C)(3)                        | 0.                              |  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  | 51 0752055     |                                  |                                 |  |   |  |                                       |
| GREATER NEW BEDFORD COMMUNITY                      |                |                                  |                                 |  |   |  |                                       |
| HEALT - 874 PURCHASE STREET - NEW                  |                |                                  |                                 |  |   |  |                                       |
| BEDFORD, MA 02740                                  | 04-2675800     | 501(0)(2)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |

| Part II Continuation of Grants and Other                         | Assistance to Dor   | nestic Organizations                    | and Domestic Go                 | vernments (Sch                          | edule I (Form 990), Pa  | art II.)                               |  |
|--|---|---|---------------------------------|---|---|--|--|
| (a) Name and address of organization or government               | <b>(b)</b> EIN  | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
| GREATER PRINCE WILLIAM COMMUNITY                                 |   |   |                                 |   |   |  | SUPPORT TO US CLINICS &                      |
| HEALTH CENTER - 4379 RIDGEWOOD                                   |   |   |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| CENTER DRIVE - WOODBRIDGE, VA                                    |   |   |                                 |   | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| 22192  | 83-0435138  | 501(C)(3)                               | 0.                              | 6,226.                                  | PRICE   | SUPPLIES                               | PATIENTS                                     |
|  |   |   |                                 | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| REATER TEXOMA HEALTH CLINIC                                      |   |   |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 00 N. ARMSTRONG  |   |   |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| DENISON, TX 75020  | 81-0584983  | 501(C)(3)                               | 0.                              | 64 488.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |   |   |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| GREEN RIVER MEDICAL CENTER                                       |   |   |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 585 W. MAIN  |   |   |                                 |   | PRICE,  | SUPPLIES                               | LOW-INCOME, UNINSURED                        |
| -  | 87-0409346  | 501/(3)/(3)                             | 0.                              | 6 211                                   | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| REEN RIVER, UT 84525   | 87-0409340  | 501(C)(3)                               | · · ·                           | 0,311.                                  |   | -                                      |  |
|  |   |   |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| REENE 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.                              | 361,883.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |   |   |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| GREENVILLE FREE MEDICAL CLINIC                                   |   |   |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 500 ARLINGTON AVENUE   |   |   |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| GREENVILLE, SC 29601   | 57-0855205  | 501(C)(3)                               | 0.                              | 498,068.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| GREENVILLE FREE MEDICAL CLINIC<br>INC P.O BOX 8993 - GREENVILLE, |   |   |                                 |   |   |  |  |
| SC 29604   | 57-0855205  | 501(C)(3)                               | 38,250.                         | ٥.                                      |   |  | LILLY NAVIGATOR GRANT                        |
|  |   |   |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| GUADALUPE CLINIC   |   |   |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 040 S. ST. FRANCIS   |   |   |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| VICHITA, KS 67211  | 20-1285208  | 501(C)(3)                               | 0.                              | 555,188.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| ,  |   |   |                                 | , -                                     |   | ~                                      | SUPPORT TO US CLINICS &                      |
| GUAM MEMORIAL HOSPITAL AUTHORITY                                 |   |   |                                 |   |   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 350 GOV. CARLOS CAMACHO ROAD                                     |   |   |                                 |   | PURCHASED   | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| TAMUNING, GU 96913   | APPLIED FOR   |   | 0.                              | 15,340.                                 |   | EQUIPMENT                              | PATIENTS                                     |
|  | In The Local Contract of the Local Contract |   | , v.                            | 10,040.                                 |   |  | SUPPORT TO US CLINICS &                      |
| GUILFORD COUNTY SOLUTION TO THE                                  |   |   |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| DPIOID PROBLEM (GCSTOP) - 1601                                   |   |   |                                 |   | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                        |
| VALKER AVE - GREENSBORO, NC 27403                                | 56-6001468  |   | 0.                              |   | PRICE   | , MEDICAL<br>SUPPLIES                  | PATIENTS                                     |

| Schedule I (Form 990) DIRECT RELIE<br>Part II Continuation of Grants and Othe |            | mestic Organizations             | and Domestic Go             | vernments (Sch                          | edule I (Form 990) P   | art II )                               | 95-1831116 Page                       |
|---|------------|----------------------------------|-----------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government                            | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |            |                                  |                             |   | 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.                          | 69,296.                                 | PURCHASED  | SUPPLIES,                              | PATIENTS                              |
|   |            |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HAMILTON HEALTH CENTER  |            |                                  |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 110 S 17TH STREET   |            |                                  |                             |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| HARRISBURG, PA 17104  | 23-1858363 | 501(C)(3)                        | 0.                          | 75,711.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| ,   |            |                                  |                             | ,                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HANDS OF GRACE MEDICAL CLINIC   |            |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1861 WATSON BLVD.   |            |                                  |                             |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| WARNER ROBINS, GA 31093   | 83-4709039 | 501(C)(3)                        | 0.                          | 262 369.                                | PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|   |            |                                  |                             | ,                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HANDS OF HOPE CLINIC  |            |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1010 HOSPITAL DRIVE, BLDG B   |            |                                  |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| STOCKBRIDGE, GA 30281   | 42-1591970 | 501(C)(3)                        | 0.                          | 167 930                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| BIOCREATED , ON SUZOI   | 42 1331370 | 501(0)(3)                        |                             | 107,550.                                | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HANDS OF HOPE MEDICAL CLINIC  |            |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 320 WEST MAPLE STREET   |            |                                  |                             |   | PRICE,   | SUPPLIES                               |                                       |
| YADKINVILLE, NC 27055   | 27-5569145 | 501(0)(3)                        | 0.                          | 210 032                                 | PURCHASED  | EQUIPMENT                              | LOW-INCOME, UNINSURED<br>PATIENTS     |
| IADRINVIIILE, NC 27055  | 27-3309143 | 501(0)(5)                        | 0.                          | 219,952.                                | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HANNIBAL FREE CLINIC  |            |                                  |                             |   | WHOLESALE  | MEDICAL                                |                                       |
|   |            |                                  |                             |   |  | ,                                      | HEALTH CENTERS FOR                    |
| 160 PROGRESS ROAD   | 14 1070002 | F01(0)(2)                        |                             | 141 212                                 | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HANNIBAL, MO 63401  | 14-1979983 | 501(C)(3)                        | 0.                          | 141,313.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|   |            |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HARBOR HEALTH SERVICES  |            |                                  |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 735 ATTUCKS LANE  |            |                                  |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HYANNIS, MA 02601   | 23-7100550 | 501(C)(3)                        | 0.                          | 223,608.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|   |            |                                  |                             |   |  |  |                                       |
| HARBOR HEALTH SERVICES, INC.  |            |                                  |                             |   |  |  |                                       |
| 1135 MORTON STREET  |            |                                  |                             | _                                       |  |  | PFIZER INFECTIOUS DISEAS              |
| MATTAPAN, MA 02126  | 23-7100550 | 501(C)(3)                        | 300,000.                    | 0.                                      |  |  | AWARDS                                |
| HARBOR HOMES INC  |            |                                  |                             |   |  |  |                                       |
|   |            |                                  |                             |   |  |  |                                       |
| 77 NORTHEASTERN BLVD  | 02 0251022 | 501(0)(2)                        | 50.000                      | 0.                                      |  |  | COVID19-US                            |
| NASHUA, NH 03062  | 02-0351932 | 201(C)(2)                        | 50,000.                     | υ.                                      |  |  | LOATDIA-02                            |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                                 |  |   |  | 95-1831116 Pag                        |
|--|-------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other           | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               | Τ                                     |
| (a) Name and address of organization or government | (b) EIN           | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HARDEMAN COUNTY COMMUNITY HEALTH                   |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 629 NUCKOLLS RD -                         |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BOLIVAR, TN 38008                                  | 58-1995646        | 501(C)(3)                        | 0.                              | 694,446.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| IARLEM UNITED COMMUNITY HEALTH                     |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| ENTER - 169 WEST 133RD STREET -                    |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NEW YORK, NY 10030                                 | 13-3461695        | 501(C)(3)                        | 0.                              | 5,917.   | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| HARM REDUCTION COALITION                           |                   |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 1111 BROADWAY                                      |                   |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| DAKLAND, CA 94607                                  | 94-3204958        | 501(C)(3)                        | 0.                              | 158,298.                                       | PRICE   | PHARMACEUTICALS                        | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| HARM REDUCTION OHIO                                |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 35 RIVER ROAD SUITE G                              |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| GRANVILLE, OH 43023                                | 82-5110907        | 501(C)(3)                        | 0.                              | 447,474.                                       | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| 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.                              | 419,878.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| IARMONY HEALTH CLINIC VOLUNTEERS                   |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| N MEDICINE - 201 EAST ROOSEVELT                    |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| ROAD - LITTLE ROCK, AR 72206                       | 20-5691313        | 501(C)(3)                        | 0.                              | 11,242.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| IARNEY COUNTY HEALTH DEPARTMENT                    |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 20 NORTH FAIRVIEW AVENUE                           |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BURNS, OR 97720                                    | 93-6002296        | 501(C)(3)                        | 0.                              | 53,841.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| IARRIS COUNTY PUBLIC HEALTH                        |                   |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 223 WEST LOOP SOUTH                                |                   |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| IOUSTON, TX 77027                                  | 76-0454514        | 501(C)(3)                        | 0.                              | 48,675.  | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| IARRISONBURG-ROCKINGHAM FREE                       |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CLINIC PHARMACY - 25 WEST WATER                    |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| STREET - HARRISONBURG, VA 22801                    | 54-1568909        | 501(C)(3)                        | 0.                              | 94,366.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                          |  |   |  | 95-1831116 Page 1                     |
|--|-------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                          |  |   |  |                                       |
| HARVARD STREET NEIGHBORHOOD HEALTH                 |                   |                                  |                          |  |   |  | DETRED INEECOTORS DIGENCI             |
| 632 BLUE HILL AVE.                                 | 04 2600042        | E01/(0)/(2)                      | 245 000                  | 0.   |   |  | PFIZER INFECTIOUS DISEAS              |
| DORCHESTER, MA 02121                               | 04-2600042        | 501(C)(3)                        | 245,000.                 | 0.   |   |  | AWARDS                                |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HAVEN FREE CLINIC                                  |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 800 HOWARD AVENUE                                  |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NEW HAVEN, CT 06519                                | 06-0646973        | 501(C)(3)                        | 0.                       | 9,346.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HAWAII H.O.M.E. PROJECT                            |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 651 ILALO STREET                                   |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HONOLULU, HI 96813                                 | 99-0085260        | 501(C)(3)                        | 0.                       | 101,121.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| HAWAII STATE DEPARTMENT OF HEALTH                  |                   |                                  |                          |  | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| 1250 PUNCHBOWL STREET                              |                   |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| HONOLULU, HI 96813                                 | 99-6000449        | 501(C)(3)                        | 0.                       | 91,511.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEAL THE CITY FREE CLINIC                          |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 609 S CAROLINA                                     |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| AMARILLO, TX 79106                                 | 46-5694050        | 501(C)(3)                        | 0.                       | 57,261.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALING COMMUNITY CENTER                           |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2600 MARTIN LUTHER KING JR. DRIVE                  |                   |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| ATLANTA, GA 30311                                  | 26-3990559        | 501(C)(3)                        | 0.                       | 164 073.                                       | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                   |                                  |                          |  | ESTIMATED   | ~<br>PHARMACEUTICALS                   | SUPPORT TO US CLINICS &               |
| HEALING HANDS HEALTH CENTER                        |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 245 MIDWAY MEDICAL PARK                            |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BRISTOL, TN 37620                                  | 62-1677000        | 501(C)(3)                        | 0.                       | 173 219  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  | 02 1077000        | 501(0/(5/                        | · · ·                    | 175,215.                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| UENTING UNIDS MINISTER                             |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                |                                       |
| HEALING HANDS MINISTRIES                           |                   |                                  |                          |  |   | ,                                      | HEALTH CENTERS FOR                    |
| 8515 GREENVILLE AVE. N-112                         | CE 1050050        | F01(0)(2)                        | _                        | 70 700   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DALLAS, TX 75243                                   | 65-1259379        | DUT(C)(3)                        | 0.                       | /0,/82.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALTH & HOPE MEDICAL OUTREACH                     |                   |                                  |                          |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1911 COOKS HILL RD                                 |                   |                                  |                          |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CENTRALIA, WA 98531                                | 27-4432389        | 501(C)(3)                        | 0.                       | 53,006.  | PRICE   | EQUIPMENT                              | PATIENTS                              |

Schedule I (Form 990) DIRECT RELIEF

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
|  |                |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| HEALTH & WELLNESS CENTER                           |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1505 E. MAIN, SUITE A                              |                |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| STIGLER, OK 74462                                  | 20-0368759     | 501(C)(3)                        | 0.                       | 212,262.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| HEALTH ACCESS FOR ALL INC. DBA                     |                |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS a               |
| ANGELES COMMUNITY HEALTH CENTER -                  |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1919 W 7TH STREET - LOS ANGELES,                   |                |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CA 90057   | 46-2972741     | 501(C)(3)                        | 0.                       | 126,344.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS a               |
| HEALTH ACCESS, INCORPORATED                        |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 489 WASHINGTON AVENUE                              |                |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CLARKSBURG, WV 26301                               | 55-0715066     | 501(C)(3)                        | 0.                       | 282,981.                                | PURCHASED   | EQUIPMENT                              | ,<br>PATIENTS                         |
| ·  |                |                                  |                          | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| HEALTH ALLIANCE FOR THE UNINSURED                  |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 3000 UNITED FOUNDERS BLVD                          |                |                                  |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| OKLAHOMA CITY, OK 73112                            | 26-1789292     | 501(C)(3)                        | 0.                       | 54,597.                                 | PURCHASED   | EQUIPMENT                              | ,<br>PATIENTS                         |
| ,<br>,   |                |                                  |                          | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| HEALTH AND HOPE CLINIC, INC.                       |                |                                  |                          |   | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 1718 EAST OLIVE ROAD                               |                |                                  |                          |   | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| PENSACOLA, FL 32514                                | 26-4336638     | 501(C)(3)                        | 0.                       |   | PURCHASED   | SUPPLIES,                              | ,<br>PATIENTS                         |
| ,  |                |                                  |                          | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| HEALTH BRIGADE                                     |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| L010 N. THOMPSON STREET                            |                |                                  |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| RICHMOND, VA 23230                                 | 54-0927792     | 501(C)(3)                        | 0.                       | 935,412.                                | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| HEALTH CARE CENTER FOR THE                         |                |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| HOMELESS DBA ORANGE BLOSSOM FAMILY                 |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| HEALTH CENTER - 232 NORTH ORANGE                   |                |                                  |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| BLOSSOM TRAIL - ORLANDO, FL 32805                  | 59-3185020     | 501(C)(3)                        | 0.                       | 400 765.                                | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                | , ,                              | .                        | ,,.                                     | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| IEALTH CARE NETWORK                                |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 500 WISCONSIN AVENUE #102                          |                |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ACINE, WI 53403                                    | 42-1299913     | 501(C)(3)                        | 0.                       | 14 426                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  | + ···                    |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| HEALTH CENTER OF SOUTHEAST TEXAS                   |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 307 N. WILLIAM BARNETT AVE                         |                |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CLEVELAND, TX 77327                                | 56-2508501     | 501(0)(3)                        | 0.                       | 16 000                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Part II Continuation of Grants and Other           | Assistance to Dor | nesue organizations              |                                 | (  |   |  | Г  |
|--|-------------------|----------------------------------|---------------------------------|--|---|--|--|
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | 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                        |
| BRYAN, TX 77802                                    | 74-2624477        | 501(C)(3)                        | 0.                              | 711,410.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| HEALTH HELP DBA WHITE HOUSE                        |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| CLINICS - 1010 MAIN STREET SOUTH -                 |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| MCKEE, KY 40447                                    | 61-0843731        | 501(C)(3)                        | 0.                              | 6,985.   | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| HEALTH MINISTRIES CLINIC                           |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 720 MEDICAL CENTER DR.                             |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| NEWTON, KS 67114                                   | 48-1091875        | 501(C)(3)                        | ٥.                              | 60,704.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| HEALTH PARTNERS FREE CLINIC                        |                   |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 1300 N. COUNTY ROAD 25A                            |                   |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| TROY, OH 45373                                     | 31-1596731        | 501(C)(3)                        | ٥.                              | 82,482.  | PURCHASED   | SUPPLIES                               | PATIENTS                                     |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| 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)                        | ٥.                              | 178,424.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| HEALTH PARTNERS WESTERN OHIO                       |                   |                                  |                                 |  |   |  |  |
| 329 N. WEST ST                                     |                   |                                  |                                 |  |   |  |  |
| LIMA, OH 45801                                     | 56-2330309        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                                   |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| HEALTH PARTNERSHIP CLINIC                          |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 405 S. CLAIREBORNE ROAD                            |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| DLATHE, KS 66062                                   | 48-1115529        | 501(C)(3)                        | 0.                              | 13,535.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| HEALTH PROMED FOUNDATION, INC.                     |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| AVE. BORINQUEN #2020                               |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| SANTURCE, PR 00915                                 | 66-0437924        | 501(C)(3)                        | ٥.                              | 30,446.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 | · · · ·  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| HEALTH REACH COMMUNITY CLINIC                      |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 400 EAST STATESVILLE AVENUE                        |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| MOORESVILLE, NC 28115                              | 20-1020941        | 501(C)(3)                        | 0.                              | 495 847.                                       | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                                |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                                 |   |   |  | 95-1831116 Page                       |
|--|-------------------|----------------------------------|---------------------------------|---|---|--|---------------------------------------|
| Part II Continuation of Grants and Other           | Assistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sch                          | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALTH SERVICE ALLIANCE                            |                   |                                  |                                 |   | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 13193 CENTRAL AVENUE                               |                   |                                  |                                 |   | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| CHINO, CA 91710                                    | 13-4257391        | 501(C)(3)                        | 0.                              | 260,169.                                | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                   |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALTH SERVICES OF NORTH TEXAS                     |                   |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 4401 N. INTERSTATE 35E, SUITE 312                  |                   |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DENTON, TX 76207                                   | 75-2252866        | 501(C)(3)                        | 0.                              | 286,262.                                | 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.                              | 58,572.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALTH WEST - LAVA CLINIC                          |                   |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 85 SOUTH 5TH WEST                                  |                   |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LAVA HOT SPRINGS, ID 83246                         | 82-0324100        | 501(C)(3)                        | ٥.                              | 323,811.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| HEALTH WEST, INC.                                  |                   |                                  |                                 |   |   |  |                                       |
| 500 SOUTH 11TH AVENUE SUITE 400                    |                   |                                  |                                 |   |   |  |                                       |
| POCATRELLO, ID 83201                               | 82-0324100        | 501(C)(3)                        | 40,000.                         | 0.                                      |   |  | LILLY NAVIGATOR GRANT                 |
|  |                   |                                  | ,                               |   |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALTHCARE CHOICES NY, INC.                        |                   |                                  |                                 |   | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| ,<br>5209 16TH AVENUE                              |                   |                                  |                                 |   | WHOLESALE   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| BROOKLYN, NY 11204                                 | 11-3488520        | 501(C)(3)                        | 0.                              | 7,191.                                  | PRICE   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                   |                                  |                                 | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALTHCARE FOR THE HOMELESS                        |                   |                                  |                                 |   | WHOLESALE   | . MEDICAL                              | HEALTH CENTERS FOR                    |
| CAROLINE CLINIC - 1934 CAROLINE                    |                   |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| STREET - HOUSTON, TX 77002                         | 76-0647934        | 501(C)(3)                        | 0.                              | 5,421.                                  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| HEALTHCARE NETWORK OF SOUTHWEST                    |                   |                                  |                                 | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FLORIDA COLLIER HEALTH SERVICES -                  |                   |                                  |                                 |   | WHOLESALE   | OTHER .                                | HEALTH CENTERS FOR                    |
| 1454 MADISON AVENUE - IMMOKALEE,                   |                   |                                  |                                 |   | PRICE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| FL 34142   | 59-1741277        | 501(C)(3)                        | ٥.                              | 543,340.                                | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
| HEALTHCARE NETWORK OF SW FLORIDA                   |                   |                                  |                                 |   |   |  |                                       |
| 1454 MADISON AVE W                                 |                   |                                  |                                 |   |   |  |                                       |
| IMMOKALEE, FL 34142                                | 59-1741277        | 501(C)(3)                        | 50,000.                         | 0.                                      |   |  | COVID19-US                            |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                                 |  |   |  | 95-1831116 Pag                        |
|--|-------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other           | Assistance to Do  | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  |   |  |                                       |
| HEALTHLINC, INC                                    |                   |                                  |                                 |  |   |  | A MED T COUD GEDED GEN                |
| 2401 VALLEY DRIVE                                  | 25 21 47701       | E01(0)(2)                        | E0.000                          | 0.   |   |  | AMERISOURCEBERGEN -                   |
| VALPARAISO, IN 46383                               | 35-2147791        | 501(C)(3)                        | 50,000.                         | 0.   | ESTIMATED   | PHARMACEUTICALS                        | INNOVATION AWARDS                     |
|  |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | SUPPORT TO US CLINICS &               |
| HEALTHLINK DENTAL CENTER, INC                      |                   |                                  |                                 |  |   | ,                                      | HEALTH CENTERS FOR                    |
| 1775 STREET ROAD                                   | 00.000700         | F01(0)(2)                        |                                 | 15 000   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SOUTHAMPTON, PA 18966                              | 23-2998708        | 501(C)(3)                        | 0.                              | 15,903.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALTHNET OF ROCK COUNTY, INC.                     |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 23 WEST MILWAUKEE STREET                           |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| JANESVILLE, WI 53548                               | 39-1778804        | 501(C)(3)                        | 0.                              | 283,990.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| HEALTHNET, INC.                                    |                   |                                  |                                 |  |   |  |                                       |
| 3403 E. RAYMOND ST.                                |                   |                                  |                                 |  |   |  | SAFETY NET SUPPORT                    |
| INDIANAPOLIS, IN 46203                             | 35-1579827        | 501(C)(3)                        | 150,000.                        | 0.   |   |  | ,<br>COVID19-US                       |
| ,  |                   |                                  | , .                             |  |   |  |                                       |
| HEALTHPOINT  |                   |                                  |                                 |  |   |  |                                       |
| 955 POWELL AVE SW                                  |                   |                                  |                                 |  |   |  |                                       |
| RENTON, WA 98057                                   | 91-0884412        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| ,  |                   |                                  | , ,                             |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALTHQUEST OF UNION COUNTY                        |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 415 EAST FRANKLIN STREET                           |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| MONROE, NC 28112                                   | 56-2117596        | 501(C)(3)                        | 0.                              | 108 482.                                       | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALTHREACH COMMUNITY HEALTH                       |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CENTERS - 10 WATER ST SUITE 305 -                  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| WATERVILE, ME 04901                                | 01-6023664        | 501(C)(3)                        | 0.                              |  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| HEALTHRIGHT 360/HAIGHT ASHBURY                     | 01 0020004        |                                  | · · · ·                         | 110,000.                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FREE CLINIC MISSION STREET -                       |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| ADMINISTRATION - 1735 MISSION                      |                   |                                  |                                 |  | PRICE,  | , MEDICAL<br>SUPPLIES,                 |                                       |
|  | 94-6129071        | 501(C)(3)                        | 0.                              | 17 017   | ,   | EQUIPMENT                              | LOW-INCOME, UNINSURED<br>PATIENTS     |
| STREET - SAN FRANCISCO, CA 94103                   | <u>94-01290/1</u> | 501(0)(3)                        |                                 | 4/,91/.  | PURCHASED<br>ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
|  |                   |                                  |                                 |  |   |  |                                       |
| IEALTHWORKS  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2508 E. FOX FARM ROAD #1B                          | 07.0710001        | F01(a)(2)                        | _                               | 242 050  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CHEYENNE, WY 82007                                 | 87-0718984        | 501(C)(3)                        | 0.                              | 343,958.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                              |                   |                                  |                                 |  |   |  | 95-1831116 Pag                        |
|--|-------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A                       | Assistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>T   | art II.)                               | 1                                     |
| (a) Name and address of organization or government               | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALTHWORKS FOR NORTH VIRGINIA                                   |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 63 FORT EVANS ROAD   |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LEESBURG, VA 20176   | 20-2379419        | 501(C)(3)                        | 0.                              | 133,617.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| EALTHY MOTHERS HEALTHY BABIES                                    |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| COALITION OF HAWAII - 245 N KUKUI                                |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ST #102A - HONOLULU, HI 96817                                    | 99-0299264        | 501(C)(3)                        | 0.                              | 34,668.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  |                                       |
| HEART OF FLORIDA HEALTH CENTER INC                               |                   |                                  |                                 |  |   |  |                                       |
| 203 E. SILVER SPRINGS BLVD STE 101                               |                   |                                  |                                 |  |   |  |                                       |
| DCALA, FL 34470  | 59-3060378        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | LILLY NAVIGATOR GRANT                 |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| EART OF KANSAS FAMILY HEALTHCARE                                 |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| INC - 1905 19TH STREET - GREAT                                   |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BEND, KS 67530   | 48-1165405        | 501(C)(3)                        | 0.                              | 20,632.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEART OF OHIO FAMILY HEALTH CENTER                               |                   |                                  |                                 |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 382 SOUTH HAMILTON ROAD  |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| COLUMBUS, OH 43213   | 38-3765547        | 501(C)(3)                        | 0.                              | 176,709.                                       | PRICE   | EQUIPMENT                              | PATIENTS                              |
| HEART OF TEXAS COMMUNITY HEALTH<br>CEN - 1600 PROVIDENCE DRIVE - |                   |                                  |                                 |  |   |  |                                       |
| WACO, TX 76707   | 74-2867580        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| HEARTLAND MEDICAL CLINIC, INC.                                   |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| DBA HEARTLAND COMMUNITY HEALTH                                   |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER) - 346 MAINE ST SUITE 150 -                               |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| LAWRENCE, KS 66044   | 48-1221800        | 501(C)(3)                        | ٥.                              | 77,739.  | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS                 |
| HELPCARE CLINIC  |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 3015 AVENUE A  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| KEARNEY, NE 68847  | 46-5551263        | 501(C)(3)                        | ٥.                              | 6,923.   | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| HELPING HANDS CLINIC, INC.                                       |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 310 HARPER AVE NW  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LENOIR, NC 28645   | 56-2076541        | 501(C)(3)                        | 0.                              | 69.118.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

 Schedule I (Form 990)
 DIRECT RELIEF

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| (a) Name and address of organization or government   | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HELPING HANDS FREE MEDICAL CLINIC                    |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 230 SOUTH MAIN STREET                                |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MULLINS, SC 29574                                    | 32-0378680     | 501(C)(3)                        | 0.                              | 37,766.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HELPING HANDS HEALTH AND WELLNESS                    |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 5100 KARL ROAD -                            |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| COLUMBUS, OH 43229                                   | 20-5937457     | 501(C)(3)                        | 0.                              | 27,056.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HELPING HANDS OF TENNESSEE                           |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1408 NORTH HIGHLAND AVENUE                           |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| JACKSON, TN 38301                                    | 81-1043752     | 501(C)(3)                        | 0.                              | 1,432,817.                                     | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HENDERSON BEHAVIORAL HEALTH HILL                     |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| PROGRAM - 4700 NORTH STATE ROAD 7                    |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - LAUDERDALE LAKES, FL 33319                         | 59-0711167     | 501(C)(3)                        | 0.                              | 38,851.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ,  |                |                                  |                                 | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HENRY J. AUSTIN HEALTH CENTER,                       |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| INC 321 NORTH WARREN STREET -                        |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| TRENTON, NJ 08618                                    | 22-2682708     | 501(C)(3)                        | 0.                              | 15,441.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| •  |                |                                  |                                 | , ,  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| HENRY MAYO NEWHALL HOSPITAL                          |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 23803 MCBEAN PARKWAY                                 |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VALENCIA, CA 91355                                   | 95-2821104     | 501(C)(3)                        | 0.                              | 44,449.  | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| HERALD CHRISTIAN HEALTH CENTER<br>8841 GARVEY AVENUE |                |                                  |                                 |  |   |  | covid19-us,                           |
| ROSEMEAD, CA 91770                                   | 20-3492620     | 501(C)(3)                        | 192,275.                        | 0.   |   |  | COVID19-ABBOTT                        |
|  |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| 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.                              | 11,027.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| HERITAGE COMMUNITY CLINIC OHIO                       |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| UNIVERSITY HERITAGE COLLEGE OF                       |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| OSTEOPATHIC MEDICI - 1 OHIO                          |                |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| UNIVERSITY - ATHENS, OH 45701                        | 31-6402113     | 501(C)(3)                        | 0.                              | 25,261.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                  |                                  |                                 |  |   |  | 95-1831116 Pag                           |
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| Part II Continuation of Grants and Other           | Assistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | Γ  |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance    |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                  |
| HIGH PLAINS COMMUNITY HEALTH                       |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                       |
| CENTER, INC - 201 KENDALL DRIVE -                  |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                    |
| LAMAR, CO 81052                                    | 84-1244224       | 501(C)(3)                        | 0.                              | 11,143.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                 |
| HIGHLAND HEALTH PROVIDERS                          |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                  |
| CORPORATION HIGHLAND FAMILY                        |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                       |
| IEDICINE - 1487 NORTH HIGH STREET                  |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                    |
| HILLSBORO, OH 45133                                | 31-1765550       | 501(C)(3)                        | 0.                              | 19,615.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                 |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                  |
| HIGHLAND MEDICAL CENTER                            |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                       |
| 120 JACKSON RIVER RD                               |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                    |
| MONTEREY, VA 24465                                 | 54-1652356       | 501(C)(3)                        | 0.                              | 26,161.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                 |
| HIGHLANDS HEALTH LAUREL HIGHLANDS                  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                    |
| REE & CHARITABLE CLINIC - 315                      |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                       |
| LOCUST STREET - JOHNSTOWN, PA                      |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                    |
| 15901  | 23-2922409       | 501(C)(3)                        | 0.                              | 195,110.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                 |
| HILL COUNTRY COMMUNITY CLINIC                      |                  |                                  |                                 |  |   |  |  |
| PO BOX 228<br>ROUND MOUNTAIN, GA 96084             | 94-2831597       | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                               |
| COND MOONTAIN, GA 90004                            | 54 2051557       | 501(0)(3)                        | 50,000.                         | 0.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                    |
| HILL COUNTRY HEALTH AND WELLNESS                   |                  |                                  |                                 |  | WHOLESALE   | _ MEDICAL                              | HEALTH CENTERS FOR                       |
| CENTER - 29632 HWY 299 EAST -                      |                  |                                  |                                 |  | PRICE,  | , MEDICAL<br>SUPPLIES,                 |  |
|  | 94-2831597       | 501(0)(3)                        | 0.                              | 5 1 9 5  | PURCHASED   | EQUIPMENT                              | LOW-INCOME, UNINSURED<br>PATIENTS        |
| ROUND MOUNTAIN, CA 96084                           | 94-2051597       | 501(C)(3)                        | · · ·                           | 5,105.   | ESTIMATED   | PHARMACEUTICALS                        |  |
| HINDS MOBILE MD                                    |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                | SUPPORT TO US CLINICS HEALTH CENTERS FOR |
| 3485 EAST MCDONALD DRIVE #214                      |                  |                                  |                                 |  | PRICE,  | , MEDICAL<br>SUPPLIES,                 |  |
|  | 82-5152803       | E01(0)(2)                        | 0.                              | 6 6 9 1  | PURCHASED   | ,                                      | LOW-INCOME, UNINSURED<br>PATIENTS        |
| SCOTTSDALE, AZ 85250                               | 02-5152003       | 501(C)(3)                        | 0.                              | 0,001.   |   | EQUIPMENT                              |  |
| IT C DRANGUES INC                                  |                  |                                  |                                 |  | ESTIMATED<br>WHOLESALE  | PHARMACEUTICALS<br>MEDICAL             | SUPPORT TO US CLINICS                    |
| HIS BRANCHES, INC.                                 |                  |                                  |                                 |  |   | <i>'</i>                               | HEALTH CENTERS FOR                       |
| 340 ARNETT BLVD.                                   |                  | E01(0)(2)                        | _                               | 10 000   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                    |
| ROCHESTER, NY 14619                                | 23-7060337       |                                  | 0.                              | 10,0/3.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                 |
| IT IIND EDDE OF THE                                |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                    |
| HIS HANDS FREE CLINIC                              |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                       |
| L245 2ND AVE SE                                    |                  | 501(0)(2)                        |                                 | 10.000   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                    |
| CEDAR RAPIDS, IA 52403                             | 39-1878606       | DUT(C)(3)                        | 0.                              | 12,339.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                 |

| Schedule I (Form 990) DIRECT RELIEF   |            |                                  |                             |   | adula I (Farm 000) D   | \u4    \                                  | 95-1831116 Pag                              |
|---|------------|----------------------------------|-----------------------------|---|--|---|---|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance       |
|   |            |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &                     |
| HIV ALLIANCE  |            |                                  |                             |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                          |
| 195A CITY VIEW STREET   |            |                                  |                             |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                       |
| EUGENE, OR 97402  | 93-0963546 | 501(C)(3)                        | 0.                          | 2,562,453.                              | PURCHASED  | EQUIPMENT                                 | PATIENTS                                    |
| HIV/AIDS ALLIANCE FOR REGION TWO  |            |                                  |                             |   | ESTIMATED  |   | SUPPORT TO US CLINICS &                     |
| DBA OPEN HEALTH CARE CLINIC - 4550  |            |                                  |                             |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                          |
| IORTH BLVD SUITE 250 - BATON  |            |                                  |                             |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                       |
| ROUGE, LA 70806   | 72-1283359 | 501(C)(3)                        | 0.                          | 28,089.                                 | PURCHASED  | ,<br>EQUIPMENT                            | PATIENTS                                    |
| HIV/AIDS ALLIANCE FOR REGION TWO, 1<br>4550 NORTH BOULEVARD<br>BATON ROUGE, LA 70806                            | 72-1283359 | 501(C)(3)                        | 50,000.                     | 0.                                      |  |   | COVID19-US                                  |
| HOGAR ALBERGUE PARA LOS NINOS<br>APARTADO 1147<br>MAYAQUEZ, PR 00681  | 66-0476875 | 501(C)(3)                        | 30,000.                     | 0.                                      |  |   | LILLY NAVIGATOR GRANT                       |
|   | 00 04/00/5 | 501(0)(5)                        | 50,000.                     | 0.                                      |  |   | SUPPORT TO US CLINICS                       |
| HOGAR ALBERGUE PARA NIOS JESS DE  |            |                                  |                             |   |  |   | HEALTH CENTERS FOR                          |
| NAZARET, INC CARR 349 3.1 CERRO   |            |                                  |                             |   | PURCHASED  |   | LOW-INCOME, UNINSURED                       |
| LAS MESAS - MAYAGEZ, PR 00680   | 66-0476875 | 501(0)(3)                        | 0.                          | 15,097.                                 |  | EQUIPMENT                                 | PATIENTS                                    |
| AD MEDAD MATAGEA, IN 00000  | 00 04/00/5 | 501(0)(5)                        | 0.                          | 13,057.                                 | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                       |
| HOGAR DEL BUEN PASTOR   |            |                                  |                             |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                          |
| 250 AVENIDA DE LA CONSTITUCION PUET   | )          |                                  |                             |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                       |
| SAN JUAN, PR 00901  | 66-0488299 |                                  | 0.                          | 9 893                                   | PURCHASED  | EQUIPMENT                                 | PATIENTS                                    |
| AN COAN, IN COSCI   | 00 0400200 |                                  | 0.                          | 5,055.                                  | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                       |
| IOLLAND FREE HEALTH CLINIC  |            |                                  |                             |   | WHOLESALE  | _ MEDICAL                                 | HEALTH CENTERS FOR                          |
| 99 WEST 26TH STREET   |            |                                  |                             |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                       |
| HOLLAND, MI 49423   | 30-0072620 | 501(C)(3)                        | 0.                          | 37 818                                  | PURCHASED  | EQUIPMENT                                 | PATIENTS                                    |
| IOLIAND, MI 49423   | 50-0072020 | 501(0)(5)                        | 0.                          | 57,010.                                 | ESTIMATED  | EQUIFMENT                                 |   |
| OLYOKE HEALTH CENTER  |            |                                  |                             |   | WHOLESALE  | MEDICAL                                   | SUPPORT TO US CLINICS<br>HEALTH CENTERS FOR |
|   |            |                                  |                             |   |  |   |   |
| 230 MAPLE STREET  | 04 0400720 | F01(a)(2)                        |                             | 12 000                                  | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                       |
| IOLYOKE, MA 01040   | 04-2492730 | DUT(C)(3)                        | 0.                          | 13,922.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                                    |
| IOLYOKE HEALTH CENTER, INC.<br>230 MAPLE STREET   |            |                                  |                             |   |  |   |   |
| HOLYOKE, MA 01040   | 04-2492730 | 501(C)(3)                        | 50,000.                     | 0.                                      |  |   | COVID19-US                                  |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                          |  |   |  | 95-1831116 Pag                        |
|--|-------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| 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.                       | 73,032.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| HOMETOWN HEALTH CENTERS                            |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1044 STATE STREET                                  |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SCHENECTADY, NY 12307                              | 14-1636222        | 501(C)(3)                        | 0.                       | 7,847.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HOPE CARE CLINIC                                   |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 414 S COLUMBIA ST                                  |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VENATCHEE, WA 98801                                | 84-3948838        | 501(C)(3)                        | 0.                       | 21,673.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HOPE CLINIC  |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 203 NORTH STREET                                   |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BAYBORO, NC 28515                                  | 56-2114681        | 501(C)(3)                        | 0.                       | 346,098.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HOPE CLINIC  |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 518 HARRIET STREET                                 |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| YPSILANTI, MI 48197                                | 38-2469007        | 501(C)(3)                        | 0.                       | 105,772.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| HOPE CLINIC  |                   |                                  |                          |  |   |  |                                       |
| 7001 CORPORATE, SUITE 120                          |                   |                                  |                          |  |   |  |                                       |
| HOUSTON, TX 77036                                  | 31-1756818        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| 100010N, 1N //050                                  | 51 1750010        | 501(0)(5)                        | 50,000.                  |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| HOPE CLINIC AND CARE CENTER                        |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1814 APPLETON RD                                   |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MENASHA, WI 54952                                  | 47-3031346        | 501(C)(3)                        | 0.                       | 266 665  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  | 1, 5051510        | 501(0)(5)                        |                          | 200,000.                                       | 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.                       | 285 450  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ACATIMALI, IA / 5005                               | 01-3013920        | 501(0)(3)                        |                          | 205,450.                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| HOPE HEALTH CLINIC                                 |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
|  |                   |                                  |                          |  |   | ,                                      |                                       |
| 1025 SANIBEL WAY, SUITE E                          | 45 2240606        | 501(0)(2)                        |                          | 71 330   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LAGRANGE, KY 40031                                 | 45-2340606        |                                  | 0.                       | /1,338.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HOPE MEDICAL CLINIC                                |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 150 BEACH DRIVE                                    |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DESTIN, FL 32541                                   | 26-3811078     | 501(C)(3)                        | 0.                       | 342,524.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HOPE REFUGE INC.                                   |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| P.O. BOX 80325                                     |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| GOLETA, CA 93118                                   | 46-3143626     | 501(C)(3)                        | 0.                       | 12,033.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HOPELIGHT MEDICAL CLINIC                           |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1351 COLLYER STREET                                |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LONGMONT, CO 80501                                 | 46-4657471     | 501(C)(3)                        | 0.                       | 395,145.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HOPKINS COUNTY COMMUNITY CLINIC                    |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 638 N. FRANKLIN STREET                             |                |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| MADISONVILLE, KY 42431                             | 06-1710391     | 501(C)(3)                        | 0.                       | 6,379.   | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| HORIZON HEALTH CARE, INC.<br>P.O. BOX 99           |                |                                  |                          |  |   |  |                                       |
| HOWARD, SD 57349                                   | 46-0341255     | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HORIZON HEALTH CARE, INC.                          |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| ADMINISTRATION - 109 NORTH MAIN                    |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| STREET - HOWARD, SD 57349                          | 46-0341255     | 501(C)(3)                        | 0.                       | 840,623.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HORIZON HEALTH CENTER                              |                |                                  |                          |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 714 BERGEN AVE # 714                               |                |                                  |                          |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| JERSEY CITY, NJ 07306-4802                         | 22-1831695     | 501(C)(3)                        | 0.                       | 35,972.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | 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                 |
| WILMINGTON, NC 28412                               | 56-0950370     | 501(C)(3)                        | 0.                       | 447,452.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HOSPITAL COMUNITARIO BUEN                          |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| SAMARITANO, - AVE. SEVERIANO                       |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CUEVAS #18 - AGUADILLA, PR 00603                   | 66-0571457     | 501(C)(3)                        | 0.                       | 137,101.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

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|---|----------------|----------------------------------|--------------------------|---|--|---|--|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | (b) EIN        | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance              |
| HOSPITAL COMUNITARIO BUEN   |                |                                  |                          |   |  |   |  |
| SAMARITANO, INC PO BOX 4055 -   |                |                                  |                          |   |  |   | ABBVIE PR INFRASTRUCTURE                           |
| AGUADILLA, PR 00605   | 66-0571457     | 501(C)(3)                        | 609,301.                 | 0.                                      |  |   | EQUIPMENT  |
|   |                |                                  | ,                        |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &                            |
| HOSPITAL GENERAL DE CASTAER, INC.   |                |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                                 |
| CARRETERA 135, KM. 4.5  |                |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                              |
| CASTANER, PR 00631  | 66-0352014     | 501(C)(3)                        | 0.                       | 295,060.                                | ,<br>PURCHASED   | ,<br>EQUIPMENT                            | ,<br>PATIENTS                                      |
| ,   |                |                                  |                          | <b>, , ,</b>                            |  | ~   |  |
| HOSPITAL GENERAL DE CASTANER  |                |                                  |                          |   |  |   | ABBVIE PR INFRASTRUCTURE                           |
| PO BOX 1003   |                |                                  |                          |   |  |   | EQUIPMENT, ABBVIE PR                               |
| CASTANER, PR 00631-1003   | 66-0352014     | 501(C)(3)                        | 180,791.                 | 0.                                      |  |   | MOBILE HEALTH                                      |
| ,   |                |                                  |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS &                            |
| HOSPITAL SAN CARLOS BORROMEO  |                |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                                 |
| CALLE CONCEPCIN VERA AYALA #550 S.  |                |                                  |                          |   | PRICE,   | SUPPLIES .                                | LOW-INCOME, UNINSURED                              |
| MOCA, PR 00676  | 66-0371418     | 501(C)(3)                        | 0.                       | 5 613.                                  | 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.                       | 475 347                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS   |
|   |                |                                  |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS &                            |
| HOT SPRINGS HEALTH PROGRAM  |                |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                                 |
| 590 MEDICAL PARK DRIVE  |                |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                              |
| MARSHALL, NC 28753  | 56-0986537     | 501(C)(3)                        | 0.                       | 13 877                                  | PURCHASED  | EQUIPMENT                                 | PATIENTS   |
| ,0,00   |                |                                  |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS &                            |
| HOUSING WORKS   |                |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                                 |
| 81 WILLOUGHBY STREET  |                |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                              |
| BROOKLYN, NY 11201  | 13-3826364     | 501(C)(3)                        | 0.                       | 7 612                                   | PURCHASED  | EQUIPMENT                                 | PATIENTS   |
|   | 15 5020504     | 501(0)(3)                        |                          | ,,012.                                  |  |   | SUPPORT TO US CLINICS &                            |
| HOUSTON METHODIST HOSPITAL  |                |                                  |                          |   | ESTIMATED  |   | HEALTH CENTERS FOR                                 |
| 6565 FANNIN STREET  |                |                                  |                          |   | WHOLESALE  |   | LOW-INCOME, UNINSURED                              |
| HOUSTON, TX 77030   | 74-1180155     | 501(C)(3)                        | 0.                       | 33,600.                                 |  | EOUIPMENT                                 | PATIENTS   |
| 100510N, 1A //050   | , <del>-</del> |                                  | · · ·                    | 55,000.                                 | L NICH   | DOLLINDAI                                 | ABBVIE PR INFRASTRUCTURE                           |
| HPM FOUNDATION HEALTHPRO MED  |                |                                  |                          |   |  |   | EQUIPMENT, ABBVIE PR                               |
| 2020 AVE. BORINQUEN   |                |                                  |                          |   |  |   |  |
| SAN JUAN, PR 00915  | 66-0437924     | 501(0)(3)                        | 85,928.                  | 0.                                      |  |   | MOBILE HEALTH, ABBVIE PR<br>EMERGENCY PREP & RESP. |
| SAN JUAN, PR UU915  | 00-043/924     | 501(0)(3)                        | 05,928.                  | υ.                                      |  |   | EMERGENCI PREP & RESP,                             |

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|--|------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other           | Assistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HUDSON HEADWATERS HEALTH NETWORK                   |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 9 CAREY ROAD                                       |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| QUEENSBURY, NY 12804                               | 14-1628237       | 501(C)(3)                        | 0.                              | 9,884.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| HUDSON HEADWATERS HEALTH NETWORK                   |                  |                                  |                                 |  |   |  |                                       |
| 9 CAREY RD.  |                  |                                  |                                 |  |   |  |                                       |
| QUEENSBURY, NY 12804                               | 14-1628237       | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HUMBOLDT AREA CENTER FOR HARM                      |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| REDUCTION - 1522 3RD STREET -                      |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| EUREKA, CA 95501                                   | 47-2822261       | 501(C)(3)                        | 0.                              | 169,367.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| HUNTINGTON HOSPITAL                                |                  |                                  |                                 |  | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| 301 S FAIRMOUNT AVENUE                             |                  |                                  |                                 |  | PRICE,  |  | LOW-INCOME, UNINSURED                 |
| PASADENA, CA 91105                                 | 95-1644036       | 501(C)(3)                        | 0.                              | 22,201.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| UNDER ENNIS LENIEU CLINIC                          |                  |                                  |                                 |  |   |  |                                       |
| HURTT FAMILY HEALTH CLINIC                         |                  |                                  |                                 |  |   |  |                                       |
| 1 HOPE DRIVE                                       | 22 0006966       | E01(0)(2)                        | E0.000                          | 0.   |   |  |                                       |
| TUSTIN, CA 92782                                   | 33-0906866       | 501(C)(3)                        | 50,000.                         | U.   | ESTIMATED   | PHARMACEUTICALS                        | COVID19-US<br>SUPPORT TO US CLINICS & |
|  |                  |                                  |                                 |  |   | MEDICAL                                |                                       |
| HYDE COUNTY HEALTH DEPARTMENT<br>1151 MAIN STREET  |                  |                                  |                                 |  | WHOLESALE   | ,                                      | HEALTH CENTERS FOR                    |
|  | 56-6000308       | F01 ( 0) ( 2)                    |                                 | 10 000   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SWAN QUARTER, NC 27885                             | 56-6000308       | 501(C)(3)                        | 0.                              | 12,689.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HYNDMAN AREA HEALTH CENTER                         |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 104 RAILROAD STREET                                |                  |                                  |                                 | 00.514   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BEDFORD, PA 15522                                  | 25-1343824       | 501(C)(3)                        | 0.                              | 90,611.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| IBN SINA FOUNDATION                                |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 11226 SOUTH WILCREST DRIVE                         |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HOUSTON, TX 77099                                  | 76-0698464       | 501(C)(3)                        | 0.                              | 5,777.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| ICNA RELIEF SHIFA CLINIC, OKC                      |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 3840 ST CLAIR AVENUE                               |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| OKLAHOMA CITY, OK 73112                            | 04-3810161       | 501(C)(3)                        | 0.                              | 21,563.  | PRICE   | SUPPLIES                               | PATIENTS                              |

|            |   | and Damastic Oa          |   | adula I (Farm 000) D   | Surt 11.)   |   |
|------------|---|--------------------------|---|--|---|---|
| (b) EIN    | (c) IRC section<br>if applicable  | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance   | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other)   | (g) Description of<br>non-cash assistance   | (h) Purpose of grant<br>or assistance   |
|            |   |                          |   | ESTIMATED  | PHARMACEUTICALS   | SUPPORT TO US CLINICS &   |
|            |   |                          |   | WHOLESALE  | , MEDICAL   | HEALTH CENTERS FOR  |
|            |   |                          |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED   |
| 04-3810161 | 501(C)(3)   | 0.                       | 343,759.  | PURCHASED  | EQUIPMENT   | PATIENTS  |
|            |   |                          | ,   |  |   | SUPPORT TO US CLINICS &   |
|            |   |                          |   | ESTIMATED  | PHARMACEUTICALS   | HEALTH CENTERS FOR  |
|            |   |                          |   | WHOLESALE  | MEDICAL   | LOW-INCOME, UNINSURED   |
| 84-2505295 | 501(C)(3)   | 0.                       | 127,820.  | PRICE  | ,<br>SUPPLIES   | ,<br>PATIENTS   |
|            |   |                          | ,   |  |   | SUPPORT TO US CLINICS &   |
|            |   |                          |   | ESTIMATED  | MEDICAL   | HEALTH CENTERS FOR  |
|            |   |                          |   | WHOLESALE  | SUPPLIES  | LOW-INCOME, UNINSURED   |
| 23-7209592 | 501(C)(3)   | 0.                       | 6 850.  | PRICE  | ,   | ,<br>PATIENTS   |
|            |   |                          |   |  | ~   | SUPPORT TO US CLINICS &   |
|            |   |                          |   | ESTIMATED  | PHARMACEUTICALS   | HEALTH CENTERS FOR  |
|            |   |                          |   |  |   | LOW-INCOME, UNINSURED   |
| 56-2439708 | 501(C)(3)   | 0.                       | 16 070.   |  | ,   | PATIENTS  |
|            |   |                          | ,   |  |   | SUPPORT TO US CLINICS &   |
|            |   |                          |   |  |   | HEALTH CENTERS FOR  |
|            |   |                          |   |  | ,   | LOW-INCOME, UNINSURED   |
| 41-0977740 | 501(C)(3)   | 0                        | 23 910  | '  | ,   | PATIENTS  |
| 11 0377710 | 501(0)(5)   |                          |   |  |   | SUPPORT TO US CLINICS &   |
|            |   |                          |   | ESTIMATED  |   | HEALTH CENTERS FOR  |
|            |   |                          |   |  |   | LOW-INCOME, UNINSURED   |
| 95-2506788 | 501(C)(3)   | 0                        | 5 600   |  | FOUTPMENT   | PATIENTS  |
| 55 2500,00 | 501(0)(5)   |                          | 5,000.  |  |   | SUPPORT TO US CLINICS &   |
|            |   |                          |   |  |   | HEALTH CENTERS FOR  |
|            |   |                          |   |  | ,   | LOW-INCOME, UNINSURED   |
| 33-1170597 | 501(C)(3)   | 0                        | 55 110  | ,  | ,   | PATIENTS  |
| 55 11/0557 | 501(0/(5/   | 0.                       | 55,110.   |  |   | SUPPORT TO US CLINICS &   |
|            |   |                          |   |  |   | HEALTH CENTERS FOR  |
|            |   |                          |   |  | ,   |   |
| 95-3246624 | 501(C)(3)   |                          | 8 313   | '  | ,   | LOW-INCOME, UNINSURED<br>PATIENTS   |
| 95-5240024 | 501(0)(5)   | · · ·                    | 0,342.  | T OKCUNDED   | БОЛЕНЕНІ  | SUPPORT TO US CLINICS &   |
|            |   |                          |   |  |   | HEALTH CENTERS FOR  |
|            |   |                          |   |  |   |   |
|            |   |                          |   | WIOLESALE  |   | LOW-INCOME, UNINSURED   |
|            | (b) EIN<br>04-3810161<br>84-2505295<br>23-7209592<br>56-2439708<br>41-0977740<br>95-2506788<br>33-1170597 | (b) EIN (c) IRC section  | (b) EIN       (c) IRC section<br>if applicable       (d) Amount of<br>cash grant         04-3810161       501(C) (3)       0.         84-2505295       501(C) (3)       0.         23-7209592       501(C) (3)       0.         56-2439708       501(C) (3)       0.         41-0977740       501(C) (3)       0.         95-2506788       501(C) (3)       0.         33-1170597       501(C) (3)       0. | (b) EIN         (c) IRC section<br>if applicable         (d) Amount of<br>cash grant         (e) Amount of<br>non-cash<br>assistance           04-3810161         501(C)(3)         0.         343,759.           84-2505295         501(C)(3)         0.         127,820.           23-7209592         501(C)(3)         0.         6,850.           56-2439708         501(C)(3)         0.         16,070.           41-0977740         501(C)(3)         0.         23,910.           95-2506788         501(C)(3)         0.         5,600.           33-1170597         501(C)(3)         0.         55,110. | (b) EIN(c) IRC section<br>if applicable(d) Amount of<br>cash grant(e) Amount of<br>non-cash<br>assistance(f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other)04-3810161501(C)(3)0343,759,<br>PRICE,SSTIMATED<br>WHOLESALE<br>PRICE,04-3810161501(C)(3)0343,759,<br>PURCHASEDSSTIMATED<br>WHOLESALE<br>PRICE,84-2505295501(C)(3)0127,820,<br>PRICEPRICE23-7209592501(C)(3)06,850,<br>PRICESSTIMATED<br>WHOLESALE23-7209592501(C)(3)06,850,<br>PRICESSTIMATED<br>WHOLESALE56-2439708501(C)(3)016,070,<br>PRICEPRICE41-0977740501(C)(3)023,910,<br>PURCHASEDPRICE,<br>PRICE95-2506788501(C)(3)05,600,<br>PRICEPRICE33-1170597501(C)(3)055,110,<br>PURCHASEDPRICE,<br>PRICE,<br>PRICE,33-1170597501(C)(3)0STIMATED<br>WHOLESALEPRICE,IIIIIIIPRICE,<br>PRICE,33-1170597501(C)(3)0STIMATED<br>WHOLESALEPRICE,IIIIIIIIIIPRICE,<br>PRICE,PRICE, | International intervaluationIntervaluationIntervaluationIntervaluationif applicableicash grantintervaluationintervaluationintervaluationassistanceissistanceissistanceissistanceissistance04-3810161501(C)(3)0.343,759purchasedgutpment04-3810161501(C)(3)0.343,759purchasedgutpment84-2505295501(C)(3)0.127,820pricegutpment84-2505295501(C)(3)0.127,820pricegutpment23-7209592501(C)(3)0.6,850pricegutpment23-7209592501(C)(3)0.6,850pricegutpment56-2439708501(C)(3)0.16,070pricegutpment56-2439708501(C)(3)0.23,910purchasedMEDICAL95-2506788501(C)(3)0.5,600pricegutpment95-2506788501(C)(3)0.5,5110purchasedpurplices,95-2506788501(C)(3)0.55,110purchasedpurplices,95-2506788501(C)(3)0.55,110purchasedpurplices,95-2506788501(C)(3)0.55,110purchasedpurplices,95-2506788501(C)(3)0.55,110purchasedpurplices,95-2506788501(C)(3)0.55,110purchasedpurplices,95-2506788501(C)(3)0.55,110purchasedpurplices, </td |

Schedule I (Form 990) DIRECT RELIEF

| (a) Name and address of organization or government                       | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|-----------------------------|---|---|--|---------------------------------------|
| INNIS COMMUNITY HEALTH CENTERS.  |                |                                  |                             |   |   |  |                                       |
| INC - 6450 LA HWY1 - BATCHELOR, LA                                       |                |                                  |                             |   |   |  |                                       |
| 70715  | 72-1505179     | 501(C)(3)                        | 50,000.                     | 0.                                      |   |  | COVID19-US                            |
| INSTITUTE FOR FAMILY HEALTH<br>2006 MADISON AVENUE<br>NEW YORK, NY 10035 | 13-3273402     | 501(C)(3)                        | 50,000.                     | 0.                                      |   |  | COVID19-US                            |
|  |                |                                  |                             |   |   |  |                                       |
| INTERCAMBIOS PUERTO RICO INC.<br>#165 CALLE DIEGO ZALDUONDO              | 66-0731885     | E01(0)(2)                        | 1 242 554                   | 0.                                      |   |  | PUERTO RICO OPIOID<br>PROGRAM         |
| FAJARDO, PR 00738  | 00-0731005     | 501(C)(3)                        | 1,342,554.                  | 0.                                      | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| INTERCAMBIOS PUERTO RICO, INC.   |                |                                  |                             |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 165 CALLE DIEGO ZALDUONDO (ALTOS)  |                |                                  |                             |   | PRICE,  | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| FAJARDO, PR 00738  | 66-0731885     | 501(0)(3)                        | 0.                          |   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  | 00 0751005     | 501(0)(3)                        |                             | 54,572.                                 | ESTIMATED   |  | SUPPORT TO US CLINICS                 |
| INTERFAITH CLINIC  |                |                                  |                             |   | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 2305 CHAMPAGNOLLE RD.  |                |                                  |                             |   | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| EL DORADO, AR 71730  | 71-0236863     | 501(C)(3)                        | 0.                          |   | PURCHASED   | , MEDICAL<br>SUPPLIES                  | PATIENTS                              |
| ,,   |                |                                  |                             | ,                                       |   |  |                                       |
| INTERNATIONAL COMMUNITY HEALTH   |                |                                  |                             |   |   |  |                                       |
| SERV - P.O. BOX 3007 - SEATTLE, WA                                       |                |                                  |                             |   |   |  |                                       |
| 98114-3007   | 91-0947084     | 501(C)(3)                        | 50,000.                     | 0.                                      |   |  | COVID19-US                            |
|  |                |                                  | ,                           |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| IOWA HARM REDUCTION COALITIONS   |                |                                  |                             |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1216 2ND AVENUE SE   |                |                                  |                             |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| CEDAR RAPIDS, IA 52403   | 82-1864287     | 501(C)(3)                        | 0.                          | 159,490.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                             | -                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| IOWA PRESCRIPTION DRUG CORPORATION                                       |                |                                  |                             |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| DBA SAFENETRX - 11100 AURORA   |                |                                  |                             |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| AVENUE - URBANDALE, IA 50322   | 42-1518875     | 501(C)(3)                        | 0.                          | 9,896.                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                             |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| ISLAND HEALTH & WELLNESS CENTER,   |                |                                  |                             |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| INC 5000 ESTATE ENIGHED PMB 311  |                |                                  |                             |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - ST. JOHN, VI 00830   | 66-0852135     | 501(C)(3)                        | 0.                          | 84,553.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                          |  |   |  | 95-1831116 Page                       |
|--|-------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                          |  | 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.                       | 48,086.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| THACA HEALTH ALLIANCE                              |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 21 WEST SENECA STREET                              |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| THACA, NY 14850                                    | 90-0192978        | 501(C)(3)                        | 0.                       | 67,718.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| J.C. LEWIS HEALTH CARE CENTER                      |                   |                                  |                          |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 5 MALL ANNEX                                       |                   |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| SAVANNAH, GA 31406                                 | 27-0380035        | 501(C)(3)                        | 0.                       | 363,846.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                   |                                  |                          |  |   |  |                                       |
| J.C. LEWIS PRIMARY HEALTHCARE CTR                  |                   |                                  |                          |  |   |  |                                       |
| 5 MALL ANNEX                                       |                   |                                  |                          |  |   |  |                                       |
| SAVANNAH, GA 31416                                 | 27-0380035        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| JACKSON FREE CLINIC FOR THE                        |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HOMELESS DBA JACKSON FREE CLINIC -                 |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 25 MARTIN LUTHER KING JR. DRIVE -                  |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| JACKSON, MS 39203                                  | 64 - 0945749      | 501(C)(3)                        | 0.                       | 221,738.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| JACKSON HEALTH SYSTEM JACKSON                      |                   |                                  |                          |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| MEMORIAL HOSPITAL - 1611 NW 12TH                   |                   |                                  |                          |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| STREET - MIAMI, FL 33136                           | 59-1713947        | 501(C)(3)                        | 0.                       | 427,510.                                       | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  |   |  |                                       |
| JEFFERSON COMPREHENSIVE HEALTH                     |                   |                                  |                          |  |   |  |                                       |
| CENT - P. O. BOX 98 - FAYETTE, MS                  |                   |                                  |                          |  |   |  |                                       |
| 39069  | 64-0667610        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| EFFERSON COMPREHENSIVE HEALTH                      |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| ENTER, INC 405 MAIN STREET -                       |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| AYETTE, MS 39069                                   | 64-0667610        | 501(C)(3)                        | 0.                       | 382,999.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| VERICHO ROAD COMMUNITY HEALTH                      |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 184 BARTON STREET -                       |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BUFFALO, NY 14213                                  | 42-1571876        | 501(C)(3)                        | 0.                       | 46,018.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

Schedule I (Form 990) DIRECT RELIEF

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|-----------------------------|---|---|--|---------------------------------------|
| JERICHO ROAD COMMUNITY HEALTH CTR                  |                |                                  |                             |   |   |  |                                       |
| 184 BARTON STREET                                  |                |                                  |                             |   |   |  |                                       |
| BUFFALO, NY 14213                                  | 42-1571876     | 501(C)(3)                        | 50,000.                     | 0.                                      |   |  | COVID19-US                            |
|  | 12 13/10/0     | 501(0)(0)                        |                             |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| JESSIE TRICE COMMUNITY HEALTH                      |                |                                  |                             |   | WHOLESALE   | _ MEDICAL                              | HEALTH CENTERS FOR                    |
| 5607 N W 27TH AVE, SUITE 1                         |                |                                  |                             |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MIAMI, FL 33142                                    | 59-1235617     | 501(C)(3)                        | 0.                          | 33 408                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| AIAAI, FI 33142                                    | 55 1255017     | 501(0/(5)                        |                             | 55,400.                                 | I OKCHADED  |  |                                       |
| JESSIE TRICE COMMUNITY HEALTH                      |                |                                  |                             |   |   |  |                                       |
|  |                |                                  |                             |   |   |  |                                       |
| SYSTE - 5607 NW 27TH AVENUE SUITE                  | E0 102E617     | E01(0)(2)                        | 227 500                     | 0                                       |   |  | COVID19-US,                           |
| 1 - MIAMI, FL 33142                                | 59-1235617     | 501(C)(3)                        | 237,500.                    | 0.                                      |   |  | COVID19-ABBOTT                        |
| TRUT OU CONSCINTER ADDED OF THE                    |                |                                  |                             |   |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| JEWISH COMMUNITY FREE CLINIC                       |                |                                  |                             |   | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 50 MONTGOMERY DRIVE                                |                |                                  |                             |   | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SANTA ROSA, CA 95404                               | 94-3386103     | 501(C)(3)                        | 0.                          | 15,151.                                 |   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                             |   | ESTIMATED   |  | SUPPORT TO US CLINICS                 |
| JEWISH RENAISSANCE FOUNDATION                      |                |                                  |                             |   | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 1090 KING GEORGES POST ROAD BUILDIN                | I              |                                  |                             |   | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| EDISON, NJ 08837                                   | 22-3439175     | 501(C)(3)                        | 0.                          | 5,550.                                  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                             |   |   |  |                                       |
| JOHNS HOPKINS UNIVERSITY                           |                |                                  |                             |   |   |  |                                       |
| 3910 KESWICK RD. N-4327B                           |                |                                  |                             |   |   |  | FACEBOOK CRISIS RESPON                |
| BALTIMORE, MD 21211                                | 52-0595110     | 501(C)(3)                        | 25,463.                     | 0.                                      |   |  | MAPPING                               |
| 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                 |
| JOHNSON CITY, TN 37604                             | 62-6021046     | 501(C)(3)                        | 0.                          | 117,773.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                             | -                                       |   |  | SUPPORT TO US CLINICS                 |
| JOSEPH P. ADDABBO FAMILY HEALTH                    |                |                                  |                             |   | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| CENTER - 120 RICHARDS STREET -                     |                |                                  |                             |   | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| BROOKLYN, NY 11231                                 | 06-1181226     | 501(C)(3)                        | 0.                          | 5,600.                                  |   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                             |   | · · <del>-</del>  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| JPS HEALTH NETWORK                                 |                |                                  |                             |   | ESTIMATED   | _ MEDICAL                              | HEALTH CENTERS FOR                    |
| 1500 S MAIN STREET                                 |                |                                  |                             |   | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 1000 S MILL SINDL                                  |                |                                  |                             |   |   | P                                      | Low Income, ONTROOKED                 |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                                 |  |   |  | 95-1831116 Page                       |
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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>T   | art II.)                               | Ι                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| JTP PROFESSIONAL SERVICE                           |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CORPORATION - 7101 YORK AVENUE S -                 |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| EDINA, MN 55435                                    | 85 - 0868142      | 501(C)(3)                        | 0.                              | 94,634.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| UNIPER 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.                              | 10,390.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| JUST KIDS DENTAL                                   |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1313 FAIRGROUNDS ROAD                              |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| IWO HARBORS, MN 55616                              | 27-2311353        | 501(C)(3)                        | 0.                              | 9,297.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  |                                       |
| JWCH INSTITUTE INC,                                |                   |                                  |                                 |  |   |  |                                       |
| 5650 JILLSON STREET                                |                   |                                  |                                 |  |   |  | COVID19-US,                           |
| COMMERCE, CA 90040                                 | 95-2289916        | 501(C)(3)                        | 237,500.                        | 0.   |   |  | COVID19-ABBOTT                        |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| JWCH INSTITUTE, INC.                               |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 5650 JILLSON STREET                                |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| COMMERCE, CA 90040                                 | 95-2289916        | 501(C)(3)                        | 0.                              | 183,915.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| KALISPELL REGIONAL HEALTHCARE                      |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 310 SUNNYVIEW LANE                                 |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| KALISPELL, MT 59901                                | 81-0406485        | 501(C)(3)                        | ٥.                              | 39,770.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| KANSAS CITY CARE CLINIC                            |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 3515 BROADWAY                                      |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| KANSAS CITY, MO 64111                              | 43 - 0967292      | 501(C)(3)                        | 0.                              | 380,242.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ATAHDIN VALLEY HEALTH CENTER                       |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 30 HOULTON STREET                                  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| PATTEN, ME 04765                                   | 23-7411014        | 501(C)(3)                        | 0.                              | 19,938.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| XATY TRAIL COMMUNITY HEALTH CENTER                 |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| SEDALIA - 821 WESTWOOD DRIVE -                     |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SEDALIA, MO 65301                                  | 43-1879853        | 501(C)(3)                        | 0.                              | 103,208.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                   |   |                                 |  |   |   | 95-1831116 Page                              |
|--|-------------------|---|---------------------------------|--|---|---|--|
| Part II Continuation of Grants and Other A         | Assistance to Dor | nestic Organizations                    | and Domestic Go                 | v <b>ernments</b> (Sch                         | edule I (Form 990), Pa<br>T   | art II.)                                      | 1  |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                   |   |                                 |  | ESTIMATED   |   | SUPPORT TO US CLINICS &                      |
| KECK HOSPITAL OF USC                               |                   |   |                                 |  | WHOLESALE   |   | HEALTH CENTERS FOR                           |
| 1500 SAN PABLO STREET                              |                   |   |                                 |  | PRICE,  |   | LOW-INCOME, UNINSURED                        |
| LOS ANGELES, CA 90033                              | 95-1642394        | 501(C)(3)                               | 0.                              | 34,668.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                   |   |                                 |  | ESTIMATED   |   | SUPPORT TO US CLINICS &                      |
| EDREN COMMUNITY HEALTH CENTER                      |                   |   |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                           |
| 211 SOUTH AVALON BLVD                              |                   |   |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| LOS ANGELES, CA 90011                              | 95-2459796        | 501(C)(3)                               | 0.                              | 11,221.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| KINSTON COMMUNITY HEALTH CENTER                    |                   |   |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 324 N. QUEEN STREET                                |                   |   |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| XINSTON, NC 28501                                  | 56-1833275        | 501(C)(3)                               | 0.                              | 360,313.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| INTEGRA FAMILY MEDICINE - HUDSON                   |                   |   |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 91 W. HUDSON BLVD                                  |                   |   |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| GASTONIA, NC 28052                                 | 58-1958398        | 501(C)(3)                               | 0.                              | 1,381,954.                                     | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| NOX COUNTY HEALTH CLINIC                           |                   |   |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 2 WHITE STREET                                     |                   |   |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| ROCKLAND, ME 04841                                 | 01-0528885        | 501(C)(3)                               | 0.                              | 116,941.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
| OREAN COMMUNITY SERVICES DBA KCS                   |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| IEALTH CENTER - 7212 ORANGETHORPE                  |                   |   |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| VE. SUITE 9A - BUENA PARK, CA                      |                   |   |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| 0621   | 95-3245254        | 501(C)(3)                               | 0.                              | 31,468.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| A CLINICA COMMUNITY PHARMACY                       |                   |   |                                 |  | WHOLESALE   | , OTHER,                                      | HEALTH CENTERS FOR                           |
| 617 SOUTH PACIFIC HWY                              |                   |   |                                 |  | PRICE,  | MEDICAL                                       | LOW-INCOME, UNINSURED                        |
| EDFORD, OR 97501                                   | 94-3096772        | 501(C)(3)                               | 0.                              | 159,126.                                       | PURCHASED   | SUPPLIES,                                     | PATIENTS                                     |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| A CLINICA CRISTIANA                                |                   |   |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 80 WILSON LAKE SHORES                              |                   |   |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| USCLE SHOALS, AL 35661                             | 20-1624284        | 501(C)(3)                               | 0.                              | 242,070.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| A COMUNIDAD HISPANA                                |                   |   |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 31 W. CYPRESS STREET                               |                   |   |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| XENNETT SQUARE, PA 19348                           | 23-2041915        | 501(C)(3)                               | 0.                              | 70,170.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |

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| Part II Continuation of Grants and Other           | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | rt II.)                                | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| LA FAMILIA COUNSELING CENTER INC                   |                   |                                  |                                 |  |   |  |                                       |
| 5523-34TH STREET                                   |                   |                                  |                                 |  |   |  |                                       |
| SACRAMENTO, CA 95820-4725                          | 94-2270786        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                   |                                  |                                 |  |   |  |                                       |
| LA MAESTRA FAMILY CLINIC INC.                      |                   |                                  |                                 |  |   |  |                                       |
| 4060 FAIRMONT AVE                                  |                   |                                  |                                 |  |   |  |                                       |
| SAN DIEGO, CA 92105                                | 33-0473171        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| LACKEY CLINIC PHARMACY                             |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1620 OLD WILLIAMSBURG ROAD                         |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| YORKTOWN, VA 23690                                 | 54-1850915        | 501(C)(3)                        | 0.                              | 44,601.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| LAGUNA BEACH COMMUNITY CLINIC                      |                   |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 362 THIRD STREET                                   |                   |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| LAGUNA BEACH, CA 92651                             | 95-2637633        | 501(C)(3)                        | 0.                              | 117,429.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| LAHAI HEALTH                                       |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2152 NORTH 122ND STREET                            |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SEATTLE, WA 98133                                  | 33-1052418        | 501(C)(3)                        | 0.                              | 108,867.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| LAKE AREA FREE CLINIC                              |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 856 ARMOUR ROAD                                    |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| OCONOMOWOC, WI 53066                               | 39-2006388        | 501(C)(3)                        | 0.                              |  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                   |                                  |                                 | /  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| LAKE COUNTY FREE CLINIC                            |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 54 S. STATE STREET, SUITE 302                      |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| PAINESVILLE, OH 44077                              | 34-1081191        | 501(C)(3)                        | 0.                              |  | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                   |                                  |                                 | ,  | ESTIMATED   | ~<br>PHARMACEUTICALS                   | SUPPORT TO US CLINICS &               |
| LAKE COUNTY PRIMARY CARE                           |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 710 CARL PARKINS PARKWAY                           |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| TIPTONVILLE, TN 38079                              | 62-1026947        | 501(C)(3)                        | 0.                              |  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| LAKE HEALTH DISTRICT FUND                          | 22 1020947        |                                  |                                 | 10,000.  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NORTHEAST OHIO DRUG REPOSITORY                     |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| PROGRAM - 7757 AUBURN ROAD UNIT 6                  |                   |                                  |                                 |  | PRICE.  | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| - PAINESVILLE, OH 44077                            | 34-1598598        | 501(C)(3)                        | 0.                              |  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

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| Part II Continuation of Grants and Other A         | Assistance to Dor | nestic Organizations                    | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                                      |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| LAKE NORMAN FREE CLINIC                            |                   |   |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 14230 HUNTERS ROAD                                 |                   |   |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| HUNTERSVILLE, NC 28078                             | 04-3723062        | 501(C)(3)                               | 0.                              | 137,890.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| LAKELAND VOLUNTEERS IN MEDICINE                    |                   |   |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 600 W PEACHTREE ST                                 |                   |   |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| LAKELAND, FL 33815                                 | 52-2351630        | 501(C)(3)                               | ٥.                              | 112,544.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |   |                                 |  |   |   |                                       |
| LAMPREY HEALTH CARE INC.                           |                   |   |                                 |  |   |   |                                       |
| 202 S MAIN ST                                      |                   |   |                                 |  |   |   |                                       |
| NEWMARKET, NH 03857                                | 23-7305106        | 501(C)(3)                               | 50,000.                         | 0.   |   |   | COVID19-US                            |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| LANAI COMMUNITY HEALTH CENTER                      |                   |   |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 333 SIXTH STREET                                   |                   |   |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| LANAI CITY, HI 96763                               | 20-2509287        | 501(C)(3)                               | 0.                              | 224,062.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |   |                                 |  |   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| LANCASTER HEALTH CENTER                            |                   |   |                                 |  | ESTIMATED   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 304 NORTH WATER STREET                             |                   |   |                                 |  | WHOLESALE   | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| LANCASTER, PA 17603                                | 23-2160896        | 501(C)(3)                               | 0.                              | 11,795.  | PRICE   | EQUIPMENT                                     | 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.                              | 64,054.  | PRICE   | SUPPLIES                                      | PATIENTS                              |
| LAUREL HIGHLANDS FREE & CHARITABLE                 |                   |   |                                 |  |   |   |                                       |
| MEDICAL CLINIC HIGHLANDS HEALTH -                  |                   |   |                                 |  |   |   |                                       |
| 315 LOCUST STREET , 2ND FLOOR -                    |                   |   |                                 |  |   |   |                                       |
| JOHNSTOWN, PA 15901                                | 23-2922409        | 501(C)(3)                               | 47,081.                         | 0.   |   |   | LILLY NAVIGATOR GRANT                 |
|  |                   |   |                                 |  |   |   | SUPPORT TO US CLINICS &               |
| LAWNDALE CHRISTIAN HEALTH CENTER                   |                   |   |                                 |  | ESTIMATED   |   | HEALTH CENTERS FOR                    |
| 3808 W. OGDEN AVENUE                               |                   |   |                                 |  | WHOLESALE   |   | LOW-INCOME, UNINSURED                 |
| CHICAGO, IL 60623                                  | 36-3308953        | 501(C)(3)                               | 0.                              | 5,600.   | PRICE   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |   |                                 |  |   |   |                                       |
| LAWNDALE CHRISTIAN HEALTH CTR                      |                   |   |                                 |  |   |   |                                       |
| 3860 W. OGDEN AVE                                  |                   |   |                                 |  |   |   | COVID19-US,                           |
| CHICAGO, IL 69623                                  | 36-3308953        | 501(C)(3)                               | 236,798.                        | 0.   |   |   | COVID19-ABBOTT                        |

| Schedule I (Form 990) DIRECT RELIEF                |                  |                                  |                                    |  |   |  | 95-1831116 Page                       |
|--|------------------|----------------------------------|------------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other           | Assistance to Do | mestic Organizations             | and Domestic Go                    | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                                    |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| LAWTON COMMUNITY HEALTH CENTER                     |                  |                                  |                                    |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 5404 SW LEE BOULEVARD                              |                  |                                  |                                    |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LAWTON, OK 73505                                   | 26-0187688       | 501(C)(3)                        | 0.                                 | 255,735.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                    |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| LEBANON VALLEY VOLUNTEERS IN                       |                  |                                  |                                    |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| EDICINE - 711 SOUTH 8TH STREET -                   |                  |                                  |                                    |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LEBANON, PA 17042                                  | 26-3915958       | 501(C)(3)                        | 0.                                 | 13,247.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                    |  |   |  | SUPPORT TO US CLINICS &               |
| LEE HEALTH GULF COAST MEDICAL                      |                  |                                  |                                    |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| CENTER - 13681 DOCTORS WAY - FORT                  |                  |                                  |                                    |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| MYERS, FL 33912                                    | 59-0714812       | 501(C)(3)                        | 0.                                 | 11,200.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                    |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| LEGACY COMMUNITY HEALTH                            |                  |                                  |                                    |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1415 CALIFORNIA STREET, 1ST FLOOR                  |                  |                                  |                                    |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HOUSTON, TX 77006                                  | 76-0009637       | 501(C)(3)                        | 0.                                 | 23,116.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                    |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| LESTONNAC FREE CLINIC                              |                  |                                  |                                    |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 1215 E. CHAPMAN AVENUE                             |                  |                                  |                                    |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| ORANGE, CA 92866                                   | 95-3499011       | 501(C)(3)                        | ٥.                                 | 188,247.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
| LESTONNAC FREE CLINIC                              |                  |                                  |                                    |  |   |  |                                       |
| 1215 E. CHAPMAN AVENUE                             |                  |                                  |                                    |  |   |  |                                       |
| DRANGE, CA 92866                                   | 95-3499011       | 501(C)(3)                        | 50,000.                            | 0.   |   |  | COVID19-US                            |
|  |                  |                                  |                                    |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| LIFECARE FAMILY HEALTH AND DENTAL                  |                  |                                  |                                    |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 2725 LINCOLN STREET EAST                  |                  |                                  |                                    |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - CANTON, OH 44707                                 | 34-1708901       | 501(C)(3)                        | ٥.                                 | 171,375.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                    |  |   |  |                                       |
| LIFELONG MEDICAL CARE                              |                  |                                  |                                    |  |   |  |                                       |
| 2344 SIXTH STREET                                  |                  |                                  |                                    |  |   |  |                                       |
| BERKELEY, CA 94710                                 | 94-2502308       | 501(C)(3)                        | 50,000.                            | 0.   |   |  | COVID19-US                            |
|  |                  |                                  |                                    |  | 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.                                 | 44,274.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF   |                              |  |  |   |   |   | 95-1831116 Pag                            |
|---|------------------------------|--|--|---|---|---|---|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | Assistance to Dor<br>(b) EIN | nestic Organizations<br>(c) IRC section<br>if applicable | and Domestic Go<br>(d) Amount of<br>cash grant | vernments (Sch<br>(e) Amount of<br>non-cash<br>assistance | edule I (Form 990), Pa<br>(f) Method of<br>valuation<br>(book, FMV, | art II.)<br>(g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|   |                              |  |  | 23515121100   | appraisal, other)   |   |   |
|   |                              |  |  |   | ESTIMATED   | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &                   |
| IFESPRING COMMUNITY HEALTH  |                              |  |  |   | WHOLESALE   | , MEDICAL   | HEALTH CENTERS FOR                        |
| .042 E 3RD STREET, SUITE 103  |                              |  |  |   | PRICE,  | SUPPLIES,   | LOW-INCOME, UNINSURED                     |
| HATTANOOGA, TN 37404  | 27-3856741                   | 501(C)(3)  | ٥.   | 6,592.  | PURCHASED   | EQUIPMENT   | PATIENTS                                  |
|   |                              |  |  |   | ESTIMATED   | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &                   |
| IGA PUERTORRIQUEA CONTRA EL   |                              |  |  |   | WHOLESALE   | , MEDICAL   | HEALTH CENTERS FOR                        |
| ANCER - BO. MONACILLO #150 - SAN  |                              |  |  |   | PRICE,  | SUPPLIES,   | LOW-INCOME, UNINSURED                     |
| UAN, PR 00936   | 66-0205634                   | 501(C)(3)  | 0.   | 396,674.  | PURCHASED   | EQUIPMENT   | PATIENTS                                  |
|   |                              |  |  |   | ESTIMATED   | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &                   |
| IGHT OF THE WORLD CLINIC  |                              |  |  |   | WHOLESALE   | , MEDICAL   | HEALTH CENTERS FOR                        |
| 333 N. DIXIE HWY #201   |                              |  |  |   | PRICE,  | SUPPLIES,   | LOW-INCOME, UNINSURED                     |
| AKLAND PARK, FL 33334   | 65-0266070                   | 501(C)(3)  | 0.   | 713,600.  | PURCHASED   | EQUIPMENT   | PATIENTS                                  |
| ,   |                              |  |  | ,   |   |   | SUPPORT TO US CLINICS &                   |
| IGHTHOUSE MEDICAL MINISTRIES  |                              |  |  |   | ESTIMATED   | PHARMACEUTICALS                                       | HEALTH CENTERS FOR                        |
| 801 S. ROBINSON AVENUE  |                              |  |  |   | WHOLESALE   | MEDICAL   | LOW-INCOME, UNINSURED                     |
| OKLAHOMA CITY, OK 73109   | 20-0503733                   | 501(C)(3)  | 0.   | 94,878.   |   | , SUPPLIES  | PATIENTS                                  |
| LINCOLN COMMUNITY HEALTH CTR  | 56-1031244                   | 501/(2)/(2)  | 50.000   | 0.  |   |   | COVID19-US                                |
| DURHAM, NC 27707-2325   | 30-1031244                   | 501(C)(3)  | 50,000.  | U.  |   |   | SUPPORT TO US CLINICS &                   |
| TNOOLN COUNTY HEAT THE CHINAN   |                              |  |  |   | ESTIMATED   | PHARMACEUTICALS                                       |   |
| INCOLN COUNTY HEALTH & HUMAN<br>SERVICES - 36 SW NYE STREET -   |                              |  |  |   | WHOLESALE   |   | HEALTH CENTERS FOR                        |
|   | 00 000000                    | 501 ( 0 ) ( 2 )  |  |   |   | , MEDICAL   | LOW-INCOME, UNINSURED                     |
| EWPORT, OR 97365  | 93-6002304                   | 501(C)(3)  | 0.   | 80,068.   |   | SUPPLIES  | PATIENTS                                  |
|   |                              |  |  |   | ESTIMATED   | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &                   |
| IVINGSTONE COMMUNITY HEALTH   |                              |  |  |   | WHOLESALE   | , MEDICAL   | HEALTH CENTERS FOR                        |
| LINIC - 12362 BEACH BLVD -  |                              |  |  |   | PRICE,  | SUPPLIES,   | LOW-INCOME, UNINSURED                     |
| TANTON, CA 90680  | 27-0947808                   | 501(C)(3)  | 0.   | 17,953.   | PURCHASED   | EQUIPMENT   | PATIENTS                                  |
|   |                              |  |  |   | ESTIMATED   | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &                   |
| LOYD F. MOSS FREE CLINIC PHARMACY   |                              |  |  |   | WHOLESALE   | , MEDICAL   | HEALTH CENTERS FOR                        |
| 301 SAM PERRY BLVD. STE 100   |                              |  |  |   | PRICE,  | SUPPLIES,   | LOW-INCOME, UNINSURED                     |
| REDERICKSBURG, VA 22401   | 54-1677934                   | 501(C)(3)  | 0.   | 76,537.   | PURCHASED   | EQUIPMENT   | PATIENTS                                  |
|   |                              |  |  |   |   |   | SUPPORT TO US CLINICS &                   |
| OMPOC VALLEY MEDICAL CENTER   |                              |  |  |   | ESTIMATED   |   | HEALTH CENTERS FOR                        |
| 515 EAST OCEAN AVENUE   |                              |  |  |   | WHOLESALE   |   | LOW-INCOME, UNINSURED                     |
| OMPOC, CA 93436   | 95-6001880                   | 501(C)(3)  | 0.   | 11,200.   | PRICE   | EQUIPMENT   | PATIENTS                                  |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other J | Accietance to De | nantia Organizationa             | and Domostic Co          | vernmente (Sch                          | odulo I (Earm 990) P   | art II )                                  | 95-1831116 Pag                        |
|--|------------------|----------------------------------|--------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                          |   | 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.                       | 142,052.                                | PURCHASED  | SUPPLIES,                                 | PATIENTS                              |
| LONE STAR FAMILY HEALTH CENTER   |                  |                                  |                          |   |  |   |                                       |
| 605 S CONROE MEDICAL DRIVE   |                  |                                  |                          |   |  |   |                                       |
| CONROE, TX 77304   | 30-0038860       | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| LONG ISLAND FQHC   |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 1600 STEWART AVENUE SUITE 300  |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| WESTBURY, NY 11590   | 27-0216316       | 501(C)(3)                        | 0.                       | 258,235.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| LONG ISLAND SELECT HEALTHCARE,   |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| INC 159 CARLETON AVENUE -  |                  |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| CENTRAL ISLIP, NY 11722  | 47-1001464       | 501(C)(3)                        | 0.                       | 42,112.                                 | PURCHASED  | ,<br>EQUIPMENT                            | ,<br>PATIENTS                         |
| ,  |                  |                                  |                          | ,                                       | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| LONG VALLEY HEALTH CENTER  |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 50 BRANSCOMB ROAD  |                  |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| LAYTONVILLE, CA 95454  | 94-2536128       | 501(C)(3)                        | 0.                       | 183 845.                                | ,<br>PURCHASED   | ,<br>EQUIPMENT                            | ,<br>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.                       | 39 174                                  | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| ,<br>LOS ANGELES CHRISTIAN HEALTH<br>CENTER - 202 W 1ST STREET, SUITE                                    |                  |                                  |                          | ,                                       |  |   |                                       |
| 4-0432 - LOS ANGELES, CA 90012   | 95-4315734       | 501(C)(3)                        | 187,500.                 | 0.                                      |  |   | COVID19-ABBOTT                        |
| 1 0 1 0 0 ANGELLED, CA 30012   | JJ 4313/34       | 501(0)(3)                        | 107,500.                 | 0.                                      |  |   | SUPPORT TO US CLINICS &               |
|  |                  |                                  |                          |   | всатиалер  |   |                                       |
| LOS ANGELES CHRISTIAN HEALTH   |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | HEALTH CENTERS FOR                    |
| CENTERS - 311 WINSTON STREET - LOS   |                  | F01(a)(2)                        |                          | E 010                                   | WHOLESALE  | , MEDICAL                                 | LOW-INCOME, UNINSURED                 |
| ANGELES, CA 90013  | 95-4315734       | DUT(C)(3)                        | 0.                       | 7,018.                                  |  | SUPPLIES                                  | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| LOS ANGELES LGBT CENTER  |                  |                                  |                          |   | WHOLESALE  |   | HEALTH CENTERS FOR                    |
| 1625 N. SCHRADER BLVD.   |                  |                                  |                          |   | PRICE,   |   | LOW-INCOME, UNINSURED                 |
| LOS ANGELES, CA 90028  | 95-3567895       | 501(C)(3)                        | 0.                       | 6,102.                                  | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF   |            |                                  |                          | . (0.1                                  |  |   | 95-1831116 Pag                                |
|---|------------|----------------------------------|--------------------------|---|--|---|---|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance  |
|   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &                       |
| OS BARRIOS UNIDOS COMMUNITY   |            |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                            |
| LINIC - 809 SINGLETON BLVD -  |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                         |
| DALLAS, TX 75212  | 75-1378664 | 501(C)(3)                        | 0.                       | 413,566.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                                      |
| LOVE IN ACTION OF THE TRI-CITIES  |            |                                  |                          |   | ESTIMATED<br>WHOLESALE   |   | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR |
|   | 38-2856482 | 501(C)(3)                        | 0.                       | 51,870.                                 |  | PHARMACEUTICALS                           | LOW-INCOME, UNINSURED<br>PATIENTS             |
| GRAND HAVEN, MI 49417   | 30-2030402 | 501(0)(5)                        | · · ·                    | 51,070.                                 |  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &                       |
| SS HEALTH CENTER AT FAITH MISSION   |            |                                  |                          |   | ESTIMATED<br>WHOLESALE   | MEDICAL                                   | HEALTH CENTERS FOR                            |
|   |            |                                  |                          |   | PRICE  | ,   |   |
| 245 N. GRANT AVE.   | 21 1112596 | 501/(3)/(3)                      | 0.                       | 120 706                                 | ,  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                         |
| OLUMBUS, OH 43215   | 31-4412586 | 501(C)(3)                        | 0.                       | 120,700.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                                      |
| WE'S NOUSE & STATS FOR WENTING  |            |                                  |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS                         |
| UKE'S HOUSE A CLINIC FOR HEALING  |            |                                  |                          |   | WHOLESALE  | PHARMACEUTICALS                           | HEALTH CENTERS FOR                            |
| ND HOPE - 2222 SIMON BOLIVAR  |            | F01 ( a ) ( 2 )                  |                          |   | PRICE,   | , MEDICAL                                 | LOW-INCOME, UNINSURED                         |
| VENUE - NEW ORLEANS, LA 70113   | 26-0332262 | 501(C)(3)                        | 0.                       | 88,008.                                 | PURCHASED  | SUPPLIES                                  | PATIENTS                                      |
|   |            |                                  |                          |   |  |   | SUPPORT TO US CLINICS                         |
| JUTHERAN SOCIAL SERVICE OF  |            |                                  |                          |   | ESTIMATED  |   | HEALTH CENTERS FOR                            |
| IINNESOTA - 2485 COMO AVENUE -  |            |                                  |                          |   | WHOLESALE  |   | LOW-INCOME, UNINSURED                         |
| CAINT PAUL, MN 55108  | 41-0872993 | 501(C)(3)                        | 0.                       | 11,200.                                 | PRICE  | EQUIPMENT                                 | PATIENTS                                      |
| YNN COMMUNITY HEALTH CENTER<br>269 UNION STREET<br>YNN, MA 01901  | 04-2525066 | 501(C)(3)                        | 237,079.                 | 0.                                      |  |   | COVID19-US,<br>COVID19-ABBOTT                 |
|   |            |                                  |                          |   |  |   |   |
| A LEAGUE OF COMMUNITY HEALTH  |            |                                  |                          |   |  |   | covid19-us,                                   |
| 0 COURT STREET, 10TH FLOOR  |            |                                  |                          |   |  |   | COVID19-ABBOTT, CLOROX                        |
| BOSTON, MA 02108  | 04-2507409 | 501(C)(3)                        | 257,500.                 | 0.                                      |  |   | ,<br>FLU VACCINE                              |
|   |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                         |
| ACON VOLUNTEER CLINIC   |            |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                            |
| 76 ROGERS AVE   |            |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                         |
| ACON, GA 31204  | 74-3055376 | 501(C)(3)                        | 0.                       | 6,675.                                  | PURCHASED  | ,<br>EQUIPMENT                            | ,<br>PATIENTS                                 |
| · .   |            |                                  |                          | , ,                                     | ESTIMATED  |   | SUPPORT TO US CLINICS                         |
| ALTA HOUSE OF CARE  |            |                                  |                          |   | WHOLESALE  | PHARMACEUTICALS                           | HEALTH CENTERS FOR                            |
| 9 WOODLAND STREET, SUITE 21   |            |                                  |                          |   | PRICE,   | , MEDICAL                                 | LOW-INCOME, UNINSURED                         |
| ARTFORD, CT 06105   | 20-3562424 | 501(C)(3)                        | 0.                       | 93 636                                  | PURCHASED  | , SUPPLIES                                | PATIENTS                                      |

| Schedule I (Form 990) DIRECT RELIEF                                    |                  |                                  |                                 |  |   |  | 95-1831116 Page                       |
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| Part II Continuation of Grants and Other A                             | ssistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government                     | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| MAMOU HEALTH RESOURCES   |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 300 SOUTH STREET   |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| MAMOU, LA 70554  | 72-0949444       | 501(C)(3)                        | 0.                              | 94,387.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MANNA MEDICAL CLINIC   |                  |                                  |                                 |  | ESTIMATED   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 20 STREET A, SUITE A   |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| PICAYUNE, MS 39466   | 20-1788094       | 501(C)(3)                        | 0.                              | 19,130.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| MARANA HEALTH CENTER   |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 13395 N. MARANA MAIN ST.   |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MARANA, AZ 85653   | 86-6053462       | 501(C)(3)                        | 0.                              | 7,164.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| ARIAN REGIONAL MEDICAL CENTER  |                  |                                  |                                 |  |   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 400 E CHURCH STREET  |                  |                                  |                                 |  | PURCHASED   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SANTA MARIA, CA 93454  | 95-3818027       | 501(C)(3)                        | 0.                              | 6,136.   | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| MARIAS MEDICAL CENTER  |                  |                                  |                                 |  | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| 540 PARK AVE   |                  |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| SHELBY, MT 59474-1663  | 81-6001438       | 501(C)(3)                        | 0.                              | 23,787.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| MARILLAC COMMUNITY HEALTH CENTER<br>DB - PO BOX 4148 - NEW ORLEANS, LA |                  |                                  |                                 |  |   |  |                                       |
| 70178-4148   | 27-3046997       | 501(C)(3)                        | 50,000.                         | 0.   |   |  | LILLY NAVIGATOR GRANT                 |
|  |                  |                                  | , -                             |  |   |  | SUPPORT TO US CLINICS &               |
| ARIN COMMUNITY CLINIC NOVATO   |                  |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| NORTH MEDICAL CLINIC - 6100  |                  |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| REDWOOD BLVD - NOVATO, CA 94945  | 94-2237120       | 501(C)(3)                        | 0.                              | 5,600.   |   | EQUIPMENT                              | ,<br>PATIENTS                         |
| IARIN COUNTY DEPARTMENT OF HEALTH                                      |                  |                                  |                                 | -,   | ESTIMATED   | -*                                     | SUPPORT TO US CLINICS &               |
| AND HUMAN SERVICES MARIN COUNTY  |                  |                                  |                                 |  | WHOLESALE   | OTHER, MEDICAL                         | HEALTH CENTERS FOR                    |
| EMS AGENCY - 1600 LOS GAMOS DRIVE                                      |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - SAN RAFAEL, CA 94903   | 94-6000519       | 501(C)(3)                        | 0.                              | 11 598   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| , on 94900   | 51 0000019       |                                  | · · ·                           | <u> </u>                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ARTIN LUTHER KING HEALTH CENTER  |                  |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 365 OLIVE STREET   |                  |                                  |                                 |  | PRICE,  | , OTHER,<br>MEDICAL                    | LOW-INCOME, UNINSURED                 |
| SHREVEPORT, LA 71104   | 72-1079721       | F(1/q)/2)                        | 0.                              | 000 100  | PURCHASED   | SUPPLIES,                              | PATIENTS                              |

 Schedule I (Form 990)
 DIRECT RELIEF

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|---|----------------|----------------------------------|---------------------------------|--|---|--|--|
|   |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| MARTIN-TYRRELL-WASHINGTON DISTRICT  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| HEALTH - 198 NC HWY 45 N -  |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| PLYMOUTH, NC 27962  | 56-1066387     | 501(C)(3)                        | 0.                              | 644,354.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|   |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| MARY'S CENTER FOR MATERNAL AND  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| CHILD CARE - 2333 ONTARIO ROAD NW   |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| - WASHINGTON, DC 20009  | 52-1594116     | 501(C)(3)                        | 0.                              | 45,925.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| MARY'S CTR FOR MATERNAL/CHILD CARE<br>2333 ONTARIO ROAD, NW<br>WASHINGTON, DC 20009             | 52-1594116     | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                                   |
| 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.                              | 24,131.  | PURCHASED   | SUPPLIES                               | PATIENTS                                     |
| MATERNAL AND FAMILY HEALTH<br>SERVICES – 15 PUBLIC SQUARE SUITE<br>600 – WILKES BARRE, PA 18701 | 23-1856766     | 501(C)(3)                        | 40,000.                         | 0.   |   |  | BAYER RH AWARDS PROGRAM                      |
|   |                |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &                      |
| MATTAPAN COMMUNITY HEALTH CENTER  |                |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                           |
| 1575 BLUE HILL AVENUE   |                |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                        |
| MATTAPAN, MA 02126  | 04-2544151     | 501(C)(3)                        | 0.                              | 5,600.   | PRICE   | EQUIPMENT                              | PATIENTS                                     |
|   |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| MATTAWA COMMUNITY MEDICAL CLINIC  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 210 GOVERNMENT ROAD   |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| MATTAWA, WA 99349   | 91-1499763     | 501(C)(3)                        | 0.                              | 25,727.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|   |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| MATTHEW 25, INC.  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 413 EAST JEFFERSON BLVD.  |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| FORT WAYNE, IN 46802  | 35-1484951     | 501(C)(3)                        | 0.                              | 511,052.                                       | PURCHASED   | ,<br>EQUIPMENT                         | PATIENTS                                     |
|   |                |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| MCALLEN MEDICALCENTER   |                |                                  |                                 |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 301 W EXPWY83   |                |                                  |                                 |  | WHOLESALE   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| MCALLEN, TX 78503   | APPLIED FOR    |                                  | 0.                              | 771,424.                                       | PRICE   | ,<br>EQUIPMENT                         | PATIENTS                                     |

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|--|-------------------|----------------------------------|---------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other A         | Assistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1  |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  |   |  |  |
| MCR HEALTH   |                   |                                  |                                 |  |   |  |  |
| 700 8TH AVENUE WEST SUITE 101                      | F0 17720C0        | F01(d)(2)                        | F0.000                          | 0  |   |  |  |
| PALMETTO, FL 34219                                 | 59-1773262        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                                   |
| NOD UTAL THE INC                                   |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | SUPPORT TO US CLINICS &                      |
| MCR HEALTH, INC.                                   |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 700 8TH AVE WEST                                   | 50 1882060        | 501 ( 0 ) ( 2 )                  |                                 | 14 566   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| PALMETTO, FL 34221                                 | 59-1773262        | 501(C)(3)                        | 0.                              | 14,566.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &                      |
| MD ANDERSON CANCER CENTER TEXAS                    |                   |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                           |
| MEDICAL CENTER - 1515 HOLCOMBE                     |                   |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                        |
| BLVD - HOUSTON, TX 77030                           | 76-0300816        | 501(C)(3)                        | 0.                              | 44,800.  | PRICE   | EQUIPMENT                              | PATIENTS                                     |
| MED CENTRO INC.                                    |                   |                                  |                                 |  |   |  |  |
| 1034 HOSTOS AVENUE                                 |                   |                                  |                                 |  |   |  | ABBVIE PUERTO RICO                           |
| PONCE PR 00716                                     | 66-0292961        | E01(0)(2)                        | 288,000.                        | 0.   |   |  | PROGRAM                                      |
| FONCE, PR 00716                                    | 00-0292901        | 501(C)(3)                        | 288,000.                        | 0.   |   | PHARMACEUTICALS                        |  |
| NED GENERO ING                                     |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| MED CENTRO, INC.                                   |                   |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                           |
| 1034 HOSTOS AVENUE                                 |                   | 501 ( 0 ) ( 2 )                  |                                 | 411 004  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                        |
| PONCE, PR 00716                                    | 66-0292961        | 501(C)(3)                        | 0.                              | 411,834.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                                     |
| MEDASSIST OF MECKLENBURG                           |                   |                                  |                                 |  |   |  |  |
| 4428 TAGGART CREEK RD. SUITE 101                   |                   |                                  |                                 |  |   |  |  |
| CHARLOTTE, NC 28208                                | 56-2018957        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                                   |
|  | 30 2010337        | 501(0)(5)                        |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| MEDICAL ASSOCIATES PLUS                            |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 2467 GOLDEN CAMP ROAD                              |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| AUGUSTA, GA 30906                                  | 31-1591242        | 501(0)(3)                        | 0.                              | 137 806  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| A00051A, GA 50500                                  | 51-1551242        | 501(0)(5)                        | · · ·                           | 457,000.                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| MEDICAL MICCIONS FOD SUDICE STATS                  |                   |                                  |                                 |  |   |  |  |
| MEDICAL MISSIONS FOR CHRIST CLINIC                 |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 1974 N. BUSINESS RTE 5                             | 20 2625040        | F01(a)(2)                        | _                               | 00.440   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| CAMDENTON, MO 65020                                | 20-3637019        | DUT(C)(3)                        | 0.                              | 28,442.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |                                  |                                 |  | 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.                              | 121,825.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |

 Schedule I (Form 990)
 DIRECT RELIEF

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|--|---|--|--|
|  |                |                                  |                                 |  | 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.                              | 62,918.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| MEDSPIRE HEALTH                                    |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 14098 SKYWAY ROAD                                  |                |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| MAGALIA, CA 95954                                  | 83-3483396     | 501(C)(3)                        | 0.                              | 7,262.   | 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)                        | ٥.                              | 23,838.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| MEMORIAL CARE LONG BEACH MEDICAL                   |                |                                  |                                 |  | WHOLESALE   |  | HEALTH CENTERS FOR                           |
| CENTER - 2812 LONG BEACH BLVD -                    |                |                                  |                                 |  | PRICE,  |  | LOW-INCOME, UNINSURED                        |
| LONG BEACH, CA 90806                               | 95-3527031     | 501(C)(3)                        | ٥.                              | 37,402.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| MEMORIAL HERMANN HEALTH SYSTEM                     |                |                                  |                                 |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 929 GESSNER DRIVE                                  |                |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| HOUSTON, TX 77024                                  | 74-1653640     | 501(C)(3)                        | ٥.                              | 209,835.                                       | PRICE   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &                      |
| MEMORIAL HOSPITAL JACKSONVILLE                     |                |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                           |
| 3625 UNIVERSITY BLVD S                             |                |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                        |
| JACKSONVILLE, FL 32216                             | APPLIED FOR    |                                  | 0.                              | 11,200.  | PRICE   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                 |  |   |  |  |
| MENDOCINO COMMUNITY HEALTH CLINIC                  |                |                                  |                                 |  |   |  |  |
| 333 LAWS AVENUE                                    |                |                                  |                                 |  |   |  | 2018 CALIFORNIA                              |
| UKIAH, CA 95482                                    | 68-0259045     | 501(C)(3)                        | 789,312.                        | 0.   |   |  | WILDFIRES, COVID19-US                        |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| MENDOCINO COMMUNITY HEALTH CLINIC                  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| INC. HILLSIDE HEALTH CENTER - 333                  |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| LAWS AVENUE - UKIAH, CA 95482                      | 68-0259045     | 501(C)(3)                        | 0.                              | 19,819.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| MERCI CLINIC                                       |                |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                           |
| 1315 TATUM DRIVE                                   |                |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                        |
| NEW BERN, NC 28560                                 | 56-2034052     | 501(C)(3)                        | 0.                              | 426,318.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                                     |

Schedule I (Form 990) DIRECT RELIEF

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| NERGI GUINTO ING                                   |                |                                  |                                 |  |   |  |                                       |
| MERCI CLINIC INC<br>1315 TATUM DR                  |                |                                  |                                 |  |   |  |                                       |
| NEW BERN, NC 28560                                 | 56-2034052     | 501(C)(3)                        | 25,000.                         | 0.   |   |  | LILLY NAVIGATOR GRANT                 |
| NEW BERN, NC 20500                                 | 50-2054052     | 501(0/(5/                        | 25,000.                         | ••   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MERCY HEALTH CENTER                                |                |                                  |                                 |  | WHOLESALE   | _ MEDICAL                              | HEALTH CENTERS FOR                    |
| 700 OGLETHORPE AVENUE                              |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ATHENS, GA 30606                                   | 58-2603523     | 501(C)(3)                        | 0.                              | 295 050  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ATHENS, GA SUGUO                                   | 50-2005525     | 501(0/(5/                        | 0.                              | 295,050.                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MERCY HOUSING NORTHWEST                            |                |                                  |                                 |  | WHOLESALE   | _ MEDICAL                              | HEALTH CENTERS FOR                    |
|  |                |                                  |                                 |  |   | SUPPLIES                               |                                       |
| 6930 MARTIN LUTHER KING JR. WAY S                  | 91-1546525     | 501(0)(2)                        | 0.                              | 20 742   | PRICE,  | EQUIPMENT                              | LOW-INCOME, UNINSURED<br>PATIENTS     |
| SEATTLE, WA 98118                                  | 91-1546525     | 501(C)(3)                        | U.                              | 39,743.  | PURCHASED<br>ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MEDAY MEDIANI ALINIA                               |                |                                  |                                 |  |   |  |                                       |
| MERCY MEDICAL CLINIC                               |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 615 WASHINGTON STREET                              | C1 1011100     | F01 ( q ) ( 2 )                  |                                 | 100 000  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SHELBYVILLE, KY 40065                              | 61-1211189     | 501(C)(3)                        | 0.                              | 1/8,257.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MERCY MEDICAL CLINIC                               |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 300 ARLINGTON DRIVE                                | 07 1107106     |                                  |                                 | 45 004   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VIDALIA, GA 30474                                  | 27-1107136     | 501(C)(3)                        | 0.                              | 15,034.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| MERCYWATCH STREET MEDICINE                         |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 7209 265TH STREET NW #203-204                      |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| STANWOOD, WA 98292                                 | 81-2889138     | 501(C)(3)                        | 0.                              | 7,441.   |   | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| METHODIST HOSPITAL OF SOUTHERN                     |                |                                  |                                 |  | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| CALIFORNIA - 300 HUNTINGTON DRIVE                  |                |                                  |                                 |  | PRICE,  |  | LOW-INCOME, UNINSURED                 |
| - ARCADIA, CA 91007                                | 95-1643336     | 501(C)(3)                        | 0.                              | 14,667.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| METRO COMMUNITY HEALTH CENTER,                     |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| INC 979 CROSS BRONX EXPRESSWAY                     |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - BRONX, NY 10460                                  | 46-1317334     | 501(C)(3)                        | 0.                              | 163,947.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| METRO MINISTRIES                                   |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1919 LEOPARD ST                                    |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CORPUS CHRISTI, TX 78469                           | 74-2247261     | 501(C)(3)                        | 0.                              | 57,323.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                   |   |                                 |  |   |  | 95-1831116 Page                       |
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| Part II Continuation of Grants and Other A         | Assistance to Dor | nestic Organizations                    | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| METROPOLITAN COMMUNITY HEALTH                      |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SERVICES DBA AGAPE HEALTH SERVICES                 |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| - 120 W. MARTIN LUTHER KING DRIVE                  |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - WASHINGTON, NC 27889                             | 56-2143419        | 501(C)(3)                               | 0.                              | 223,157.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| MIAMI BEACH COMMUNITY HEALTH                       |                   |   |                                 |  |   |  |                                       |
| CENTER - 11645 BISCAYNE BOULEVARD                  |                   |   |                                 |  |   |  | LILLY NAVIGATOR GRANT,                |
| SUITE 207 - MIAMI, FL 33181                        | 59-1829984        | 501(C)(3)                               | 100,000.                        | 0.   |   |  | ,<br>COVID19-US                       |
|  |                   |   | ,                               |  | 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.                              | 1,086,792.                                     | ,   | SUPPLIES .                             | ,<br>PATIENTS                         |
|  |                   |   |                                 | , ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MIAMI RESCUE MISSION CLINIC                        |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2015 N.W. 1ST AVENUE                               |                   |   |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| MIAMI, FL 33127                                    | 45-1481860        | 501(C)(3)                               | ٥.                              | 65,996.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |   |                                 |  | 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)                               | ٥.                              | 50,670.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| MIGRANT HEALTH CENTER WESTERN                      |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| REGION, INC CALLE RAMN E.                          |                   |   |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| BETANCES #491 SUR - MAYAGEZ, PR                    |                   |   |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| 00680  | 66-0427801        | 501(C)(3)                               | 0.                              | 49,036.  | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
| MIGRANT HEALTH CTR WESTERN REGION                  |                   |   |                                 |  |   |  |                                       |
| PO BOX 190   |                   |   |                                 |  |   |  |                                       |
| MAYAGUEZ, PR 00681                                 | 66-0427801        | 501(C)(3)                               | 200,000.                        | 0.   |   |  | COVID19-US                            |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MILAN PUSKAR HEALTH RIGHT                          |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 341 SPRUCE STREET                                  |                   |   |                                 | <b>.</b>                                       | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MORGANTOWN, WV 26505                               | 31-1118673        | 501(C)(3)                               | 0.                              | 643,253.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| MILAN PUSKAR HEALTH RIGHT                          |                   |   |                                 |  |   |  |                                       |
| 341 SPRUCE STREET                                  |                   |   |                                 |  |   |  |                                       |
| MORGANTOWN, WV 26505                               | 31-1118673        | 501(C)(3)                               | 39,688.                         | 0.   |   |  | LILLY NAVIGATOR GRANT                 |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other A | Assistance to De | nostio Organizations             | and Domostic Co          | vornmonte (Sch                          | edule I (Form 990) Pr  |   | 95-1831116 Pag                        |
|--|------------------|----------------------------------|--------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                          |   |  |   | SUPPORT TO US CLINICS &               |
| MILE SQUARE HEALTH CENTER  |                  |                                  |                          |   | ESTIMATED  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 1220 SOUTH WOOD STREET   |                  |                                  |                          |   | WHOLESALE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| CHICAGO, IL 60649  | 37-6006007       | 501(C)(3)                        | 0.                       | 10,583.                                 | PRICE  | EQUIPMENT                                 | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| AILWAUKEE HEALTH SERVICES, INC.  |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 2555 N. MARTIN LUTHER KING DRIVE   |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| AILWAUKEE, WI 53212  | 39-1664109       | 501(C)(3)                        | 0.                       | 41,099.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|  |                  |                                  |                          | , ,                                     | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| MISSION ARLINGTON MEDICAL CLINIC   |                  |                                  |                          |   | WHOLESALE  | . MEDICAL                                 | HEALTH CENTERS FOR                    |
| 210 W. SOUTH STREET  |                  |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| ARLINGTON, TX 76010  | 75-2354962       | 501(C)(3)                        | 0.                       | 1,661,091.                              | ,  | ,<br>EQUIPMENT                            | ,<br>PATIENTS                         |
| ,  |                  |                                  |                          | , , -                                   | ESTIMATED  | ~   | SUPPORT TO US CLINICS &               |
| ISSION CITY COMMUNITY NETWORK,   |                  |                                  |                          |   | WHOLESALE  | PHARMACEUTICALS                           | HEALTH CENTERS FOR                    |
| INC 15206 PARTHENIA STREET -   |                  |                                  |                          |   | PRICE,   | MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| NORTH HILLS, CA 91343  | 95-4226189       | 501(C)(3)                        | 0.                       | 14 196                                  | PURCHASED  | , SUPPLIES                                | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| IISSION EAST DALLAS  |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 4550 GUS THOMASSON ROAD  |                  |                                  |                          |   | PRICE  | SUPPLIES                                  | LOW-INCOME, UNINSURED                 |
| IESQUITE, TX 75150   | 72-2935803       | 501(C)(3)                        | 0.                       | 55 591                                  | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| HEQUITE, IX / 5150   | 72 2555005       | 501(0/(5/                        |                          | 55,551.                                 | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| ISSION LEXINGTON, INC.   |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 230 S. MARTIN LUTHER KING BLVD   |                  |                                  |                          |   |  | , MEDICAL<br>SUPPLIES,                    |                                       |
|  | 20-2824933       | 501/(3)/(3)                      | 0.                       | 51 226                                  | PRICE,<br>PURCHASED  | EQUIPMENT                                 | LOW-INCOME, UNINSURED<br>PATIENTS     |
| EXINGTON, KY 40508   | 20-2024933       | 501(C)(3)                        | U.                       | 51,220.                                 | -  |   |                                       |
| ATACTON MEDICAL CLINIC   |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| MISSION MEDICAL CLINIC   |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 2125 E. LA SALLE STREET  |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| COLORADO SPRINGS, CO 80909   | 68-0506812       | 501(C)(3)                        | 0.                       | 156,317.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| IISSION 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.                       | 1,123,073.                              |  | EQUIPMENT                                 | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| MISSION OF MERCY ADMINISTRATION  |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| MD/PA CLINICS - 103 WEST MIDDLE  |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| STREET - GETTYSBURG, PA 17325  | 86-0704883       | 501(C)(3)                        | 0.                       | 55,763.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF   |                              |  |  |   |  |   | 95-1831116 Pag                        |
|---|------------------------------|--|--|---|--|---|---------------------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | Assistance to Dor<br>(b) EIN | nestic Organizations<br>(c) IRC section<br>if applicable | and Domestic Go<br>(d) Amount of<br>cash grant | (Sch<br>(e) Amount of<br>non-cash<br>assistance | edule I (Form 990), Pa<br>(f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | art II.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |                              |  |  |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| MISSION TRAVIS MERCY  |                              |  |  |   | WHOLESALE  | PHARMACEUTICALS                                       | HEALTH CENTERS FOR                    |
| 775 WEST BOWIE STREET   |                              |  |  |   | PRICE,   | , MEDICAL   | LOW-INCOME, UNINSURED                 |
| FORT WORTH, TX 76110  | 45-3841621                   | 501(C)(3)  | 0.   | 15,239.   | PURCHASED  | SUPPLIES  | PATIENTS                              |
|   |                              |  |  |   |  |   | SUPPORT TO US CLINICS &               |
| MISSOURI INSTITUTE OF MENTAL  |                              |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | HEALTH CENTERS FOR                    |
| HEALTH - 4633 WORLD PARKWAY CIRCLE  |                              |  |  |   | WHOLESALE  | , MEDICAL   | LOW-INCOME, UNINSURED                 |
| - ST. LOUIS, MO 63134   | 43-6003859                   | 501(C)(3)  | 0.   | 75,940.   | PRICE  | SUPPLIES  | 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.   | 9,752.  | PURCHASED  | EQUIPMENT   | PATIENTS                              |
|   |                              |  |  |   |  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| OBILE COUNTY HEALTH DEPARTMENT  |                              |  |  |   | ESTIMATED  | , OTHER ,   | HEALTH CENTERS FOR                    |
| 251 NORTH BAYOU STREET  |                              |  |  |   | WHOLESALE  | MEDICAL   | LOW-INCOME, UNINSURED                 |
| MOBILE, AL 36603  | 63-6001641                   | 501(C)(3)  | 0.   | 44,371.   | PRICE  | SUPPLIES  | PATIENTS                              |
|   |                              |  |  |   |  |   | SUPPORT TO US CLINICS &               |
| MONMOUTH FAMILY HEALTH CENTER   |                              |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | HEALTH CENTERS FOR                    |
| 270 BROADWAY  |                              |  |  |   | WHOLESALE  | , MEDICAL   | LOW-INCOME, UNINSURED                 |
| LONG BRANCH, NJ 07740   | 20-0547132                   | 501(C)(3)  | 0.   | 28,072.   | PRICE  | SUPPLIES  | PATIENTS                              |
|   |                              |  |  |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| MONTANA MIGRANT COUNCIL   |                              |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| 3318 THIRD AVENUE N, STE. 200   |                              |  |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| BILLINGS, MT 59101  | 81-0350430                   | 501(C)(3)  | 0.   | 6,890.  | PURCHASED  | EQUIPMENT   | PATIENTS                              |
| MONUMENT VALLEY HIGH SCHOOL   |                              |  |  |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| KAYENTA UNIFIED SCHOOL DISTRICT -   |                              |  |  |   | WHOLESALE  |   | HEALTH CENTERS FOR                    |
| NORTH HWY 163, MUSTANG BLVD   |                              |  |  |   | PRICE,   | MEDICAL   | LOW-INCOME, UNINSURED                 |
| KAYENTA, AZ 86033   | APPLIED FOR                  | 501(C)(3)  | 0.   | 15,902.   | PURCHASED  | SUPPLIES  | PATIENTS                              |
| MORENO VALLEY FAMILY HEALTH CENTER  |                              |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| COMMUNITY HEALTH SYSTEMS, INC   |                              |  |  |   | WHOLESALE  | , MEDICAL   | HEALTH CENTERS FOR                    |
| 22675 ALESSANDRO BLVD - MORENO  |                              |  |  |   | PRICE,   | ,<br>SUPPLIES,  | LOW-INCOME, UNINSURED                 |
| VALLEY, CA 92553  | 33-0056551                   | 501(C)(3)  | 0.   | 13,182.   | PURCHASED  | ,<br>EQUIPMENT  | ,<br>PATIENTS                         |
|   |                              |  |  |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| MORGAN COUNTY MEDICAL CENTER  |                              |  |  |   | WHOLESALE  | PHARMACEUTICALS                                       | HEALTH CENTERS FOR                    |
| 224 OLD MILL ROAD   |                              |  |  |   | PRICE,   | , MEDICAL   | LOW-INCOME, UNINSURED                 |
| WARTBURG, TN 37887  | 62-0913596                   | 501(C)(3)  | 0.   | 7 770.  | ,<br>PURCHASED   | ,<br>SUPPLIES   | ,<br>PATIENTS                         |

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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  |   |  | ABBVIE PR INFRASTRUCTURE              |
| MOROVIS COMMUNITY HEALTH CENTER                    |                   |                                  |                                 |  |   |  | EQUIPMENT, ABBVIE PR                  |
| PO BOX 518   |                   |                                  |                                 |  |   |  | MOBILE HEALTH, ABBVIE PR              |
| MOROVIS, PR 00687                                  | 66-0480948        | 501(C)(3)                        | 10,000.                         | 0.   |   |  | EMERGENCY PREP & RESP,                |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MOROVIS COMMUNITY HEALTH CENTER,                   |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| INC CALLE PATRON #2 AVE.                           |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| COROZAL Y PATR - MOROVIS, PR 00687                 | 66-0480948        | 501(C)(3)                        | 0.                              | 35,140.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  |                                       |
| MORTON COMPREHENSIVE HEALTH                        |                   |                                  |                                 |  |   |  |                                       |
| SERVICE - P.O. BOX 481090 - TULSA,                 |                   |                                  |                                 |  |   |  |                                       |
| OK 74148   | 73-1177858        | 501(C)(3)                        | 49,868.                         | 0.   |   |  | LILLY NAVIGATOR GRANT                 |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MORTON COMPREHENSIVE HEALTH                        |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| SERVICES - 1334 N LANSING AVE -                    |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| TULSA, OK 74106                                    | 73-1177858        | 501(C)(3)                        | 0.                              | 84,875.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MOSES LAKE COMMUNITY HEALTH CENTER                 |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 605 COOLIDGE DRIVE                                 |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MOSES LAKE, WA 98837                               | 91-1537371        | 501(C)(3)                        | 0.                              | 22,050.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| MOSES LAKE COMMUNITY HEALTH CTR                    |                   |                                  |                                 |  |   |  |                                       |
| 605 COOLIDGE STREET                                |                   |                                  |                                 |  |   |  |                                       |
| MOSES LAKE, WA 98837                               | 91-1537371        | 501/(3)/(3)                      | 50,000.                         | 0.   |   |  | COVID19-US                            |
| MOSES LAKE, WA 98037                               | 91-1557571        | 501(C)(3)                        | 50,000.                         | υ.   |   |  | SUPPORT TO US CLINICS &               |
|  |                   |                                  |                                 |  | ESTIMATED   |  |                                       |
| MOUNT VERNON NEIGHBORHOOD HEALTH                   |                   |                                  |                                 |  |   |  | HEALTH CENTERS FOR                    |
| CENTER - 107 WEST FOURTH STREET -                  | 40.0045500        |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| MOUNT VERNON, NY 10550                             | 13-3315508        | 501(C)(3)                        | 0.                              | 5,600.   | PRICE   | EQUIPMENT                              | PATIENTS                              |
| MOUNTAIN COMPREHENSIVE HEALTH CORP                 |                   |                                  |                                 |  |   |  |                                       |
| PO BOX 40, 226 MEDICAL LANE                        |                   |                                  |                                 |  |   |  |                                       |
| WHITESBURG, KY 41858                               | 61-0712406        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| MOUNTAIN FAMILY HEALTH CENTERS                     | 01 0/12400        |                                  |                                 | 0.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| GLENWOOD SPRINGS - 1905 BLAKE                      |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
|  |                   |                                  |                                 |  |   | ,                                      |                                       |
| STREET, STE. 101 - GLENWOOD                        | 04 0740145        | 501(0)(2)                        |                                 | 00 140   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SPRINGS, CO 81601                                  | 84-0742145        | DUT(C)(3)                        | 0.                              | 28,148.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

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|--|------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other           | Assistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NOUNTAIN HOME CHRISTIAN CLINIC                     |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 21 WEST WADE AVE                                   |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| IOUNTAIN HOME, AR 72653                            | 71-0835511       | 501(C)(3)                        | 0.                              | 196,046.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| OUNTAIN PARK HEALTH CENTER                         |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 003 N. CENTRAL AVENUE                              |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| PHOENIX, AZ 85004                                  | 86-0498020       | 501(C)(3)                        | 0.                              | 11,843.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  |   |  |                                       |
| MOUNTAIN PARK HEALTH CENTER                        |                  |                                  |                                 |  |   |  |                                       |
| 3003 N CENTRAL AVE. SUITE 1600                     | 86-0498020       | E01(0)(2)                        | E0.000                          | 0.   |   |  | COVID19-US                            |
| PHOENIX, AZ 85012                                  | 86-0498020       | 501(C)(3)                        | 50,000.                         | υ.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
|  |                  |                                  |                                 |  |   |  |                                       |
| OUNTAIN VALLEYS HEALTH CENTERS                     |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 54-850 MEDICAL CENTER DRIVE                        |                  |                                  |                                 | 40 5 60  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| IEBER, CA 96009                                    | 94-2533006       | 501(C)(3)                        | 0.                              | 49,563.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| MOUNTAINLANDS COMMUNITY HEALTH                     |                  |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| CENTER, INC 589 SOUTH STATE                        |                  |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| TREET - PROVO, UT 84606                            | 87-0515716       | 501(C)(3)                        | 0.                              | 7,927.   | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| -POWER MINISTRIES                                  |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 022 FOURTH AVENUE SOUTH                            |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| IRMINGHAM, AL 35222                                | 31-1639601       | 501(C)(3)                        | 0.                              | 49,003.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| IQVN COMMUNITY DEVELOPMENT CORP                    |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| IOELA CHC - 13085 CHEF MENTEUR                     |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| IIGHWAY - NEW ORLEANS, LA 70129                    | 20-4929600       | 501(C)(3)                        | 0.                              | 117,214.                                       | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| Y COMMUNITY HEALTH CENTER                          |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 600 SEVENTH STREET SW                              |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ANTON, OH 44710                                    | 81-2171085       | 501(C)(3)                        | 0.                              | 7,500.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| I.E.W. COMMUNITY CLINIC                            |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 22 BODART STREET                                   |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| GREEN BAY, WI 54301                                | 39-1200636       | 501(C)(3)                        | 0.                              | 390,402.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                          |  |   |  | 95-1831116 Page                       |
|--|-------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Doi | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| ND 20  |                   |                                  |                          |  |   |  |                                       |
| NAFC   |                   |                                  |                          |  |   |  | CONTRA US NAEC FUNDING                |
| 1800 DIAGONAL ROAD, STE 600                        | FC 2272242        | E01(0)(2)                        | 2 5 6 5 0 0 0            | 0.   |   |  | COVID19-US, NAFC FUNDING              |
| ALEXANDRIA , VA 22314                              | 56-2273242        | 501(C)(3)                        | 2,565,000.               | 0.   |   |  | PROGRAM                               |
| NATIONAL ALLIANCE HISPANIC HEALTH                  |                   |                                  |                          |  |   |  |                                       |
| 1501 16TH STREET, NW                               |                   |                                  |                          |  |   |  |                                       |
| WASHINGTON, DC 20036                               | 95-2856725        | 501(0)(3)                        | 250,000.                 | 0.   |   |  | COVID19-US                            |
| WABILINGTON, DC 20030                              | 55 2050725        | 501(0)(3)                        | 250,000.                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NATIONAL ASSOCIATION OF CHRISTIAN                  |                   |                                  |                          |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
|  |                   |                                  |                          |  | PRICE   | , OINER,<br>MEDICAL                    |                                       |
| CHURCHES - 7025 WEST TIDWELL ROAD,                 | 20 5077000        | E01(0)(2)                        | 0                        |  | ,   |  | LOW-INCOME, UNINSURED<br>PATIENTS     |
| SUITE H108 - HOUSTON, TX 77092                     | 20-5077098        | 501(C)(3)                        | 0.                       | 27,288.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| NATIONAL BLACK NURSES ASSOC                        |                   |                                  |                          |  |   |  |                                       |
|  |                   |                                  |                          |  |   |  |                                       |
| 8630 FENTON STREET, SUITE 910                      | 23-7194995        | E01(0)(2)                        | 250 000                  | 0.   |   |  | COVID19-US                            |
| SILVER SPRING, MD 20910                            | 23-7194995        | 501(C)(3)                        | 250,000.                 | 0.   |   |  |                                       |
| NATIVE ACTION INC.                                 |                   |                                  |                          |  |   |  |                                       |
| 4805 24TH AVE #A                                   |                   |                                  |                          |  |   |  |                                       |
| MISSOULA, MT 59801                                 | 81-0450694        | 501(0)(3)                        | 250,000.                 | 0.   |   |  | COVID19-US                            |
| NATIVE AMERICAN HEALTH CENTER                      | 01-0430094        | 501(0)(3)                        | 250,000.                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
|  |                   |                                  |                          |  | WHOLESALE   | _ MEDICAL                              |                                       |
| ADMINISTRATIVE OFFICES - 1151                      |                   |                                  |                          |  |   | ,                                      | HEALTH CENTERS FOR                    |
| HARBOR BAY PARKWAY, SUITE 203 -                    | 00 5105000        | 501 ( 2) ( 2)                    |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ALAMEDA, CA 94501                                  | 23-7135928        | 501(C)(3)                        | 0.                       | ,  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| NAVAJO AREA INDIAN HEALTH SERVICE                  |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| NAIHS - HWY 264 & ST. MICHAEL ROAD                 |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - ST. MICHAEL, AZ 86511                            | 86-0719855        |                                  | 0.                       | -  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | 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                                   | 86-6006232        |                                  | 0.                       | 41,647.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NC MEDASSIST                                       |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 4428 TAGGART CREEK ROAD, SUITE 101                 |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CHARLOTTE, NC 28208                                | 56-2018957        | 501(C)(3)                        | 0.                       | 11,193,412.                                    | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIER   |            |  |  |   | (=   |   | 95-1831116 Page                       |
|---|------------|--|--|---|--|---|---------------------------------------|
| Part II         Continuation of Grants and Other           (a) Name and address of organization or government | (b) EIN    | nestic Organizations<br>(c) IRC section<br>if applicable | and Domestic Go<br>(d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | edule I (Form 990), Pa<br>(f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | art II.)<br>(g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|   |            |  |  |   |  |   | SUPPORT TO US CLINICS &               |
| NCADA   |            |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | HEALTH CENTERS FOR                    |
| 9355 OLIVE BLVD   |            |  |  |   | WHOLESALE  | , MEDICAL   | LOW-INCOME, UNINSURED                 |
| ST. LOUIS, MO 63132   | 43-0827852 | 501(C)(3)  | 0.   | 159,316.                                | PRICE  | ,<br>SUPPLIES   | PATIENTS                              |
|   |            |  |  |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| NEIGHBORCARE HEALTH   |            |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| 1200 12TH AVENUE, S, SUITE 901  |            |  |  |   | PRICE.   | SUPPLIES .  | LOW-INCOME, UNINSURED                 |
| SEATTLE, WA 98144   | 91-0893287 | 501(C)(3)  | 0.   | 28,113.                                 | PURCHASED  | ,<br>EQUIPMENT  | PATIENTS                              |
| ,   |            |  |  | ,                                       | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| NEIGHBORHOOD CLINIC   |            |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| 1323 S. YAKIMA AVENUE   |            |  |  |   | PRICE,   | ,<br>SUPPLIES,  | LOW-INCOME, UNINSURED                 |
| TACOMA, WA 98405  | 91-1318144 | 501(C)(3)  | 0.   | 48 306.                                 | PURCHASED  | ,<br>EQUIPMENT  | ,<br>PATIENTS                         |
|   |            |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| NEIGHBORHOOD FREE HEALTH CLINIC   |            |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| 1520 VERNON STREET  |            |  |  |   | PRICE,   | , SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| STOUGHTON, WI 53589   | 20-8566062 | 501(C)(3)  | 0.   | 16 532.                                 | PURCHASED  | EQUIPMENT   | PATIENTS                              |
|   |            |  |  | ,                                       |  | -*  |                                       |
| NEIGHBORHOOD HEALTH   |            |  |  |   |  |   |                                       |
| 6677 RICHMOND HIGHWAY   |            |  |  |   |  |   | AMERISOURCEBERGEN -                   |
| ALEXANDRIA, VA 22306  | 54-1849891 | 501(C)(3)  | 50,000.  | 0.                                      |  |   | INNOVATION AWARDS                     |
|   |            |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| NEIGHBORHOOD HEALTH   |            |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| 6677 RICHMOND HIGHWAY   |            |  |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| ALEXANDRIA, VA 22306  | 54-1849891 | 501(0)(3)  | 0.   | 311 222                                 | PURCHASED  | EQUIPMENT   | PATIENTS                              |
|   | 54 1049091 | 501(0)(5)  | · · ·  | 511,222.                                | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| NEIGHBORHOOD HEALTH   |            |  |  |   | WHOLESALE  | MEDICAL   | HEALTH CENTERS FOR                    |
| 617 SOUTH 8TH STREET  |            |  |  |   |  | <i>'</i>  |                                       |
|   | 62 1022702 | E01(0)(2)  | 0.   | 47 661                                  | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED<br>PATIENTS     |
| NASHVILLE, TN 37206   | 62-1032792 | 501(C)(3)  | 0.   | 47,001.                                 | PURCHASED  | EQUIPMENT   | PATIENTS                              |
| NETCUDODUOOD LEAL MIL CENTED  |            |  |  |   |  |   |                                       |
| NEIGHBORHOOD HEALTH CENTER  |            |  |  |   |  |   |                                       |
| 155 LAWN AVENUE   | 16 1004445 | E01(0)(2)  | F0.000   | _                                       |  |   |                                       |
| BUFFALO, NY 14207   | 16-1294447 | 501(C)(3)  | 50,000.  | 0.                                      |  |   | COVID19-US                            |
| NET GUDOD VENT  |            |  |  |   | ESTIMATED  | PHARMACEUTICALS                                       | SUPPORT TO US CLINICS &               |
| NEIGHBORHOOD HEALTH CLINIC  |            |  |  |   | WHOLESALE  | , MEDICAL   | HEALTH CENTERS FOR                    |
| 88 12TH STREET NORTH  |            |  |  |   | PRICE,   | SUPPLIES,   | LOW-INCOME, UNINSURED                 |
| NAPLES, FL 34102  | 59-3546884 | 501(C)(3)  | 0.   | 151,276.                                | PURCHASED  | EQUIPMENT   | PATIENTS                              |

Schedule I (Form 990) DIRECT RELIEF

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|--|---|--|--|
| NEIGHBORHOOD HEALTHCARE                            |                |                                  |                          |  |   |  |  |
| 425 N DATE STREET                                  |                |                                  |                          |  |   |  |  |
| ESCONDIDO, CA 95025                                | 95-2796316     | 501(0)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                                   |
| NEIGHBORHOOD HEALTHCARE                            | 55 2750510     | 501(0)(3)                        | 50,000.                  | •.   | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| ADMINISTRATION - 425 N. DATE                       |                |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| STREET, SUITE 203 - ESCONDIDO, CA                  |                |                                  |                          |  | PRICE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
|  | 05 2706216     | 501(C)(2)                        |                          | 25 409   | ,   | · ·                                    |  |
| 92025  | 95-2796316     | 501(C)(3)                        | 0.                       | 25,408.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| NEIGHBORHOOD IMPROVEMENT PROJECT, I                | r              |                                  |                          |  |   |  |  |
| 2467 GOLDEN CAMP ROAD                              | -              |                                  |                          |  |   |  |  |
| AUGUSTA, GA 30906                                  | 31-1591242     | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                                   |
|  | 51 1551242     | 501(0)(5)                        | 50,000.                  |  |   |  |  |
| NEIGHBORHOOD MEDICAL CENTER                        |                |                                  |                          |  |   |  |  |
| 438 W. BREVARD STREET                              |                |                                  |                          |  |   |  |  |
| TALLAHASSE, FL 32301                               | 23-7422549     | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                                   |
|  | 25 /122515     | 501(0)(3)                        | 50,000.                  |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| NEIGHBORHOOD MEDICAL CENTER, INC.                  |                |                                  |                          |  | WHOLESALE   | _ MEDICAL                              | HEALTH CENTERS FOR                           |
| 438 WEST BREVARD STREET                            |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| TALLAHASSEE, FL 32301                              | 23-7422549     | 501(0)(3)                        | 0.                       |  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| NEIGHBORHOOD OUTREACH ACCESS TO                    | 25 /422545     | 501(0)(3)                        | ·.                       | 50,705.  | I OKCHADED  |  | SUPPORT TO US CLINICS &                      |
| HEALTH - 7500 N. DREAMY DRAW                       |                |                                  |                          |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                           |
|  |                |                                  |                          |  | WHOLESALE   | SUPPLIES,                              |  |
| DRIVE, SUITE 14 - PHOENIX, AZ<br>85020             | 27-3188239     | 501(C)(2)                        | 0.                       | 24,594.  |   | EQUIPMENT                              | LOW-INCOME, UNINSURED<br>PATIENTS            |
| 55020  | 27-3100239     | 501(C)(3)                        | · · ·                    | 24,594.  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| VETGUDODUOOD GEDUTGE ODGANTZAETON                  |                |                                  |                          |  | WHOLESALE   | MEDICAL                                |  |
| NEIGHBORHOOD SERVICE ORGANIZATION                  |                |                                  |                          |  |   | ,                                      | HEALTH CENTERS FOR                           |
| TUMAINI CENTER - 3430 THIRD STREET                 | 20 1561624     | E01(0)(2)                        |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| - DETROIT, MI 48201                                | 38-1561624     | 501(C)(3)                        | 0.                       | 527,527.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| NEOMED CENTER INC                                  |                |                                  |                          |  |   |  |  |
| NEOMED CENTER, INC                                 |                |                                  |                          |  |   |  | ABBVIE PR INFRASTRUCTUR                      |
| PO BOX 1277  |                | F01 ( 0) ( 2)                    | 210.000                  |  |   |  | EQUIPMENT, ABBVIE PR                         |
| GURABO, PR 00778                                   | 66-0485440     | DUT(C)(3)                        | 310,000.                 | 0.   |   |  | MOBILE HEALTH, COVID19-                      |
|  |                |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| NEOMED CENTER, INC.                                |                |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| CARR. 941 SALIDA BO. JAGUAS                        |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| GURABO, PR 00778                                   | 66-0485440     | 501(C)(3)                        | 0.                       | 5,342.   | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |

 Schedule I (Form 990)
 DIRECT RELIEF

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| (a) Name and address of organization or government   | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|--|---|---|--|
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| NETWORK MEDICAL                                      |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 185 S. PATTERSON AVENUE #C                           |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| SANTA BARBARA, CA 93111                              | 77-0116381     | 501(C)(3)                        | 0.                              | 6,781.   | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
| NEVADA HEALTH CENTERS INC                            |                |                                  |                                 |  |   |   |  |
| 3325 RESEARCH WAY                                    |                |                                  |                                 |  |   |   |  |
| CARSON CITY, NV 89706-7913                           | 94-3199117     | 501(C)(3)                        | 50,000.                         | 0.   |   |   | COVID19-US                                   |
| · ·  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| NEW HEALTH PROGRAMS ASSOCIATION                      |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 509 EAST MAIN AVENUE                                 |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| CHEWELAH, WA 99109                                   | 91-1053847     | 501(C)(3)                        | 0.                              | 8,803.   | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
| NEW HEALTH PROGRAMS ASSOCIATION<br>509 E MAIN STREET |                |                                  |                                 |  |   |   |  |
| CHEWELAH, WA 99109                                   | 91-1053847     | 501(C)(3)                        | 50,000.                         | 0.   |   |   | COVID19-US                                   |
|  |                |                                  |                                 |  | ESTIMATED   |   | SUPPORT TO US CLINICS &                      |
| NEW HEIGHTS CLINIC                                   |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                           |
| 8000 NE 58TH AVENUE                                  |                |                                  |                                 |  | PRICE,  | , MEDICAL                                     | LOW-INCOME, UNINSURED                        |
| VANCOUVER, WA 98665                                  | 91-2009672     | 501(C)(3)                        | ٥.                              | 29,268.  | PURCHASED   | SUPPLIES                                      | PATIENTS                                     |
|  |                |                                  |                                 |  | ESTIMATED   |   | SUPPORT TO US CLINICS &                      |
| NEW HOPE CLINIC                                      |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                           |
| 201 WEST BOILING SPRING ROAD                         |                |                                  |                                 |  | PRICE,  | , MEDICAL                                     | LOW-INCOME, UNINSURED                        |
| SOUTHPORT, NC 28461                                  | 31-1614379     | 501(C)(3)                        | 0.                              | 48,072.  | PURCHASED   | SUPPLIES                                      | 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.                              | 75,299.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                |                                  |                                 |  | ESTIMATED   |   | SUPPORT TO US CLINICS &                      |
| NEW HORIZON FAMILY HEALTH SERVICES                   |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                           |
| 975 W. FARIS ROAD                                    |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| GREENVILLE, SC 29605                                 | 57-0932597     | 501(C)(3)                        | 0.                              | 6,251.   | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| NEW JERSEY HARM REDUCTION                            |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| COALITION - 137 W. HANOVER STREET                    |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| - TRENTON, NJ 08618                                  | 91-1435394     | 501(C)(3)                        | 0.                              | 683,685.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |

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| Part II Continuation of Grants and Other A         | ssistance to Do | mestic Organizations             | s and Domestic Go               | v <b>ernments</b> (Sch                         | edule I (Form 990), Pa<br>I   | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN  | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                 |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NEW LIFE COMMUNITY HEALTH CENTER                   |                 |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 82-10 QUEENS BLVD                                  |                 |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ELMHURST, NY 11373                                 | 11-3204890      | 501(C)(3)                        | 0.                              | 55,835.  | PURCHASED   | EQUIPMENT                              | 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.                              | 1,136,514.                                     | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                 |                                  |                                 |  |   |  |                                       |
| NEWARK COMMUNITY HEALTH CTR, INC.                  |                 |                                  |                                 |  |   |  |                                       |
| 741 BROADWAY                                       |                 |                                  |                                 |  |   |  |                                       |
| NEWARK, NJ 07104                                   | 22-2747589      | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                 |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| NEWHOPE CLINIC                                     |                 |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 41 S. COURT STREET                                 |                 |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| OWINGSVILLE, KY 40360                              | 61-1363437      | 501(C)(3)                        | 0.                              | 191,315.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                 |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| NEXT HARM REDUCTION                                |                 |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 22 WEST 27TH STREET                                |                 |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| NEW YORK, NY 10001                                 | 83-1333112      | 501(C)(3)                        | 0.                              | 309,872.                                       | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                 |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| 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.                              | 20,777.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                 |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NO AIDS TASK FORCE DBA CRESCENT                    |                 |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CARE - 1631 ELYSIAN FIELDS AVENUE                  |                 |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - NEW ORLEANS, LA 70117                            | 72-1059635      | 501(C)(3)                        | 0.                              | 3,016,555.                                     | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                 |                                  |                                 |  |   |  |                                       |
| NOELA COMMUNITY HEALTH CENTER                      |                 |                                  |                                 |  |   |  |                                       |
| 13085 CHEF MENTEUR HIGHWAY                         |                 |                                  |                                 |  |   |  |                                       |
| NEW ORLEANS, LA 70129                              | 20-4929600      | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                 |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| NORTH CAROLINA BAPTIST MEN                         |                 |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 205 CONVENTION DRIVE                               |                 |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CARY, NC 27511                                     | 20-3648746      | 501(C)(3)                        | 0.                              | 8,752.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

 Schedule I (Form 990)
 DIRECT RELIEF

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|--|---|---|---------------------------------------|
| NORTH CENTRAL NURSING CLINICS OF                   |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| BULINGTON, CARROLL COUNTY, AND                     |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| MONON - 901 PRINCE WILLIAM ROAD -                  |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| DELPHI, IN 46923                                   | 26-1553382     | 501(C)(3)                        | 0.                              | 1,156,125.                                     | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| NORTH CENTRAL TEXAS COMMUNITY                      |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| HEALTH CARE - 200 MLK, JR BLVD -                   |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| WICHITA FALLS, TX 76301                            | 75-2429644     | 501(C)(3)                        | 0.                              | 83,964.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                |                                  |                                 |  |   |   | SUPPORT TO US CLINICS &               |
| NORTH COUNTRY FAMILY HEALTH                        |                |                                  |                                 |  | ESTIMATED   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| CENTER, INC 238 ARSENAL ST -                       |                |                                  |                                 |  | WHOLESALE   | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| WATERTOWN, NY 13601                                | 16-1030802     | 501(C)(3)                        | 0.                              | 5,917.   | PRICE   | EQUIPMENT                                     | PATIENTS                              |
| 238 ARSENAL STREET<br>WATERTOWN, NY 13601          | 16-1030802     | 501(C)(3)                        | 50,000.                         | 0.   | ESTIMATED   |   | COVID19-US<br>SUPPORT TO US CLINICS & |
| NORTH COUNTRY HEALTHCARE                           |                |                                  |                                 |  | WHOLESALE   |   | HEALTH CENTERS FOR                    |
| 2920 N. FOURTH STREET                              |                |                                  |                                 |  | PRICE,  | MEDICAL                                       | LOW-INCOME, UNINSURED                 |
| FLAGSTAFF, AZ 86004                                | 86-0663432     | 501(C)(3)                        | 0.                              | 5 265  | PURCHASED   | SUPPLIES                                      | PATIENTS                              |
|  |                | 561(6)(5)                        |                                 | 5,205,   | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| NORTH DALLAS SHARED MINISTRIES                     |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| FREE MEDICAL CLINIC - 2875 MERRELL                 |                |                                  |                                 |  | PRICE,  | , SUPPLIES,                                   | LOW-INCOME, UNINSURED                 |
| ROAD - DALLAS, TX 75229                            | 75-1908563     | 501(C)(3)                        | 0.                              | 32 708.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
| ,  |                |                                  |                                 |  | ESTIMATED   | ~   | SUPPORT TO US CLINICS &               |
| NORTH EAST MEDICAL SERVICES                        |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| 1520 STOCKTON STREET                               |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| SAN FRANCISCO, CA 94133                            | 94-1722562     | 501(C)(3)                        | 0.                              | 158,675.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
| ,  |                |                                  |                                 |  |   | ~   |                                       |
| NORTH EAST MEDICAL SERVICES                        |                |                                  |                                 |  |   |   |                                       |
| 2171 JUNIPERO SERRA BLVD SUITE 700                 |                |                                  |                                 |  |   |   |                                       |
| DALY CITY, CA 94014                                | 94-1722562     | 501(C)(3)                        | 50,000.                         | 0.   |   |   | COVID19-US                            |
| NORTH FLORIDA MEDICAL CENTERS INC.                 |                |                                  |                                 |  |   |   |                                       |
| SUITE 2 2804 REMINGTON GREEN CIRCLE                | 2              |                                  |                                 |  |   |   | COVID19-US, BD AWARDS                 |
| TALLAHASSEE, FL 32308                              | 59-1915144     |                                  | 50,000.                         | 0.   |   |   | PROGRAM                               |

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| Part II Continuation of Grants and Other A         | ssistance to Dor | nestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| NORTH FLORIDA MEDICAL CENTERS,                     |                  |                                  |                          |  | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| INC 2804 REMINGTON GREEN CIRCLE                    |                  |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| - TALLAHASSEE, FL 32308                            | 59-1915144       | 501(C)(3)                        | 0.                       | 7,951.   | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                          |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NORTH FLORIDA REGIONAL MEDICAL                     |                  |                                  |                          |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 6500 W NEWBERRY ROAD -                    |                  |                                  |                          |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| GAINESVILLE, FL 32605                              | 61-1269294       | 501(C)(3)                        | 0.                       | 56,091.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  |   |  |                                       |
| NORTH HUDSON COMMUNITY ACTION CORP                 |                  |                                  |                          |  |   |  |                                       |
| 800 31ST STREET                                    |                  |                                  |                          |  |   |  | COVID19-US,                           |
| UNION CITY, NJ 07087                               | 22-1818699       | 501(C)(3)                        | 237,500.                 | 0.   |   |  | COVID19-ABBOTT                        |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NORTH HUDSON COMMUNITY ACTION                      |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CORPORATION - ADMINISTRATION - 800                 |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 31ST STREET - UNION CITY, NJ 07087                 | 22-1818699       | 501(C)(3)                        | 0.                       | 447,313.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NORTH JEFFERSON COUNTY CLINIC                      |                  |                                  |                          |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| PHARMACY - 1295 PEARL STREET -                     |                  |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| BEAUMONT, TX 77701                                 | 74-6000291       | 501(C)(3)                        | 0.                       | 520,822.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
| NORTH MIAMI BEACH MEDICAL CENTER                   |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MERCY MOBILE CLINIC - 13899                        |                  |                                  |                          |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| BISCAYNE BLVD. STE. 132 - NORTH                    |                  |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| MIAMI BEACH, FL 33181                              | 65-1032266       | 501(C)(3)                        | 0.                       | 226,330.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NORTH MISSISSIPPI PRIMARY HEALTH                   |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CARE INC 15921 BOUNDARY DRIVE -                    |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ASHLAND, MS 38603                                  | 64-0686443       | 501(C)(3)                        | 0.                       | 53,243.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  | 1                        |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NORTH OMAHA AREA HEALTH                            |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 5620 AMES AVENUE                                   |                  |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| OMAHA, NE 68104                                    | 46-3298590       | 501(C)(3)                        | 0.                       | 31,391.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  | 1                        | , .  |   |  | SUPPORT TO US CLINICS &               |
| NORTH SHORE COMMUNITY HEALTH INC.                  |                  |                                  |                          |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 47 CONGRESS STREET                                 |                  |                                  |                          |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| SALEM, MA 01970                                    | 04-2610447       | 501(C)(3)                        | 0.                       | 5 600.   | PRICE   | EQUIPMENT                              | ,<br>PATIENTS                         |

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| Part II         Continuation of Grants and Other A           (a) Name and address of | Assistance to Dor<br>(b) EIN | nestic Organizations<br>(c) IRC section | and Domestic Go | vernments (Sch<br>(e) Amount of | edule I (Form 990), Pa                        | art II.) (g) Description of | (h) Purpose of grant      |
| organization or government   |                              | if applicable                           | cash grant      | non-cash<br>assistance          | valuation<br>(book, FMV,<br>appraisal, other) | non-cash assistance         | or assistance             |
|  |                              |   |                 |                                 |   |                             | SUPPORT TO US CLINICS &   |
| NORTH TEXAS AREA COMMUNITY HEALTH  |                              |   |                 |                                 | ESTIMATED                                     |                             | HEALTH CENTERS FOR        |
| CENTERS, INC 2100 NORTH MAIN   |                              |   |                 |                                 | WHOLESALE                                     |                             | LOW-INCOME, UNINSURED     |
| STREET - FORT WORTH, TX 76164  | 54-2117989                   | 501(C)(3)                               | 0.              | 5,600.                          | PRICE   | EQUIPMENT                   | PATIENTS                  |
|  |                              |   |                 |                                 |   |                             | SUPPORT TO US CLINICS &   |
| NORTHBAY HEALTHCARE NORTHBAY   |                              |   |                 |                                 | ESTIMATED                                     |                             | HEALTH CENTERS FOR        |
| MEDICAL CENTER - 1200 B GALE   |                              |   |                 |                                 | WHOLESALE                                     |                             | LOW-INCOME, UNINSURED     |
| WILSON BLVD - FAIRFIELD, CA 94533  | $68\!-\!0046750$             | 501(C)(3)                               | 0.              | 11,200.                         | PRICE   | EQUIPMENT                   | PATIENTS                  |
|  |                              |   |                 |                                 |   |                             | SUPPORT TO US CLINICS &   |
| NORTHEAST COMMUNITY CLINIC   |                              |   |                 |                                 | ESTIMATED                                     |                             | HEALTH CENTERS FOR        |
| 2550 W. MAIN STREET, SUITE 301   |                              |   |                 |                                 | WHOLESALE                                     |                             | LOW-INCOME, UNINSURED     |
| ALHAMBRA, CA 91801-1758  | 95-2687213                   | 501(C)(3)                               | 0.              | 5,600.                          | PRICE   | EQUIPMENT                   | PATIENTS                  |
|  |                              |   |                 |                                 |   |                             |                           |
| NORTHEAST COMMUNITY CLINIC   |                              |   |                 |                                 |   |                             |                           |
| 2550 W. MAIN ST. SUITE 301   |                              |   |                 |                                 |   |                             |                           |
| ALHAMBRA, CA 91801   | 95-2687213                   | 501(C)(3)                               | 50,000.         | 0.                              |   |                             | COVID19-US                |
|  |                              |   |                 |                                 |   |                             |                           |
| NORTHEAST FLORIDA HEALTH SERVICES  |                              |   |                 |                                 |   |                             |                           |
| 1205 S. WOODLAND BLVD SUITE 5  |                              |   |                 |                                 |   |                             |                           |
| DELAND, FL 32720   | 55-0799729                   | 501(C)(3)                               | 50,000.         | 0.                              |   |                             | COVID19-US                |
|  |                              |   |                 |                                 | ESTIMATED                                     |                             | SUPPORT TO US CLINICS &   |
| NORTHEAST MISSISSIPPI HEALTH CARE,   |                              |   |                 |                                 | WHOLESALE                                     | PHARMACEUTICALS             | HEALTH CENTERS FOR        |
| INC 12 EAST BRUNSWICK AVE  |                              |   |                 |                                 | PRICE,  | , MEDICAL                   | LOW-INCOME, UNINSURED     |
| BYHALIA, MS 38611  | 64-0620763                   | 501(C)(3)                               | 0.              | 9,286.                          | PURCHASED                                     | SUPPLIES                    | PATIENTS                  |
|  |                              |   |                 |                                 | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS &   |
| NORTHEAST MISSOURI HEALTH COUNCIL  |                              |   |                 |                                 | WHOLESALE                                     | , MEDICAL                   | HEALTH CENTERS FOR        |
| INC 1416 CROWN DRIVE -   |                              |   |                 |                                 | PRICE,  | SUPPLIES,                   | LOW-INCOME, UNINSURED     |
| KIRKSVILLE, MO 63501   | 43-1606173                   | 501(C)(3)                               | ٥.              | 17,439.                         | PURCHASED                                     | EQUIPMENT                   | PATIENTS                  |
|  |                              |   |                 |                                 |   |                             |                           |
| NORTHEAST VALLEY HEALTH  |                              |   |                 |                                 |   |                             | COVID19-US,               |
| CORPORATION - 1172 NORTH MACLAY  |                              |   |                 |                                 |   |                             | COVID19-ABBOTT, BD AWARDS |
| AVENUE - SAN FERNANDO, CA 91340  | 23-7120632                   | 501(C)(3)                               | 387,500.        | 0.                              |   |                             | PROGRAM                   |
| NORTHEAST VALLEY HEALTH  |                              |   |                 |                                 |   | PHARMACEUTICALS             | SUPPORT TO US CLINICS &   |
| CORPORATION CORPORATE OFFICE -   |                              |   |                 |                                 | ESTIMATED                                     | , MEDICAL                   | HEALTH CENTERS FOR        |
| 1172 NORTH MACLAY AVE SAN  |                              |   |                 |                                 | WHOLESALE                                     | SUPPLIES,                   | LOW-INCOME, UNINSURED     |
| FERNANDO, CA 91340   | 23-7120632                   | 501(C)(3)                               | 0.              | 15,293.                         | PRICE   | EQUIPMENT                   | PATIENTS                  |

| Schedule I (Form 990) DIRECT RELIEF                |                  |                                  |                                    | . (O - h                                |   | 4 . 11 . \                             | 95-1831116 Pag                        |
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| Part II Continuation of Grants and Other A         | ssistance to Doi | mestic Organizations             | and Domestic Go                    | vernments (Sch                          | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government | (b) EIN          | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| NORTHEASTERN OKLAHOMA COMMUNITY                    |                  |                                  |                                    |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HEALTH CENTERS, INC ADMINISTRATION                 |                  |                                  |                                    |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 116 E. MAIN STREET - HULBERT, OK                   |                  |                                  |                                    |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 74441  | 73-1622831       | 501(C)(3)                        | Ο.                                 | 39,523.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                    |   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| ORTHERN HEALTH CENTERS, INC.                       |                  |                                  |                                    |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 5397 STATE HIGHWAY 32                              |                  |                                  |                                    |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| AKEWOOD, WI 54138                                  | 39-1550213       | 501(C)(3)                        | 0.                                 | 6,923.                                  | PURCHASED   | EQUIPMENT                              | ,<br>PATIENTS                         |
| ORTHERN KENTUCKY INDEPENDENT                       |                  |                                  |                                    |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| DISTRICT HEALTH DEPARTMENT - 610                   |                  |                                  |                                    |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| EDICAL VILLAGE DRIVE - EDGEWOOD,                   |                  |                                  |                                    |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| Y 41017  | 61-1008505       | GOVERNMENT ENTIT                 | 0.                                 | 623,017.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                    |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ORTHERN NECK FREE HEALTH CLINIC                    |                  |                                  |                                    |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| HARMACY - 51 WILLIAM B. GRAHAM                     |                  |                                  |                                    |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| OURT - KILMARNOCK, VA 22482                        | 54-1679279       | 501(C)(3)                        | 0.                                 | 22,242.                                 | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                  |                                  |                                    | ,                                       | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| NORTHERN NEVADA HOPES CLINIC                       |                  |                                  |                                    |   | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 580 W. 5TH STREET                                  |                  |                                  |                                    |   | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| ENO, NV 89503                                      | 86-0865357       | 501(C)(3)                        | 0.                                 | 175,495.                                | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                                    | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NORTHLAKES COMMUNITY CLINIC                        |                  |                                  |                                    |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 665 US HIGHWAY 2                                   |                  |                                  |                                    |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| RON RIVER, WI 54847                                | 35-2297925       | 501(C)(3)                        | 0.                                 | 9,177.                                  | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                  |                                  |                                    |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ORTHLAND COMMUNITY HEALTH CENTER                   |                  |                                  |                                    |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| ADMINISTRATION - 104 N. MAIN                       |                  |                                  |                                    |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| TREET - TURTLE LAKE, ND 58575                      | 33-1029318       | 501(C)(3)                        | 0.                                 | 664,687.                                | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                  |                                  | -                                  | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| IORTHSHORE HEALTH CENTER                           |                  |                                  |                                    |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 050 STERLING CREEK ROAD                            |                  |                                  |                                    |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| PORTAGE, IN 46368                                  | 35-2028588       | 501(C)(3)                        | 0.                                 | 218,312.                                | PURCHASED   | ,<br>EQUIPMENT                         | PATIENTS                              |
| ,  |                  |                                  |                                    | ,                                       |   |  | SUPPORT TO US CLINICS &               |
| ORTHWELL HEALTH                                    |                  |                                  |                                    |   |   |  | HEALTH CENTERS FOR                    |
| 000 MARCUS AVENUE                                  |                  |                                  |                                    |   | PURCHASED   |  | LOW-INCOME, UNINSURED                 |
| IEW HYDE PARK, NY 11042                            | 11-1562701       | 501(C)(3)                        | 0.                                 | 17,649.                                 | PRICE   | EOUIPMENT                              | PATIENTS                              |

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| Part II Continuation of Grants and Other           | Assistance to Dor | mestic Organizations                    | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa<br>T   | art II.)                               | Γ  |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | <b>(c)</b> IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| NORTHWEST COMMUNITY HEALTH CENTER                  |                   |   |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 320 E. 2ND ST.                                     |                   |   |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| LIBBY, MT 59923                                    | 81-0542127        | 501(C)(3)                               | 0.                       | 20,010.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| NORTHWEST HEALTH SERVICES, INC.                    |                   |   |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 2303 VILLAGE DRIVE                                 |                   |   |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| ST. JOSEPH, MO 64506                               | 43-1323669        | 501(C)(3)                               | 0.                       | 11,032.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| NORTHWEST MICHIGAN HEALTH                          |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| SERVICES, INC. TRAVERSE CITY                       |                   |   |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| CLINIC - 10767 TRAVERSE HIGHWAY -                  |                   |   |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| TRAVERSE CITY, MI 49684-5549                       | 38-1958790        | 501(C)(3)                               | 0.                       | 221,799.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| · · · · ·  |                   |   |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| NORWALK COMMUNITY HEALTH CENTER                    |                   |   |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 120 CONNECTICUT AVENUE                             |                   |   |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| NORWALK, CT 06854                                  | 06-1436620        | 501(C)(3)                               | 0.                       | 8,912.   | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| NOVA SCRIPTS CENTRAL INC                           |                   |   |                          |  |   |  |  |
| 6400 ARLINGTON BLVD SUITE 120                      |                   |   |                          |  |   |  |  |
| FALLS CHURCH, VA 22042                             | 65-1275162        | 501(C)(3)                               | 40,000.                  | 0.   |   |  | BAYER RH AWARDS PROGRAM                      |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| 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)                               | ٥.                       | 406,743.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |   |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| NUESTRA CLINICA DEL VALLE                          |                   |   |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 801 W. FIRST STREET                                |                   |   |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| SAN JUAN, TX 78589                                 | 74-1721807        | 501(C)(3)                               | ٥.                       | 9,682.   | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |   |                          |  |   |  | SUPPORT TO US CLINICS &                      |
| OAK ORCHARD COMMUNITY HEALTH                       |                   |   |                          |  | ESTIMATED   |  | HEALTH CENTERS FOR                           |
| CENTER - 300 WEST AVE - BROCKPORT,                 |                   |   |                          |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                        |
| NY 14420-1118                                      | 16-1020913        | 501(C)(3)                               | 0.                       | 5,600.   | PRICE   | EQUIPMENT                              | PATIENTS                                     |
|  |                   |   |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| OASIS FREE CLINICS                                 |                   |   |                          |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 66 BARIBEAU DRIVE, STE. 5B                         |                   |   |                          |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| BRUNSWICK, ME 04011                                | 01-0497587        | 501(C)(3)                               | 0.                       | 179,975.                                       | PURCHASED   | SUPPLIES                               | PATIENTS                                     |

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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OCCUPY MEDICAL                                     |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 34248 GAROUTTE ROAD                                |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| COTTAGE GROVE, OR 97424                            | 46-0903989        | 501(C)(3)                        | 0.                              | 21,508.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| OCEAN HEALTH INITIATIVES                           |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 10 STOCKTON DRIVE                                  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| TOMS RIVER, NJ 08755                               | 06 - 1691342      | 501(C)(3)                        | 0.                              | 41,768.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ODA PRIMARY CARE HEALTH CENTER                     |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 74 WALLABOUT AVENUE                                |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BROOKLYN, NY 11249                                 | 11-2329960        | 501(C)(3)                        | 0.                              | 537,883.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ODYSSEY HOUSE COMMUNITY HEALTH                     |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 1125 N. TONTI STREET -                    |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NEW ORLEANS, LA 70119                              | 72-0743677        | 501(C)(3)                        | 0.                              | 107,979.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OHIO VALLEY HEALTH CENTER                          |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 423 SOUTH STREET                                   |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| STEUBENVILLE, OH 43952                             | 20-3924355        | 501(C)(3)                        | 0.                              | 43,913.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | 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                 |
| WILLIAMSBURG, VA 23188                             | 54 - 1663905      | 501(C)(3)                        | 0.                              | 160,072.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OLYMPIC PENINSULA COMMUNITY CLINIC                 |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 819 GEORGIANA STREET                               |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| PORT ANGELES, WA 98362                             | 01 - 0590704      | 501(C)(3)                        | 0.                              | 72,794.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  |                                       |
| OMNI FAMILY HEALTH                                 |                   |                                  |                                 |  |   |  |                                       |
| 4900 CALIFORNIA AVENUE SUITE 400B                  |                   |                                  |                                 |  |   |  |                                       |
| BAKERSFIELD, CA 93309                              | 95-3218000        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OMNI FAMILY HEALTH                                 |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 4900 CALIFORNIA AVENUE                             |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BAKERSFIELD, CA 93309                              | 95-3218000        | 501(C)(3)                        | 0.                              | 223,176.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

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| Part II Continuation of Grants and Other A         | Assistance to Dor | nestic Organizations                    | and Domestic Go          | overnments (Sch<br>I                           | iedule I (Form 990), Pa<br>T  | art II.)                                      |                                       |
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|  |                   |   |                          |  | ESTIMATED   |   | SUPPORT TO US CLINICS &               |
| ONE COMMUNITY HEALTH                               |                   |   |                          |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| 1500 21ST STREET                                   |                   |   |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| SACRAMENTO, CA 95811                               | 68-0162903        | 501(C)(3)                               | 0.                       | 6,035.   | 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.                       | 219,641.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |   |                          |  |   |   |                                       |
| ONEWORLD COMMUNITY HEALTH CENTERS,                 |                   |   |                          |  |   |   |                                       |
| 4920 SOUTH 30TH STREET, SUITE 103                  |                   |   |                          |  |   |   |                                       |
| OMAHA, NE 68132                                    | 47-0548990        | 501(C)(3)                               | 50,000.                  | ٥.   |   |   | COVID19-US                            |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| OPEN AID ALLIANCE                                  |                   |   |                          |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 1500 WEST BROADWAY SUITE A                         |                   |   |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| MISSOULA, MT 59808                                 | 36-3652244        | 501(C)(3)                               | 0.                       | 45,874.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| OPEN ARMS CLINIC                                   |                   |   |                          |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 109 BIG A ROAD                                     |                   |   |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| TOCCOA, GA 30577                                   | 20-3296577        | 501(C)(3)                               | 0.                       | 390,311.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| OPEN ARMS FREE CLINIC, INC.                        |                   |   |                          |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 205 E COMMERCE ST                                  |                   |   |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| ELKHORN, WI 53121                                  | 45-4475625        | 501(C)(3)                               | 0.                       | 106,152.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| OPEN ARMS HEALTH CLINIC                            |                   |   |                          |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 3311 LITTLE RD                                     |                   |   |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| ARLINGTON, TX 76016                                | 45-0621201        | 501(C)(3)                               | 0.                       | 961,709.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| OPEN DOOR COMMUNITY HEALTH CENTERS                 |                   |   |                          |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| - ADMINISTRATION - 1275 8TH STREET                 |                   |   |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| - ARCATA, CA 95521                                 | 95-2671433        | 501(C)(3)                               | 0.                       | 119,129.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |   |                          |  | ESTIMATED   |   | SUPPORT TO US CLINICS &               |
| OPEN DOOR FAMILY MEDICAL CENTERS                   |                   |   |                          |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| INC 165 MAIN STREET - OSSINING,                    |                   |   |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| NY 10562   | 13-2813103        | 501(C)(3)                               | 0.                       | 11,338.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |

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| Part II Continuation of Grants and Other              | Assistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                          | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government    | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| ODEN DOOD ENVIRY NEDTONS OFF                          |                  |                                  |                                 |   |   |  |                                       |
| OPEN DOOR FAMILY MEDICAL CTR, INC.<br>165 MAIN STREET |                  |                                  |                                 |   |   |  |                                       |
|   | 13-2813103       | 501(0)(2)                        | 227 500                         | 0.                                      |   |  | COVID19-US,<br>COVID19-ABBOTT         |
| OSSINING, NY 10562                                    | 13-2013103       | 501(C)(3)                        | 237,500.                        | υ.                                      | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OPEN DOOR HEALTH CENTER                               |                  |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 151 NW 11 STREET                                      |                  |                                  |                                 |   |   | ,                                      |                                       |
|   | 02 0275006       | F01 ( 0) ( 2)                    |                                 | 1 000 222                               | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HOMESTEAD, FL 33030                                   | 83-0375996       | 501(C)(3)                        | 0.                              | 1,089,332.                              |   | EQUIPMENT                              | PATIENTS                              |
| ADEN DAAD WEDERN MENTGEDING OF WINE                   |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | 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                                     | 58-1422700       | 501(C)(3)                        | 0.                              | 172,090.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|   |                  |                                  |                                 |   | ESTIMATED   |  | SUPPORT TO US CLINICS                 |
| OPEN EYES BEYOND BORDER                               |                  |                                  |                                 |   | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| P.O. BOX 1811   |                  |                                  |                                 |   | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| PFLUGERVILLE, TX 78691                                | 83-2789447       | 501(C)(3)                        | 0.                              | 42,760.                                 | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| OPPORTUNITIES INDUSTRIALIZATION                       |                  |                                  |                                 |   |   |  |                                       |
| CTR - P.O. BOX 2723-402 EAST                          |                  |                                  |                                 |   |   |  |                                       |
| VIRGINIA ST - ROCKY MOUNT, NC                         |                  |                                  |                                 |   |   |  |                                       |
| 27802   | 56-0946196       | 501(C)(3)                        | 50,000.                         | 0.                                      |   |  | COVID19-US                            |
| OPTIMUS HEALTH CARE, INC.                             |                  |                                  |                                 |   |   |  |                                       |
| 982 EAST MAIN STREET,                                 |                  |                                  |                                 |   |   |  |                                       |
| BRIDGEPORT, CT 06608                                  | 06-0972166       | 501(C)(3)                        | 100,000.                        | 0.                                      |   |  | COVID19-US                            |
|   |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| 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.                              | 58 482                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| , *** #2200   |                  |                                  | · · ·                           | 50,102.                                 |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| ORANGE PARK MEDICAL CENTER                            |                  |                                  |                                 |   | ESTIMATED   | _ MEDICAL                              | HEALTH CENTERS FOR                    |
| 2001 KINGSLEY AVENUE                                  |                  |                                  |                                 |   | WHOLESALE   | , MEDICAL<br>SUPPLIES,                 | LOW-INCOME, UNINSURED                 |
|   | APPLIED FOR      |                                  | 0.                              | 55,983.                                 |   | EQUIPMENT                              | PATIENTS                              |
| DRANGE PARK, FL 32073                                 | APPLIED FOR      |                                  | · ·                             | 55,365.                                 |   | EQUIFMENT                              |                                       |
| DREGON HEALTH AUTHORITY OREGON                        |                  |                                  |                                 |   | ESTIMATED   |  | SUPPORT TO US CLINICS                 |
| OFFICE OF EMERGENCY MANAGEMENT -                      |                  |                                  |                                 |   | WHOLESALE   | OTHER, MEDICAL                         | HEALTH CENTERS FOR                    |
| 3225 STATE STREET - SALEM, OR                         |                  | 501 ( 2) ( 2)                    |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 97301   | 93-6001752       | put(C)(3)                        | 0.                              | 28,907.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF   |                              |   |                          |   |  |  | 95-1831116 Pag                               |
|---|------------------------------|---|--------------------------|---|--|--|--|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | Assistance to Dor<br>(b) EIN | <b>(c)</b> IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | edule I (Form 990), Pa<br>(f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|   |                              |   |                          |   |  |  | SUPPORT TO US CLINICS &                      |
| OREGON ONCOLOGY SPECIALISTS   |                              |   |                          |   | ESTIMATED  | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 875 OAK STREET SE   |                              |   |                          |   | WHOLESALE  | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| SALEM, OR 97301   | 93-1273254                   |   | 0.                       | 7,225.                                  | PRICE  | SUPPLIES                               | PATIENTS                                     |
|   |                              |   |                          |   |  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| ORLANDO HEALTH  |                              |   |                          |   | ESTIMATED  | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 45 W STURTEVANT STREET  |                              |   |                          |   | WHOLESALE  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| ORLANDO, FL 32806   | 59-1726273                   | 501(C)(3)                               | 0.                       | 185,755.                                | PRICE  | EQUIPMENT                              | PATIENTS                                     |
| 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                                   |
|   |                              |   |                          |   |  |  | SUPPORT TO US CLINICS &                      |
| OUTLOOK HEALTH SERVICES   |                              |   |                          |   | ESTIMATED  |  | HEALTH CENTERS FOR                           |
| 10510 SOUTH AVE W   |                              |   |                          |   | WHOLESALE  |  | LOW-INCOME, UNINSURED                        |
| CHISAGO CITY, MN 55013  | 41-1707647                   | 501(C)(3)                               | 0.                       | 9,535.                                  | PRICE  | PHARMACEUTICALS                        | PATIENTS                                     |
|   |                              |   |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| OUTREACH COMMUNITY HEALTH CENTERS   |                              |   |                          |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 711 W. CAPITOL DRIVE  |                              |   |                          |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| MILWAUKEE, WI 53206   | 39-1353282                   | 501(C)(3)                               | 0.                       | 311,010.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                                     |
|   |                              |   |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| OUTREACH HEALTH SERVICES, INC.  |                              |   |                          |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 130 NORTH HIGH STREET   |                              |   |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| SHUBUTA, MS 39360   | 64-0736857                   | 501(C)(3)                               | 0.                       | 288,883.                                | PURCHASED  | FQUIPMENT                              | ,<br>PATIENTS                                |
|   |                              |   |                          | ,                                       | ESTIMATED  |  | SUPPORT TO US CLINICS &                      |
| OXNARD COLLEGE  |                              |   |                          |   | WHOLESALE  |  | HEALTH CENTERS FOR                           |
| 4000 S. ROSE AVENUE   |                              |   |                          |   | PRICE,   | MEDICAL                                | LOW-INCOME, UNINSURED                        |
| OXNARD, CA 93033  | 77-0003378                   | 501(C)(3)                               | 0.                       | 10 518.                                 | PURCHASED  | SUPPLIES                               | PATIENTS                                     |
|   |                              |   | 1                        |   |  |  | ABBVIE PR MONITORING &                       |
| OXNARD FIREFIGHTERS FOUNDATION  |                              |   |                          |   |  |  | EVALUATION, 2018                             |
| PO BOX 5503   |                              |   |                          |   |  |  | CALIFORNIA WILDFIRES,                        |
| OXNARD, CA 93031  | 45-5239547                   | 501(C)(3)                               | 60,000.                  | 0.                                      |  |  | CALIFORNIA WILDFIRES                         |
|   | 10 0200011                   |   |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| OZANAM CHARITABLE PHARMACY  |                              |   |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                           |
| 109 S. CEDAR STREET   |                              |   |                          |   | PRICE,   | , MEDICAL<br>SUPPLIES,                 | LOW-INCOME, UNINSURED                        |
| TO D. CEDAK DIKEET  |                              |   | 1                        |   | r  | Politico'                              | POR INCOME, ONTROOKED                        |

 Schedule I (Form 990)
 DIRECT RELIEF

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

95-1831116 Page 1

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
|  |                |                                  |                          |  |   |  |                                       |
| OZANAM CHARITABLE PHARMACY                         |                |                                  |                          |  |   |  |                                       |
| 109 SOUTH CEDAR ST                                 | 70 100000      | F01 ( 0) ( 2)                    | 15 000                   | 0.   |   |  |                                       |
| MOBILE, AL 36602                                   | 72-1386236     | 501(C)(3)                        | 15,000.                  | υ.   |   |  | LILLY NAVIGATOR GRANT                 |
| OZARK TRI-COUNTY HEALTH CARE                       |                |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| CONSORTIUM DBA ACCESS FAMILY CARE                  |                |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| - 475 NELSON AVENUE - NEOSHO, MO                   |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 64850  | 43-1752799     | 501(C)(3)                        | 0.                       | ,  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PACE COMMUNITY ACTION AGENCY, INC.                 |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| HEALTH CONNECTION - 525 N. 4TH                     |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| STREET - VINCENNES, IN 47591                       | 35-1120537     | 501(C)(3)                        | 0.                       | 78,387.  | 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.                       | 45,229.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| PACIFIC PRIDE FOUNDATION                           |                |                                  |                          |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 608 ANACAPA STREET                                 |                |                                  |                          |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| SANTA BARBARA, CA 93101                            | 95-3133613     | 501(C)(3)                        | 0.                       | 48,085.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                          | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PALMETTO HEALTH COUNCIL, INC.                      |                |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 643 MAIN STREET                                    |                |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| PALMETTO, GA 30268                                 | 58-1307597     | 501(C)(3)                        | 0.                       | 1,005,428.                                     | ,   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                |                                  |                          |  | ESTIMATED   | ~                                      | 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.                       |  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  | 55 2071302     |                                  | ÷.                       | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PANCARE OF FLORIDA, INC. CHC BAY                   |                |                                  |                          |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| COUNTY - 1612 FRANKFORD AVENUE -                   |                |                                  |                          |  |   | , OIHER,<br>MEDICAL                    |                                       |
|  | 01 01 00000    | 501(0)(2)                        |                          |  | PRICE,  |  | LOW-INCOME, UNINSURED                 |
| PANAMA CITY, FL 32401                              | 91-2189932     | 501(C)(3)                        | 0.                       | 3,122,772.                                     |   | SUPPLIES,                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PARK DUVALLE COMMUNITY HEALTH                      |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 3015 WILSON AVENUE -                      |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LOUISVILLE, KY 40211                               | 61-0666209     | 501(C)(3)                        | 0.                       | 16,511.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                   |   |                          |  |   |  | 95-1831116 Pag                        |
|--|-------------------|---|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations                    | and Domestic Go          | overnments (Sch                                | edule I (Form 990), Pa<br>T   | art II.)                               | Г                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | <b>(c)</b> IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PARK STREET HEALTHSHARE, LLC                       |                   |   |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 145 STATE STREET                                   |                   |   |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| RUTLAND, VT 05701                                  | 83-0427544        | 501(C)(3)                               | 0.                       | 70,170.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |   |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| PARKTREE COMMUNITY HEALTH CENTER                   |                   |   |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1450 E. HOLT AVENUE                                |                   |   |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| POMONA, CA 91767                                   | 22-3914738        | 501(C)(3)                               | 0.                       | 98,548.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| PARKVIEW OUTREACH COMMUNITY                        |                   |   |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1205 DR. MARTIN LUTHER KING JR. WA                 | ζ                 |   |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HAINES CITY, FL 33844                              | 01-0790991        | 501(C)(3)                               | 0.                       | 76,990.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ,  |                   |   |                          | , ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| PARTNERS FOR HEALING                               |                   |   |                          |  | WHOLESALE   | . MEDICAL                              | HEALTH CENTERS FOR                    |
| 109 W. BLACKWELL STREET                            |                   |   |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| TULLAHOMA, TN 37388                                | 62-1834800        | 501(C)(3)                               | 0.                       | 156,159.                                       | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | PATIENTS                              |
|  |                   |   |                          | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PARTNERSHIP COMMUNITY HEALTH                       |                   |   |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CENTER - 5471 WATERFORD LANE -                     |                   |   |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| APPLETON, WI 54913                                 | 20-2090446        | 501(C)(3)                               | 0.                       | 159 858.                                       | PURCHASED   | ,<br>EQUIPMENT                         | PATIENTS                              |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| PARTNERSHIP HEALTH CENTER                          |                   |   |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 520 GRIFFIN AVE                                    |                   |   |                          |  | PRICE,  | , SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| VALDOSTA, GA 31601                                 | 58-2405825        | 501(C)(3)                               | 0.                       | 217 942  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  | 50 1105015        | 501(0)(5)                               |                          |  |   |  |                                       |
| PARTNERSHIP HEALTH CENTER INC                      |                   |   |                          |  |   |  |                                       |
| 401 RAILROAD ST. WEST                              |                   |   |                          |  |   |  |                                       |
| MISSOULA, MT 59802                                 | 36-3843543        | 501(C)(3)                               | 50,000.                  | 0.   |   |  | COVID19-US                            |
| MIBBOOLIN, MI SYOUZ                                | 50 5015515        | 501(0/(5/                               |                          | •.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| PASADENA HEALTH CENTER                             |                   |   |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
|  |                   |   |                          |  | PRICE,  | , MEDICAL<br>SUPPLIES,                 |                                       |
| 908 SOUTHMORE AVE, SUITE 100                       | 20 0462005        | 501(0)(2)                               | 0.                       | 201 752  |   | ,                                      | LOW-INCOME, UNINSURED                 |
| PASADENA, TX 77502                                 | 20-0462905        | 501(C)(3)                               | 0.                       | 391,/53.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |   |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| PATHWAY HEALTH CLINIC                              |                   |   |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 636 HAMPSHIRE STREET, SUITE 201                    |                   |   |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| QUINCY, IL 62301                                   | 23-7344691        | 501(C)(3)                               | 0.                       | 7,439.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Part II Continuation of Grants and Other A         | ssistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sch                          | edule I (Form 990), Pa  | art II.)                                      | -  |
|--|------------------|----------------------------------|---------------------------------|---|---|---|--|
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| PAUL HOM ASIAN CLINIC                              |                  |                                  |                                 |   | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 5341 FOLSOM BLVD.                                  |                  |                                  |                                 |   | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| SACRAMENTO, CA 95819                               | 38-3825754       | 501(C)(3)                        | 0.                              | 31,054.                                 | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                  |                                  |                                 |   | ESTIMATED   |   | SUPPORT TO US CLINICS &                      |
| PEDIPLACE  |                  |                                  |                                 |   | WHOLESALE   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                           |
| 502 S OLD ORCHARD SUITE 126                        |                  |                                  |                                 |   | PRICE,  | , MEDICAL                                     | LOW-INCOME, UNINSURED                        |
| LEWISVILLE, TX 75067                               | 75-2512752       | 501(C)(3)                        | 0.                              | 693,729.                                | PURCHASED   | SUPPLIES                                      | PATIENTS                                     |
|  |                  |                                  |                                 |   |   |   |  |
| PENINSULA COMMUNITY HEALTH                         |                  |                                  |                                 |   |   |   |  |
| SERVICES - 400 WARREN AVENUE SUITE                 |                  |                                  |                                 |   |   |   |  |
| 200 - BREMERTON, WA 98337                          | 94-3079770       | 501(C)(3)                        | 50,000.                         | 0.                                      |   |   | COVID19-US                                   |
|  |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| PENINSULA COMMUNITY HEALTH                         |                  |                                  |                                 |   | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| SERVICES - 616 SIXTH STREET -                      |                  |                                  |                                 |   | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| BREMERTON, WA 98337                                | 94-3079770       | 501(C)(3)                        | 0.                              | 57,596.                                 | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                  |                                  |                                 |   | ESTIMATED   |   | SUPPORT TO US CLINICS &                      |
| PENOBSCOT COMMUNITY HEALTH CARE                    |                  |                                  |                                 |   | WHOLESALE   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                           |
| 103 MAINE AVENUE                                   |                  |                                  |                                 |   | PRICE,  | , MEDICAL                                     | LOW-INCOME, UNINSURED                        |
| BANGOR, ME 04401                                   | 01-0514750       | 501(C)(3)                        | 0.                              | 12,840.                                 | PURCHASED   | SUPPLIES                                      | PATIENTS                                     |
|  |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| PEOPLES CITY MISSION MEDICAL                       |                  |                                  |                                 |   | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| CLINIC - 401 NORTH 2ND STREET -                    |                  |                                  |                                 |   | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| LINCOLN, NE 68508                                  | 26-3819766       | 501(C)(3)                        | 0.                              | 7,995.                                  | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                  |                                  |                                 |   | ESTIMATED   |   | SUPPORT TO US CLINICS &                      |
| PEOPLES COMMUNITY HEALTH CLINIC                    |                  |                                  |                                 |   | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                           |
| 905 FRANKLIN STREET                                |                  |                                  |                                 |   | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| WATERLOO, IA 50703                                 | 42-1058629       | 501(C)(3)                        | 0.                              | 11,136.                                 | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| PEOPLE'S HEALTH CLINIC                             |                  |                                  |                                 |   | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 650 ROUND VALLEY DRIVE                             |                  |                                  |                                 |   | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| PARK CITY, UT 84068                                | 87-0638042       | 501(C)(3)                        | 0.                              | 1,009,521.                              | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|  |                  |                                  |                                 |   |   |   |  |
| PERC, INC.   |                  |                                  |                                 |   |   |   |  |
| PO BOX 232   |                  |                                  |                                 |   |   |   | PFIZER INFECTIOUS DISEA                      |
| GRAND ISLE, VT 05458                               | 65-0870592       | 501(C)(3)                        | 300,000.                        | 0.                                      |   |   | AWARDS, COVID19 US                           |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                                 |  |   |  | 95-1831116 Page                       |
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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go                 | overnments (Sch                                | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| 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.                              | 11,759.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| PERSON FAMILY MEDICAL CENTER, INC.                 |                   |                                  |                                 |  |   |  |                                       |
| 702 N. MAIN ST.                                    |                   |                                  |                                 |  |   |  |                                       |
| ROXBORO, NC 27573                                  | 58-1387324        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| PETALUMA HEALTH CENTER                             |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1179 NORTH MCDOWELL BLVD                           |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| PETALUMA, CA 94954                                 | 68-0437840        | 501(C)(3)                        | 0.                              | 10,074.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| 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.                              | 326,609.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PIEDMONT ACCESS TO HEALTH                          |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| SERVICES, INC 705 MAIN STREET -                    |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DANVILLE, VA 24521                                 | 54-2026502        | 501(C)(3)                        | 0.                              | 374,102.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PIEDMONT HEALTH SERVICES                           |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 299 LLOYD STREET                                   |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CARRBORO, NC 27510                                 | 56-0952737        | 501(C)(3)                        | 0.                              | 49,567.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| PIEDMONT HEALTH SERVICES INC.                      |                   |                                  |                                 |  |   |  |                                       |
| 88 VILCOM CENTER DRIVE, SUITE 110                  |                   |                                  |                                 |  |   |  |                                       |
| CHAPEL HILL, NC 27514                              | 56-0952737        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| ,  |                   |                                  | , ,                             |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| PIH HEALTH   |                   |                                  |                                 |  | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| 12401 WASHINGTON BLVD                              |                   |                                  |                                 |  | PRICE,  |  | LOW-INCOME, UNINSURED                 |
| WHITTIER, CA 90602                                 | 95-1903935        | 501(C)(3)                        | 0.                              | 21 201.  | PURCHASED   | EOUIPMENT                              | PATIENTS                              |
|  |                   | , /                              | 1                               | ,  |   |  | SUPPORT TO US CLINICS &               |
| PLACE OF HOPE MINISTRIES                           |                   |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 5405 JONESBORO ROAD                                |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| LAKE CITY, GA 30260                                | 58-2656313        | 501(C)(3)                        | 0.                              | 7,056.   |   | SUPPLIES                               | PATIENTS                              |

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|--|------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A                               | Assistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government                       | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| PLAN A HEALTH, INC   |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 1454 MAIN STREET   |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| LOUISE, MS 39097   | 83-2144751       | 501(C)(3)                        | 0.                              | 68,399.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| PLANNED PARENTHOOD   |                  |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 123 WILLIAMS STREET  |                  |                                  |                                 |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| NEW YORK, NY 10038   | 13-1644147       | 501(C)(3)                        | 0.                              | 10,124.  | PRICE   | SUPPLIES                               | PATIENTS                              |
| PLANNED PARENTHOOD INDIANA AND   |                  |                                  |                                 |  |   |  |                                       |
| KENTUCKY - 200 S. MERIDIAN ST.   |                  |                                  |                                 |  |   |  |                                       |
| SUITE 400 - INDIANAPOLIS, IN 46225                                       | 35-0874276       | 501(C)(3)                        | 40,000.                         | 0.   |   |  | LILLY NAVIGATOR GRANT                 |
| PLANNED PARENTHOOD OF AR & EASTERN<br>OK - 4401 WEST 109TH ST. SUITE 200 |                  |                                  |                                 |  |   |  |                                       |
| - OVERLAND PARK, KS 66211  | 73-0685955       | 501(C)(3)                        | 40,000.                         | 0.   |   |  | LILLY NAVIGATOR GRANT                 |
| PLANNED PARENTHOOD OF SOUTH, EAST,                                       |                  |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| AND NORTH FLORIDA PEMBROKE PINES -                                       |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 263 NORTH UNIVERSITY DRIVE -   |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| PEMBROKE PINES, FL 33024   | 59-1391115       | 501(C)(3)                        | 0.                              | 39,920.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PLANNED PARENTHOOD OF THE GULF   |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| COAST SPRING HEALTH CENTER - 4747  |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LOUETTA ROAD - SPRING, TX 77388  | 74-1100163       | 501(C)(3)                        | 0.                              | 160,401.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| PLANNED PARENTHOOD SAN ANTONIO   |                  |                                  |                                 |  |   |  | HEALTH CENTERS FOR                    |
| 7022 S. NEW BRAUNFELS AVE.   |                  |                                  |                                 |  |   |  | LOW-INCOME, UNINSURED                 |
| SAN ANTONIO, TX 78223  | 20-2851515       | 501(C)(3)                        | 0.                              | 6,205.   |   | PHARMACEUTICALS                        | PATIENTS                              |
| PLANNED PARENTHOOD SOUTHEAST, INC.                                       |                  |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| EAST ATLANTA VILLAGE HEALTH CENTER                                       |                  |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| - 440 MORELAND AVENUE, SE -  |                  |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| ATLANTA, GA 30316  | 58-6045874       | 501(C)(3)                        | 0.                              | 92,370.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| PLANNED PARENTHOOD SOUTHWEST OHIO  |                  |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| REGION MT. AUBURN SURGICAL CENTER  |                  |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| - 2314 AUBURN AVENUE - CINCINNATI,                                       |                  |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DH 45219   | 31-0536688       | 501(C)(3)                        | 0.                              | 11.510.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF   |                              |   |                             | · (0-1-                                 |  |  | 95-1831116 Pa  |
|---|------------------------------|---|-----------------------------|---|--|--|--|
| Part II Continuation of Grants and Other A (a) Name and address of organization or government | Assistance to Doi<br>(b) EIN | (c) IRC section<br>(c) iRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance                                |
|   |                              |   |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS  |
| POCATELLO FREE CLINIC   |                              |   |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR   |
| 1001 N. 7TH AVENUE SUITE 155  |                              |   |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED  |
| POCATELLO, ID 83201   | 82-0351133                   | 501(C)(3)   | 0.                          | 267 330                                 | PURCHASED  | EQUIPMENT                              | PATIENTS   |
|   | 02 0331133                   | 501(0)(5)   |                             | 207,330.                                | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS  |
| POINT WASHINGTON MEDICAL CLINIC   |                              |   |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR   |
| .290 N. CO. HWY 395   |                              |   |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED  |
| SANTA ROSA BEACH, FL 32459  | 83-1125021                   | 501(C)(3)   | 0.                          | 128 255                                 | PURCHASED  | EQUIPMENT                              | PATIENTS   |
| MIII RODA BERCH, TE 52455   | 05 1125021                   | 501(0)(5)   |                             | 120,233.                                |  |  |  |
| POMONA COMMUNITY HEALTH CENTER<br>1450 EAST HOLT AVENUE<br>POMONA, CA 91767                   | 22-3914738                   | 501(C)(3)   | 50,000.                     | 0.                                      |  |  | COVID19-US   |
|   |                              |   | ,                           |   |  |  |  |
| PONCE MEDICAL SCHOOL FOUNDATION<br>P.O. BOX 70004   |                              |   |                             |   |  |  |  |
| PONCE, PR 00731   | 66-0379122                   | 501(C)(3)   | 50,000.                     | 0.                                      |  |  | COVID19-US   |
| ,   |                              |   | ,                           |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS  |
| PONCE MEDICAL SCHOOL FOUNDATION   |                              |   |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR   |
| INC - 388 DR. LUIS F. SALA STREET   |                              |   |                             |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED  |
| - PONCE, PR 00716   | 66-0379122                   | 501(C)(3)   | 0.                          | 67,687.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS   |
| POR LOS NUESTROS, INC.<br>4 AVE. DE DIEGO   |                              |   |                             |   | PURCHASED  |  | SUPPORT TO US CLINICS<br>HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED |
| SAN JUAN, PR 00927  | 66-0894050                   | 501(C)(3)   | 0.                          | 27,938.                                 | PRICE  | EQUIPMENT                              | 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.                          | 65,446.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS   |
|   |                              |   |                             |   | ESTIMATED  |  | SUPPORT TO US CLINICS  |
| PORTLAND COMMUNITY HEALTH CENTER  |                              |   |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR   |
| 180 PARK AVENUE   |                              |   |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED  |
| PORTLAND, ME 04102  | 45-4960453                   | 501(C)(3)   | 0.                          | 7,391.                                  | PURCHASED  | EQUIPMENT                              | PATIENTS   |
|   |                              |   |                             | -                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS  |
| PORTLAND STREET MEDICINE  |                              |   |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR   |
| 825 NE MULTNOMAH STREET   |                              |   |                             |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED  |
| PORTLAND, OR 97232  | 82-4209837                   | 501(C)(3)   | 0.                          | 170 223.                                | PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS  |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                                 |  |   |  | 95-1831116 Page                       |
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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| PORTSMOUTH COMMUNITY HEALTH                        |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CENTER, INC. DBA HAMPTON ROADS                     |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| COMMUNITY HEALTH CENT - 3415                       |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| GRANBY STREET - NORFOLK, VA 23504                  | 54-1626757        | 501(C)(3)                        | 0.                              | 73,018.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| PR CONCRA  |                   |                                  |                                 |  |   |  | ABBVIE PR INFRASTRUCTURE              |
| PO BOX 20850                                       |                   |                                  |                                 |  |   |  | EQUIPMENT, ABBVIE PR                  |
| SAN JUAN, PR 00928-0850                            | 66-0466365        | 501(C)(3)                        | 36,000.                         | 0.   |   |  | TELEHEALTH                            |
|  |                   |                                  | ,                               |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PREGNANCY HELP CENTER OF FORT                      |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| WORTH - 7700 CAMP BOWIE BLVD. WEST                 |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| - FORT WORTH, TX 76116                             | 75-2125380        | 501(C)(3)                        | 0.                              | 10,857.  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| PREMIER COMMUNITY HEALTHCARE                       |                   |                                  |                                 | ,  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| ADMINISTRATIVE OFFICE - 37912                      |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CHURCH AVENUE - DADE CITY, FL                      |                   |                                  |                                 |  | PRICE,  | SUPPLIES .                             | LOW-INCOME, UNINSURED                 |
| ,<br>33525   | 59-1964612        | 501(C)(3)                        | ٥.                              | 7,146.   | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| PREMIER COMMUNITY HEALTHCARE                       |                   |                                  |                                 |  |   |  |                                       |
| GROUP, - PO BOX 232 - DADE CITY,                   |                   |                                  |                                 |  |   |  |                                       |
| FL 33526   | 59-1964612        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                   |                                  | , í                             |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PRESTON-TAYLOR COMMUNITY HEALTH                    |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CENTERS - 725 N. PIKE STREET -                     |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| GRAFTON, WV 26354                                  | 55-0665614        | 501(C)(3)                        | 0.                              | 107,114.                                       | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| PRETERM  |                   |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 12000 SHAKER BLVD                                  |                   |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| CLEVELAND, OH 44120                                | 23-7314836        | 501(C)(3)                        | 0.                              | 15,657.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                   |                                  |                                 | <i>,</i>                                       |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PRIMARY CARE AND HOPE CLINIC                       |                   |                                  |                                 |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1453A HOPE WAY                                     |                   |                                  |                                 |  | WHOLESALE   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| MURFREESBORO, TN 37129                             | 62-1482091        | 501(C)(3)                        | 0.                              | 24,148.  |   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PRIMARY CARE AT HOME, INC.                         |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 400 - 29TH STREET                                  |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| OAKLAND, CA 94609                                  | 47-5519154        | 501(C)(3)                        | 0.                              | 88,413.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other A | Assistance to Dor | nostio Organizationa             | and Domostic Co          | warnmanta (Sch                          | odulo I (Form 990) Pr  |   | 95-1831116 Page  |
|--|-------------------|----------------------------------|--------------------------|---|--|---|--|
| (a) Name and address of organization or government   | (b) EIN           | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance    | (h) Purpose of grant<br>or assistance                                  |
| PRIMARY CARE MED SERV POINCIANA<br>INC - 1877 FORTUNE ROAD -   | RE 2148008        | 501 ( 2) ( 2)                    | 50.000                   |   |  |   | ABBVIE PR MOBILE HEALTH,   |
| KISSIMMEE, FL 34744  | 75-3147007        | 501(C)(3)                        | 50,000.                  | 0.                                      | ESTIMATED  | PHARMACEUTICALS                           | ABBVIE PR TELEHEALTH<br>SUPPORT TO US CLINICS &                        |
| PRIMARY CARE OF SOUTHWEST GEORGIA<br>360 COLLEGE ST  |                   |                                  |                          |   | WHOLESALE<br>PRICE,  | , MEDICAL<br>SUPPLIES,                    | HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED                            |
| BLAKELY, GA 39823-2554   | 31-1840668        | 501(C)(3)                        | 0.                       | 98,863.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS   |
| PRIMARY HEALTH CARE CENTER OF<br>DADE, - 205 JENKINS ROAD -<br>ROSSVILLE, GA 30741                       | 58-1410404        | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US   |
| PRIMARY HEALTH CARE INC<br>1200 UNIVERSITY AVE, SUITE 200  |                   |                                  |                          |   |  |   |  |
| DES MOINES, IA 50314-2355  | 42-1350092        | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US   |
| PRIMARY HEALTH NETWORK<br>55 PITT STREET   |                   |                                  |                          |   | ESTIMATED<br>WHOLESALE<br>PRICE,                               | PHARMACEUTICALS<br>, MEDICAL<br>SUPPLIES, | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED |
| SHARON, PA 16146   | 25-1381800        | 501(C)(3)                        | 0.                       | 14,528.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS   |
| PRIMARY HEALTH SERVICES CENTER<br>2913 BETIN AVENUE  |                   |                                  |                          |   | ESTIMATED<br>WHOLESALE<br>PRICE,                               | PHARMACEUTICALS<br>, MEDICAL<br>SUPPLIES, | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED |
| MONROE, LA 71201   | 72-1347028        | 501(C)(3)                        | 0.                       | 422,441.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS   |
| PRIMARY HEALTHCARE CENTERS OF<br>DADE, INC 13570 NORTH MAIN  |                   |                                  |                          |   | ESTIMATED<br>WHOLESALE<br>PRICE,                               | PHARMACEUTICALS<br>, MEDICAL<br>SUPPLIES, | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED |
| STREET - TRENTON, GA 30752   | 58-1410404        | 501(C)(3)                        | 0.                       | 50,948.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS   |
| PROFAMILIAS CELESTINA ZALDUO<br>117 PADRE LAS CASAS ST   |                   |                                  |                          |   |  |   | ABBVIE PR INFRASTRUCTURE   |
| SAN JUAN, PR 00919   | 23-7034732        | 501(C)(3)                        | 5,274.                   | 0.                                      |  |   | EQUIPMENT  |
| PROGRAM FOR HEALTH CARE TO<br>UNDERSERVED POPULATIONS BIRMINGHAM   |                   |                                  |                          |   | ESTIMATED<br>WHOLESALE<br>PRICE.                               | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR                          |
| FREE CLINIC - UPMC MONTEFIORE<br>HOSPITAL - PITTSBURGH, PA 15213   | 23-2919472        | 501(C)(3)                        | 0.                       | 10,567.                                 | PRICE,<br>PURCHASED  | , MEDICAL<br>SUPPLIES                     | LOW-INCOME, UNINSURED<br>PATIENTS                                      |

| Schedule I (Form 990) DIRECT RELIEF                |                  |                                  |                          |  |   |  | 95-1831116 Pag                        |
|--|------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | ssistance to Dor | nestic Organizations             | and Domestic Go          | overnments (Sch                                | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                          |  |   |  |                                       |
| PROJECT H.O.P.E., INC.                             |                  |                                  |                          |  |   |  |                                       |
| 519-525 WEST STREET                                | 00 41 221 00     | F01 ( a ) ( 2 )                  | F0.000                   |  |   |  |                                       |
| CAMDEN, NJ 08102                                   | 20-4133180       | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PROJECT H.O.P.E., INC.                             |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 519 WEST ST  |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CAMDEN, NJ 08103                                   | 20-4133180       | 501(C)(3)                        | 0.                       | 749,717.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  |   |  |                                       |
| PROJECT HEALTH, INC.                               |                  |                                  |                          |  |   |  |                                       |
| 1425 S. HWY. 301                                   |                  |                                  |                          |  |   |  |                                       |
| SUMTERVILLE, FL 33585                              | 59-1664577       | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                  |                                  |                          |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PROJECT HEALTH, INC. DBA LANGLEY                   |                  |                                  |                          |  | ESTIMATED   | , OTHER,                               | HEALTH CENTERS FOR                    |
| HEALTH SERVICES - 1425 SOUTH US                    |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| HWY 301 - SUMTERVILLE, FL 33585                    | 59-1664577       | 501(C)(3)                        | 0.                       | 18,819.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PROJECT LAZARUS                                    |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 5368 NC HWY 16 S                                   |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MORAVIAN FALLS, NC 28654                           | 56 - 2087110     | 501(C)(3)                        | 0.                       | 2,056,010.                                     | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PROJECT VIDA HEALTH CENTER MONTANA                 |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| VISTA CLINIC - 14900 GREG STREET -                 |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| EL PASO, TX 79938                                  | 68-0541648       | 501(C)(3)                        | 0.                       | 400,383.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PROTEUS, INC.                                      |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1221 CENTER STREET                                 |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DES MOINES, IA 50309                               | 42-1186501       | 501(C)(3)                        | 0.                       | 31,646.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| · · · ·  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PROTOTYPE HEALTH, INC.                             |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 205 E. SOUTHERN AVE, SUITE 103                     |                  |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| MESA, AZ 85210                                     | 86-0975231       | 501(C)(3)                        | 0.                       | 390,047.                                       | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                  |                                  |                          | ,  | ESTIMATED   |  | SUPPORT TO US CLINICS                 |
| PROVIDENCE LITTLE COMPANY OF MARY                  |                  |                                  |                          |  | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| 20555 EARL STREET                                  |                  |                                  |                          |  | PRICE,  |  | LOW-INCOME, UNINSURED                 |
| TORRANCE, CA 90503                                 | 51-0216589       | 501(C)(3)                        | 0.                       | 44 003   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other A | Assistance to Dor | nestic Organizations             | and Domestic Go             | vernments (Sch                          | edule I (Form 990) P:  |  | 95-1831116 Page                       |
|--|-------------------|----------------------------------|-----------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN           | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                             |   |  |  | ABBVIE PR INFRASTRUCTURE              |
| PRYMED MEDICAL CARE, INC   |                   |                                  |                             |   |  |  | EQUIPMENT, ABBVIE PR                  |
| PO BOX 1427  |                   |                                  |                             |   |  |  | TELEHEALTH, ABBVIE PR                 |
| CIALES, PR 00638   | 66-0428120        | 501(C)(3)                        | 84,800.                     | 0.                                      |  |  | EMERGENCY PREP & RESP,                |
|  |                   |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PRYMED MEDICAL CARE, INC.  |                   |                                  |                             |   | WHOLESALE  | , OTHER,                               | HEALTH CENTERS FOR                    |
| CARRETERA 149, KM. 13.0  |                   |                                  |                             |   | PRICE,   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| CIALES, PR 00638   | 66-0428120        | 501(C)(3)                        | 0.                          | 459,741.                                | PURCHASED  | SUPPLIES,                              | PATIENTS                              |
| PUBLIC HEALTH MANAGEMENT   |                   |                                  |                             |   |  |  |                                       |
| CORPORATIO - 1500 MARKET STREET  |                   |                                  |                             |   |  |  |                                       |
| SUITE 1500 - PHILADELPHIA, PA  |                   |                                  |                             |   |  |  | PFIZER INFECTIOUS DISEASE             |
| 19102  | 23-7221025        | 501(C)(3)                        | 300,000.                    | ٥.                                      |  |  | AWARDS, COVID19-US                    |
|  |                   |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PUBLIC HEALTH SEATTLE & KING   |                   |                                  |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| COUNTY - 401 5TH AVE SUITE 1000 -  |                   |                                  |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SEATTLE, WA 98104  | 91-6001327        | 501(C)(3)                        | 0.                          | 98,953.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| · · ·  |                   |                                  |                             | ,                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PUERTO RICO DEPARTMENT OF HEALTH   |                   |                                  |                             |   | WHOLESALE  | , OTHER,                               | HEALTH CENTERS FOR                    |
| BO. MONACILLOS   |                   |                                  |                             |   | PRICE.   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| SAN JUAN, PR 00921-0619  | 66-0437470        |                                  | 0.                          | 378 332.                                | ,<br>PURCHASED   | SUPPLIES .                             | ,<br>PATIENTS                         |
|  |                   |                                  |                             |   | ESTIMATED  |  | SUPPORT TO US CLINICS &               |
| PUERTO RICO TRAUMA CENTER  |                   |                                  |                             |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| BARRIO MONACILLOS  |                   |                                  |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SAN JUAN, PR 00935   | 66-0788380        | 501(C)(3)                        | 0.                          | 61 201                                  | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  |                   | 501(0)(5)                        |                             |   |  |  | SUPPORT TO US CLINICS &               |
| QC HARM REDUCTION  |                   |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 1600 2ND AVENUE  |                   |                                  |                             |   | WHOLESALE  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
|  | 47-2839109        | 501(C)(3)                        | 0.                          | 83,270.                                 |  | SUPPLIES                               | PATIENTS                              |
| ROCK ISLAND, IL 61201  | 47-2039109        | 501(0)(5)                        | · · ·                       | 05,270.                                 |  | PHARMACEUTICALS                        |                                       |
|  |                   |                                  |                             |   | ESTIMATED  | MEDICAL                                | SUPPORT TO US CLINICS &               |
| QUEENSCARE HEALTH CENTERS  |                   |                                  |                             |   | WHOLESALE  | /                                      | HEALTH CENTERS FOR                    |
| 950 SOUTH GRAND AVENUE   | 05 2702126        | F01(0)(2)                        |                             | 014 701                                 | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LOS ANGELES, CA 90015  | 95-3702136        | DUT(C)(3)                        | 0.                          | 214,701.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| QUEENSCARE HEALTH CENTERS  |                   |                                  |                             |   |  |  |                                       |
| 950 SO. GRAND AVE, 2ND FLOOR SOUTH   |                   |                                  |                             |   |  |  | PFIZER INFECTIOUS DISEAS              |
| LOS ANGELES, CA 90015  | 95-3702136        | 501(C)(3)                        | 262,000.                    | 0.                                      |  |  | AWARDS, COVID19-US                    |

 Schedule I (Form 990)
 DIRECT RELIEF

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| (a) Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|---|---------------------------------|--|---|--|---------------------------------------|
|  |                |   |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| R.O.A.D.S. COMMUNITY CARE CLINIC                   |                |   |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 121 S. LONG BEACH BLVD.                            |                |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| COMPTON, CA 90221                                  | 45-0572757     | 501(C)(3)                               | 0.                              | 5,990.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |   |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| RADY CHILDREN'S HOSPITAL SAN DIEGO                 |                |   |                                 |  | WHOLESALE   | OTHER, MEDICAL                         | HEALTH CENTERS FOR                    |
| 3020 CHILDREN'S WAY                                |                |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SAN DIEGO, CA 92123                                | 95-1691313     | 501(C)(3)                               | 0.                              | 14,788.  | 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.                              | 536,918.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| 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.                              | 337,091.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |   |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| REACH OUT WORLDWIDE                                |                |   |                                 |  | WHOLESALE   | OTHER, MEDICAL                         | HEALTH CENTERS FOR                    |
| 700 S FLOWER ST                                    |                |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BURBANK, CA 91502                                  | 27-3237943     | 501(C)(3)                               | 0.                              | 121,369.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| RECOVERY CONSULTANTS OF ATLANTA,                   |                |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| INC 4229 SNAPFINGER WOODS DRIVE                    |                |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - DECATUR, GA 30035                                | 58-2480021     | 501(C)(3)                               | 0.                              | 26,072.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| RECOVERY INSTITUTE OF SOUTH                        |                |   |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| CAROLINA DBA "CHALLENGES INC" -                    |                |   |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 103 CLAIR DRIVE SUITE C -                          |                |   |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| PIEDMONT, SC 29673                                 | 84-2776604     | 501(C)(3)                               | 0.                              | 189,957.                                       | PRICE   | PHARMACEUTICALS                        | PATIENTS                              |
|  |                |   |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| REDWOOD COMMUNITY HEALTH COALITION                 |                |   |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 1310 REDWOOD WAY                                   |                |   |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| PETALUMA, CA 94954                                 | 94-3220029     | 501(C)(3)                               | 0.                              | 5,600.   | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| REDWOODS RURAL HEALTH CENTER INC.                  |                |   |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 101 WEST COAST ROAD                                |                |   |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| REDWAY, CA 95560                                   | 94-2337367     | 501(C)(3)                               | 0.                              |  | ,<br>PURCHASED  | SUPPLIES,                              | ,<br>PATIENTS                         |

| Schedule I (Form 990) DIRECT RELIEF                |                  |                                  |                          |  |   |  | 95-1831116 Page                       |
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|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| REGENCE HEALTH NETWORK HOMELESS                    |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CLINIC - 713 N. TAYLOR - AMARILLO,                 |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| TX 79107   | 75-1414940       | 501(C)(3)                        | 0.                       | 10,284.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| REGENTS UNIVERSITY OF COLORADO                     |                  |                                  |                          |  |   |  |                                       |
| 1800 GRANT STREET SUITE 600                        |                  |                                  |                          |  |   |  |                                       |
| DENVER, CO 80203                                   | 84-6000555       | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| RENEWED HOPE HEALTH CLINIC                         |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 894 MARSHALL STREET                                |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ALLEGAN, MI 49010                                  | 16-1760734       | 501(C)(3)                        | 0.                       | 105,978.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| RESCUE MISSION MINISTRIES, INC.                    |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 402 FOURTH STREET SE                               |                  |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| ROANOKE, VA 24013                                  | 54-0573900       | 501(C)(3)                        | 0.                       | 6,230.   | PURCHASED   | EQUIPMENT                              | ,<br>PATIENTS                         |
| DEGEORE HORE BOUNDARION                            |                  |                                  |                          |  |   |  |                                       |
| RESTORE HOPE FOUNDATION                            |                  |                                  |                          |  |   |  |                                       |
| PO BOX 7097  | 04 2417262       | F01/(d)/(2)                      | F0.000                   | 0.   |   |  |                                       |
| ASHVILLE, NC 28802                                 | 84-3417263       | 501(C)(3)                        | 50,000.                  | υ.   |   |  | COVID19-US                            |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| RICHARD F. CLARKE HELP FREE CLINIC                 |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| PHARMACY - 1320 LASALLE AVENUE -                   |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HAMPTON, VA 23669                                  | 54-1209213       | 501(C)(3)                        | 0.                       | 7,675.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| RICHFORD HEALTH CENTER, INC.                       |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 44 MAIN STREET, SUITE 200                          |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| RICHFORD, VT 05476                                 | 03-0215982       | 501(C)(3)                        | 0.                       | 68,453.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| RICHFORD HEALTH CENTER, INC.                       |                  |                                  |                          |  |   |  |                                       |
| 44 MAIN STREET, SUITE 200                          |                  |                                  |                          |  |   |  |                                       |
| RICHFORD, VT 05476                                 | 03-0215982       | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| RICHMOND AREA HIGH BLOOD PRESSURE                  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CENTER FOR HEALTHY HEARTS - 1200                   |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| WEST CARY STREET - RICHMOND, VA                    |                  |                                  |                          |  | PRICE,  | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| TEST CIMI STREET RECEIPTOND, VA                    |                  |                                  | 0.                       |  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                  |   |                                 |  |   |  | 95-1831116 Pag                               |
|--|------------------|---|---------------------------------|--|---|--|--|
| Part II Continuation of Grants and Other A         | ssistance to Dor | nestic Organizations                    | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                               |  |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                  |   |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| RIDLEY-TREE CANCER CENTER                          |                  |   |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 540 WEST PUEBLO STREET                             |                  |   |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| SANTA BARBARA, CA 93105                            | 95-6419205       | 501(C)(3)                               | ٥.                              | 28,465.  | PURCHASED   | SUPPLIES                               | PATIENTS                                     |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| 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.                              | 26,565.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| RKM PRIMARY CARE                                   |                  |   |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                           |
| 11990 JACKSON STREET                               |                  |   |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                        |
| CLINTON, LA 70722                                  | 72-1443732       | 501(C)(3)                               | 0.                              | 34,404.  | PURCHASED   | SUPPLIES,                              | PATIENTS                                     |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| ROANE COUNTY FAMILY HEALTH CARE                    |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 146 WILLIAMS DRIVE                                 |                  |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| SPENCER, WV 25276                                  | 55-0627933       | 501(C)(3)                               | 0.                              | 161,521.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| ROANOKE CHOWAN COMMUNITY HEALTH                    |                  |   |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                           |
| CENTER - 120 HEALTH CENTER ROAD -                  |                  |   |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                        |
| AHOSKIE, NC 27910                                  | 42 - 1638714     | 501(C)(3)                               | 0.                              | 132,564.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                                     |
| ROCHESTER PRIMARY CARE NETWORK DBA                 |                  |   |                                 |  |   |  | SUPPORT TO US CLINICS &                      |
| MOSAIC HEALTH ADMINISTRATION - 1                   |                  |   |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                           |
| SOUTH WASHINGTON STREET -                          |                  |   |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                        |
| ROCHESTER, NY 14614                                | 16-1293681       | 501(C)(3)                               | 0.                              | 5,600.   | PRICE   | EQUIPMENT                              | 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)                               | ٥.                              | 13,496.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                  |   |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| ROCKINGHAM COUNTY DIVISION OF                      |                  |   |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| PUBLIC HEALTH - 371 NC 65 -                        |                  |   |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| WENTWORTH, NC 27375                                | 56-6001527       | 501(C)(3)                               | 0.                              | 6,651.   | PURCHASED   | SUPPLIES                               | PATIENTS                                     |
| ROCKY MOUNTAIN PLANNED PARENTHOOD,                 |                  |   |                                 |  |   |  | SUPPORT TO US CLINICS &                      |
| INC. DBA PLANNED PARENTHOOD OF THE                 |                  |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| ROCKY MOUN - 7155 EAST 38TH AVENUE                 |                  |   |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| - DENVER, CO 80207                                 | 84-0404253       | 501(C)(3)                               | 0.                              | 17,872.  | PRICE   | SUPPLIES                               | PATIENTS                                     |

Schedule I (Form 990) DIRECT RELIEF

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|---|---|--|---------------------------------------|
|  |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ROLETTE COUNTY PUBLIC HEALTH                       |                |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| DISTRICT - 211 1ST AVENUE NE -                     |                |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ROLLA, ND 58367                                    | 02-0761623     | 501(C)(3)                        | 0.                              | 41,121.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |   |   |  | SUPPORT TO US CLINICS &               |
| ROSA CLARK MEDICAL CLINIC                          |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 210 SOUTH OAK STREET                               |                |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| SENECA, SC 29678                                   | 58-6076010     | 501(C)(3)                        | 0.                              | 110,773.                                | PRICE   | SUPPLIES                               | PATIENTS                              |
| ·  |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ROTACARE NORTH HELPLINE                            |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 12736 33RD AVE NE                                  |                |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| SEATTLE, WA 98125                                  | 91-1811292     | 501(C)(3)                        | 0.                              | 18,857.                                 | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                |                                  |                                 | , -                                     | ESTIMATED   | ~<br>PHARMACEUTICALS                   | SUPPORT TO US CLINICS &               |
| ROTACARE, INC.                                     |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 875 JERUSALEM AVENUE                               |                |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| UNIONDALE, NY 11553                                | 11-3135331     | 501(C)(3)                        | 0.                              | 71 158.                                 | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| RURAL ALLIANCE FOR BETTER HEALTH                   |                |                                  |                                 |   | ESTIMATED   | ~<br>PHARMACEUTICALS                   | SUPPORT TO US CLINICS &               |
| AKA MISSOURI COMMUNITY HEALTH                      |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CENTER - 1137 INDEPENDENCE DRIVE -                 |                |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| WEST PLAINS, MO 65775                              | 43-1932702     | 501(C)(3)                        | 0.                              | 20 330.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| RURAL HEALTH GROUP, INC                            |                |                                  |                                 | ,                                       |   |  |                                       |
| 500 JACKSON ST.                                    |                |                                  |                                 |   |   |  |                                       |
| ROANOKE RAPIDS, NC 27870                           | 58-1640184     | 501(C)(3)                        | 50,000.                         | 0.                                      |   |  | COVID19-US                            |
|  |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| RURAL HEALTH, INC.                                 |                |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 513 NORTH MAIN STREET                              |                |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ANNA, IL 62906                                     | 37-1056692     | 501(C)(3)                        | 0.                              | 8,695.                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| RURAL MEDICAL SERVICE, INC.                        |                |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| NEWPORT - 207 MURRAY DRIVE -                       |                |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NEWPORT, TN 37821                                  | 62-1102683     | 501(C)(3)                        | 0.                              | 729,989.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| RURAL PARISH CLINIC OF THE                         |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ARCHDIOCESE OF ST. LOUIS - 20                      |                |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| ARCHBISHOP MAY DRIVE - ST. LOUIS,                  |                |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| мо 63119   | 84-3396327     | 501(C)(3)                        | 0.                              | 7 328                                   | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |

Schedule I (Form 990) DIRECT RELIEF

(a) Name and address of

95-1831116

(g) Description of

(f) Method of

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(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 & PHARMACEUTICALS RUTH'S PLACE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1411 CRAWFORD AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 117,285. PURCHASED GRANBURY, TX 76048 20-4594680 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED RWJBARNABAS HEALTH WHOLESALE HEALTH CENTERS FOR 95 OLD SHORT HILLS ROAD PRICE LOW-INCOME UNINSURED WEST ORANGE, NJ 07052 22-2405279 501(C)(3) 0 124,823. PURCHASED EOUTPMENT PATTENTS SAC HEALTH SYSTEM 250 S. G STREET SAN BERNARDINO, CA 92410 33-0664371 501(C)(3) 50,000 0. COVID19-US SUPPORT TO US CLINICS & HEALTH CENTERS FOR SACRAMENTO NATIVE AMERICAN HEALTH ESTIMATED CENTER - 2020 J STREET -WHOLESALE LOW-INCOME, UNINSURED 5,600.PRICE SACRAMENTO, CA 95811 20-4287737 501(C)(3) 0 FOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & 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) 60,069. PURCHASED EQUIPMENT PATIENTS 0. SUPPORT TO US CLINICS & SAFE HARBOR FREE CLINIC ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 7209 265TH STREET NW WHOLESALE MEDICAL LOW-INCOME, UNINSURED 16,530.PRICE STANWOOD WA 98292 26-3825107 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR SAFE HEALTH 1515 GROVE BLVD A PRICE SUPPLIES. LOW-INCOME, UNINSURED 29 708 PURCHASED EOUIPMENT PATIENTS AUSTIN TX 78741 74-2320657 501(C)(3) 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 CA 95832 94-3390723 501(C)(3) 0. 803 367 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SALINA FAMILY HEALTHCARE CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 651 E. PRESCOTT ROAD PRICE LOW-INCOME, UNINSURED SUPPLIES. SALINA, KS 67401 48-0858197 501(C)(3) 0. 120 996, PURCHASED EOUIPMENT PATIENTS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(c) IRC section

(d) Amount of

(e) Amount of

(b) EIN

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                          |  |   |  | 95-1831116 Pag                        |
|--|-------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SALUD FAMILY HEALTH CENTERS                        |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| ADMINISTRATION - 203 SOUTH ROLLIE                  |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| AVE - FORT LUPTON, CO 80621                        | 84-0613540        | 501(C)(3)                        | 0.                       | 480,295.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SALUD INTEGRAL EN LA MONTAA, INC.                  |                   |                                  |                          |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| CARR 164 KM 0.2                                    |                   |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| NARANJITO, PR 00719                                | 66-0329532        | 501(C)(3)                        | 0.                       | 110,141.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                   |                                  |                          |  |   |  |                                       |
| SALUD INTEGRAL EN LA MONTANA                       |                   |                                  |                          |  |   |  |                                       |
| PO BOX 515   |                   |                                  |                          |  |   |  | ABBVIE PUERTO RICO                    |
| NARANJITO, PR 00719                                | 66-0329532        | 501(C)(3)                        | 272,600.                 | 0.   |   |  | PROGRAM                               |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| SALUD PARA LA GENTE                                |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 195 AVIATION WAY                                   |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| WATSONVILLE, CA 95076                              | 94-2705747        | 501(C)(3)                        | 0.                       | 99,939.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  |   |  |                                       |
| SALUD PARA LA GENTE                                |                   |                                  |                          |  |   |  |                                       |
| P.O. BOX 1870                                      |                   |                                  |                          |  |   |  |                                       |
| WATSONVILLE, CA 95077-1870                         | 94-2705747        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                   |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS                 |
| SAMARITAN DENTAL CLINIC                            |                   |                                  |                          |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 1211 W HUDSON RD                                   |                   |                                  |                          |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| ROGERS, AR 72756                                   | 04 - 3703020      | 501(C)(3)                        | 0.                       | 9,347.   | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| SAMARITAN HOUSE                                    |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 114 FIFTH AVENUE                                   |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| REDWOOD CITY, CA 94063                             | 23-7416272        | 501(C)(3)                        | 0.                       | 368,264.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| SAMARITAN REGIONAL HEALTH CLINIC                   |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 937 BROADWAY                                       |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CAPE GIRARDEAU, MO 63701                           | 27-5427837        | 501(C)(3)                        | 0.                       | 238,030.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | 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                 |
| VALENCIA, CA 91355                                 | 95-4278726        | 501(C)(3)                        | 0.                       | 33,248.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other A | Assistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sch                          | edule I (Form 990), P  | art II.)                               | 95-1831116 Pag                        |
|--|-------------------|----------------------------------|---------------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government   | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SAN DIEGO FAMILY CARE LINDA VISTA  |                   |                                  |                                 |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| HEALTH CARE CENTER - 6973 LINDA  |                   |                                  |                                 |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VISTA ROAD - SAN DIEGO, CA 92111   | 95-2700856        | 501(C)(3)                        | 0.                              | 16,195.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| SAN FERNANDO COMMUNITY HOSPITAL  |                   |                                  |                                 |   |  |  |                                       |
| DBA - 732 MOTT STREET SUITE  |                   |                                  |                                 |   |  |  |                                       |
| 100/110 - SAN FERNANDO, CA 91340   | 51-0142144        | 501(C)(3)                        | 187,500.                        | 0.                                      |  |  | COVID19-ABBOTT                        |
| ,  |                   |                                  | ,                               |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SAN FRANCISCO FREE CLINIC  |                   |                                  |                                 |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 4900 CALIFORNIA STREET   |                   |                                  |                                 |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| SAN FRANCISCO, CA 94118  | 94-3186248        | 501(C)(3)                        | 0.                              | 249,583.                                | PURCHASED  | ,<br>EQUIPMENT                         | ,<br>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.                              | 486,456.                                | PURCHASED  | SUPPLIES .                             | ,<br>PATIENTS                         |
|  |                   |                                  |                                 | ,                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SAN MATEO COUNTY HEALTH SERVICES   |                   |                                  |                                 |   | WHOLESALE  | , OTHER,                               | HEALTH CENTERS FOR                    |
| AGENCY - 222 WEST 39TH AVENUE -  |                   |                                  |                                 |   | PRICE,   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| SAN MATEO, CA 94403  | 94-6000532        | 501(C)(3)                        | 0.                              | 41,470.                                 | PURCHASED  | SUPPLIES .                             | ,<br>PATIENTS                         |
|  |                   |                                  |                                 | ,                                       | ESTIMATED  | , ,                                    | SUPPORT TO US CLINICS &               |
| SAN YSIDRO HEALTH CENTER   |                   |                                  |                                 |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 4004 BEYER BOULEVARD   |                   |                                  |                                 |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SAN YSIDRO, CA 92173   | 95-2801772        | 501(C)(3)                        | 0.                              | 22,592.                                 | PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                   |                                  |                                 | ,                                       |  |  | SUPPORT TO US CLINICS &               |
| SANDGAARD FOUNDATION   |                   |                                  |                                 |   | ESTIMATED  | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 9655 MAROON CIR  |                   |                                  |                                 |   | WHOLESALE  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| ENGLEWOOD, CO 80112  | 83-1476001        | 501(C)(3)                        | 0.                              | 71,361.                                 | PRICE  | ,<br>SUPPLIES                          | ,<br>PATIENTS                         |
| ,  |                   |                                  |                                 | <b>, , ,</b>                            | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SANTA BARBARA COUNTY EXECUTIVE   |                   |                                  |                                 |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| OFFICE - 105 EAST ANAPAMU STREET,  |                   |                                  |                                 |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| SUITE 3 - SANTA BARBARA, CA 93103  | 95-6002833        | 501(C)(3)                        | 0.                              | 483,043.                                | ,<br>PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                   |                                  |                                 |   |  |  |                                       |
| SANTA BARBARA COUNTY FIRE DEPT   |                   |                                  |                                 |   |  |  |                                       |
| 4410 CATHEDRAL OAKS ROAD   |                   | GOVERNMENT ENTIT                 | 52,350.                         | 0.                                      |  |  | SANTA BARBARA COUNTY<br>FIREHAWK      |

| Schedule I (Form 990) DIRECT RELIEF   |              | nontio Organizationa             | and Domostic Co          | vernmente (Sob                          | adula I (Earm 000) D   |  | 95-1831116 Page                       |
|---|--------------|----------------------------------|--------------------------|---|--|--|---------------------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of organization or government | (b) EIN      | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| SANTA BARBARA EDUCATION FNDN  |              |                                  |                          |   |  |  |                                       |
| 1330 STATE STREET #201  |              |                                  |                          |   |  |  |                                       |
| SANTA BARBARA, CA 93101   | 77 - 0071544 | 501(C)(3)                        | 25,000.                  | 0.                                      |  |  | COVID19-US                            |
|   |              |                                  |                          |   |  |  | ABBVIE PR INFRASTRUCTURE              |
| SANTA BARBARA NEIGHBORHOOD CLINICS  |              |                                  |                          |   |  |  | EQUIPMENT, ABBVIE PR                  |
| 414 EAST COTA ST 1ST FLOOR  |              |                                  |                          |   |  |  | TELEHEALTH, ABBVIE PR                 |
| SANTA BARBARA, CA 93101   | 77-0496382   | 501(C)(3)                        | 155,200.                 | ٥.                                      |  |  | EMERGENCY PREP & RESP,                |
| 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                 |
| CA 93103  | 77-0496382   | 501(C)(3)                        | 0.                       | 560,766.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|   |              |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SANTA CLARA COUNTY BETTER HEALTH  |              |                                  |                          |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| PHARMACY - 725 E. SANTA CLARA   |              |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| STREET #202 - SAN JOSE, CA 95112  | 94-6400533   | 501(C)(3)                        | 0.                       | 1,413,920.                              | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| ,   |              |                                  |                          | ,                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SANTA CRUZ COMMUNITY HEALTH   |              |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| CENTERS - 125 WATER STREET SUITE  |              |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| A2 - SANTA CRUZ, CA 95060   | 23-7428303   | 501(C)(3)                        | 0.                       | 29,173.                                 | PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,   |              |                                  |                          | , ,                                     | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SANTA MARIA'S CHILDREN AND FAMILY   |              |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| CENTER - 9209 COLIMA ROAD -   |              |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| WHITTIER, CA 90605  | 27-1879748   | 501(C)(3)                        | 0.                       | 119,541.                                | PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| SANTA ROSA COMM HEALTH CENTER<br>3569 ROUND BARN CIRCLE<br>SANTA ROSA, CA 95403                                 | 68-0365296   | 501(C)(3)                        | 150,000.                 | 0.                                      |  |  | BD AWARDS PROGRAM                     |
| SANTA ROSA COMMUNITY HEALTH   |              |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CENTERS BROOKWOOD HEALTH CENTER -   |              |                                  |                          |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 983 SONOMA AVENUE - SANTA ROSA, CA  |              |                                  |                          |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 95404   | 68-0365296   | 501(C)(3)                        | 0.                       | 39.848.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|   |              |                                  |                          | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SAY DETROIT FAMILY HEALTH CLINIC  |              |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 211 GLENDALE  |              |                                  |                          |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DETROIT, MI 48203   | 20-4786626   | 501(C)(3)                        | 0.                       | 95 111                                  | PURCHASED  | EQUIPMENT                              | PATIENTS                              |

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|--|------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Do | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SCOTLAND COMMUNITY HEALTH CLINIC                   |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1405-B WEST BLVD.                                  |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LAURINBURG, NC 28352                               | 20-2841940       | 501(C)(3)                        | 0.                       | 111,836.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  |   |  | SUPPORT TO US CLINICS &               |
| SCRANTON PRIMARY HEALTH CARE                       |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| CENTER - 959 WYOMING AVENUE -                      |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| SCRANTON, PA 18509                                 | 23-2024511       | 501(C)(3)                        | 0.                       | 29,980.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                          |  |   |  |                                       |
| SEA MAR COMMUNITY HEALTH CENTERS                   |                  |                                  |                          |  |   |  |                                       |
| 1040 S. HENDERSON ST.                              |                  |                                  |                          |  |   |  |                                       |
| SEATTLE, WA 98108                                  | 91-1020139       | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                  |                                  |                          |  | 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)                        | ٥.                       | 102,548.                                       | 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.                       | 8,684.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  |   |  |                                       |
| SEATTLE KING CTY DEPT PUBLIC                       |                  |                                  |                          |  |   |  |                                       |
| HEALTH - 401 5TH AVENUE SUITE 1300                 |                  |                                  |                          |  |   |  |                                       |
| - SEATTLE, WA 98104                                | 91-6001327       | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                  |                                  |                          |  |   |  | SUPPORT TO US CLINICS &               |
| SELFHELP COMMUNITY SERVICES, INC                   |                  |                                  |                          |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 520 EIGHTH AVE                                     |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| NEW YORK, NY 10018                                 | 13-1624178       | 501(C)(3)                        | 0.                       | 65,375.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                          |  |   |  |                                       |
| SELF-HELP FOR THE ELDERLY                          |                  |                                  |                          |  |   |  |                                       |
| 731 SANSOME ST, SUITE 100                          | 04 4             | F01 ( 0) ( 2)                    |                          | -  |   |  |                                       |
| SAN FRANCISCO, CA 94111                            | 94-1750717       | 501(C)(3)                        | 25,000.                  | 0.   |   |  | BAXTER INNOVATION AWARDS              |
|  |                  |                                  |                          |  | 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                 |
| STREET - NEW MADRID, MO 63869                      | 43-1253101       | 501(C)(3)                        | 0.                       | 1,168,623.                                     | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

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| (a) Name and address of organization or government     | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|---|---|--|---------------------------------------|
|  |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SERVE THE PEOPLE COMMUNITY HEALTH                      |                |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 1206 EAST 17TH STEET,                         |                |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SUITE 101 - SANTA ANA, CA 92701                        | 27-0421556     | 501(C)(3)                        | 0.                              | 141,835.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| SERVICIOS DE SALUD PRIMARIOS                           |                |                                  |                                 |   |   |  | ABBVIE PR INFRASTRUCTURE              |
| BARCELONETA INC - PO BOX 2045 -                        |                |                                  |                                 |   |   |  | EQUIPMENT, ABBVIE PR                  |
| BARCELONETA, PR 00617                                  | 66-0426667     | 501(C)(3)                        | 49,200.                         | 0.                                      |   |  | TELEHEALTH                            |
|  |                |                                  |                                 |   |   |  |                                       |
| SETTLEMENT HEALTH & MEDICAL SERV<br>212 EAST 106TH ST. |                |                                  |                                 |   |   |  |                                       |
| NEW YORK, NY 10029                                     | 13-2957943     | 501(C)(3)                        | 50,000.                         | 0.                                      |   |  | COVID19-US                            |
| ,  |                |                                  | , .                             |   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| SETTLEMENT HEALTH & MEDICAL                            |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| SERVICES - 212 E. 106TH STREET -                       |                |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NEW YORK, NY 10029                                     | 13-2957943     | 501(C)(3)                        | 0.                              | 20,173.                                 | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SHACKELFORD COUNTY COMMUNITY                           |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| RESOURCE CENTER - 725 PATE STREET                      |                |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| - ALBANY, TX 76430                                     | 75-2541970     | 501(C)(3)                        | 0.                              | 55,602.                                 | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | PATIENTS                              |
| SHALOM HEALTH CARE CENTER                              |                |                                  |                                 |   |   |  |                                       |
| 3400 LAFAYETTE ROAD SUITE 200                          |                |                                  |                                 |   |   |  |                                       |
| INDIANAPOLIS, IN 46222                                 | 06-1645027     | 501(C)(3)                        | 50,000.                         | 0.                                      |   |  | COVID19-US                            |
| INDIANAI 0115, IN 40222                                | 00 1043027     | 501(0/(3)                        | 50,000.                         | 0.                                      | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| SHARE OUR SELVES COMMUNITY HEALTH                      |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CENTER - 1550 SUPERIOR AVENUE -                        |                |                                  |                                 |   | PRICE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| COSTA MESA, CA 92627                                   | 95-3222316     | 501(0)(3)                        | 0.                              | 12 /31                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| 2051A MEDA, CA 92027                                   | JJ JZZZJIO     | 501(0/(3)                        | Ů.                              | 12,451.                                 | I OKCHADED  | EQUITMENT                              |                                       |
| SHARE OUR SELVES CORPORATION                           |                |                                  |                                 |   |   |  |                                       |
| 1550 SUPERIOR AVE                                      |                |                                  |                                 |   |   |  | BD AWARDS PROGRAM,                    |
| COSTA MESA, CA 92627                                   | 95-3222316     | 501(C)(3)                        | 200,000.                        | 0.                                      |   |  | covid19-us                            |
|  |                |                                  | , <u>,</u>                      |   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| SHARED HARVEST FUND MYCOVIDMD                          |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 10000 WASHINGTON BLVD                                  |                |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CULVER CITY, CA 90232                                  | 32-0556686     |                                  | 0.                              | 12,839.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|---|---|--|---------------------------------------|
|  |                |                                  |                                 |   |   |  | SUPPORT TO US CLINICS &               |
| SHARING LIFE                                       |                |                                  |                                 |   | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 3544 E EMPORIUM CIRCLE                             |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| MESQUITE, TX 75150                                 | 75-2831756     | 501(C)(3)                        | 0.                              | 26,660.                                 | PRICE   | SUPPLIES                               | PATIENTS                              |
| SHEEP INC. HEALTH CARE CENTER                      |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| MONROEVILLE ASSEMBLY OF GOD -                      |                |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 11817 FRANKSTOWN RD PENN HILLS,                    |                |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| PA 15235   | 45-5532140     | 501(C)(3)                        | 0.                              | 29,901.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 | , ,                                     | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| SHELTER HEALTH SERVICES                            |                |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 534 SPRATT STREET                                  |                |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| CHARLOTTE, NC 28206                                | 20-3041985     | 501(C)(3)                        | 0.                              | 14 733.                                 | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                |                                  |                                 | , -                                     | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SHENANDOAH COUNTY FREE CLINIC                      |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 124 VALLEY VISTA DRIVE                             |                |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| WOODSTOCK, VA 22664                                | 54-2032008     | 501(C)(3)                        | 0.                              | 14 215.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  | 1                               | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SHEPHERD'S CLINIC, INC.                            |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 2800 KIRK AVENUE                                   |                |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BALTIMORE, MD 21218                                | 52-1739001     | 501(C)(3)                        | 0.                              | 22 257                                  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |   |   |  | SUPPORT TO US CLINICS &               |
| SHEPHERD'S HOPE MEDICAL CENTER                     |                |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 2404 S. TYLER ST.                                  |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| LITTLE ROCK, AR 72204                              | 20-8811505     | 501(C)(3)                        | 0.                              | 7,131.                                  |   | , HEDICHE<br>SUPPLIES                  | PATIENTS                              |
|  | 20 0011303     | 501(0/(5/                        | · · ·                           | 7,131.                                  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SHERIDAN HEALTH CENTER                             |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 31 E. WHITNEY STREET                               |                |                                  |                                 |   | PRICE,  | SUPPLIES,                              |                                       |
|  | 20 1200207     | 501(0)(2)                        | 0.                              | 01 140                                  | ,   | · ·                                    | LOW-INCOME, UNINSURED                 |
| SHERIDAN, WY 82801                                 | 20-1389307     | 501(C)(3)                        | 0.                              | 91,140.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| GUEDTDAN NEWODIAL VOCDIERA                         |                |                                  |                                 |   | ESTIMATED   | MEDICAL                                | SUPPORT TO US CLINICS &               |
| SHERIDAN MEMORIAL HOSPITAL                         |                |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 440 WEST LAUREL AVE                                |                | F01 ( a) ( 2 )                   |                                 | 45 045                                  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| PLENTYWOOD, MT 59254                               | 81-0243720     | 501(C)(3)                        | 0.                              | 15,225.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| SHINGLETOWN MEDICAL CENTER                         |                |                                  |                                 |   | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| 31292 ALPINE MEADOWS ROAD                          |                |                                  |                                 |   | PRICE,  | OTHER, MEDICAL                         | LOW-INCOME, UNINSURED                 |
| SHINGLETOWN, CA 96088                              | 68-0063054     | 501(C)(3)                        | 0.                              | 7,341.                                  | PURCHASED   | SUPPLIES                               | PATIENTS                              |

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| Part II Continuation of Grants and Other A         | Assistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SIERRA HEALTH CENTER - FULLERTON                   |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 501 S. BROOKHURST ROAD                             |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| FULLERTON, CA 92833                                | 95-3447973        | 501(C)(3)                        | ٥.                              | 204,687.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| SIKH COALITION                                     |                   |                                  |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 50 BROAD STREET                                    |                   |                                  |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| NEW YORK, NY 10004                                 | 22-3834037        | 501(C)(3)                        | 0.                              | 11,200.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SILOAM FAMILY HEALTH CENTER                        |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 820 GALE LANE                                      |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NASHVILLE, TN 37204                                | 58-1867940        | 501(C)(3)                        | 0.                              | 174,026.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  |                                       |
| SILOAM HEALTH                                      |                   |                                  |                                 |  |   |  |                                       |
| 820 GALE LANE                                      |                   |                                  |                                 |  |   |  |                                       |
| NASHVILLE, TN 37204                                | 58-1867940        | 501(C)(3)                        | 27,726.                         | 0.   |   |  | LILLY NAVIGATOR GRANT                 |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SINCLAIR HEALTH CLINIC PHARMACY                    |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 301 N. CAMERON STREET, STE. #100                   |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| WINCHESTER, VA 22601                               | 54-1373296        | 501(C)(3)                        | 0.                              | 45,704.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| SMILES, INC  |                   |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 507 BETSY PACK DR                                  |                   |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| JASPER, TN 37347                                   | 46-1816985        | 501(C)(3)                        | 0.                              | 10,722.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SMOKY MOUNTAIN HARM REDUCTION                      |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 3261 GEORGIA ROAD                                  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| FRANKLIN, NC 28734                                 | 84-3522087        | 501(C)(3)                        | 0.                              | 565,519.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SNAKE RIVER COMMUNITY CLINIC                       |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 215 TENTH STREET                                   |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| LEWISTON, ID 83501                                 | 31-1726460        | 501(C)(3)                        | 0.                              | 123,615.                                       | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | PATIENTS                              |
| SOAR WV SOLUTIONS ORIENTED                         |                   |                                  |                                 | , ,  |   |  | SUPPORT TO US CLINICS &               |
| ADDICTION RESPONSE WEST VIRGINIA -                 |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 520 KANAWHA BLVD W - CHARLESTON,                   |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| WV 25302   | 11-3660992        | 501(C)(3)                        | 0.                              | 217,379.                                       |   | , SUPPLIES                             | PATIENTS                              |

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| Part II Continuation of Grants and Other A         | ssistance to Dor | nestic Organizations             | and Domestic Go          | overnments (Sch                                | edule I (Form 990), Pa  | art II.)                                      |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| SOCIAL WELFARE BOARD COUNTY OF                     |                  |                                  |                          |  |   |   |                                       |
| BUCHANAN - 904 S. 10TH SUITE A -                   |                  |                                  |                          |  |   |   |                                       |
| ST. JOSEPH, MO 64503-2405                          | 44-6000455       | 501(C)(3)                        | 35,000.                  | 0.   |   |   | LILLY NAVIGATOR GRANT                 |
| 51: 565HIN, NO 64565 2465                          | 11 0000155       | 501(0/(5/                        |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| SOCIEDAD PRO HOSPITAL DEL NIO                      |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| #1490 CARRETERA 19                                 |                  |                                  |                          |  | PRICE   | SUPPLIES                                      | LOW-INCOME, UNINSURED                 |
| GUAYNABO, PR 00920                                 | 66-0204707       | 501(C)(3)                        | 0.                       | 23 414   | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
| SOCIETY OF ST. VINCENT DE PAUL DBA                 | 00 0201/0/       | 501(0/(5/                        |                          | 23,111.  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| ST. VINCENT DE PAUL PHARMACY -                     |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| 5750 PINELAND DRIVE, SUITE 280 -                   |                  |                                  |                          |  | PRICE.  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| DALLAS, TX 75231                                   | 26-3273175       | 501(C)(3)                        | 0.                       | 613 316  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  | 20 32/31/3       | 501(0)(5)                        |                          | 043,340.                                       | I OKCHADED  | EQUITMENT                                     | SUPPORT TO US CLINICS &               |
| SOLAR RESPONDER                                    |                  |                                  |                          |  |   |   | HEALTH CENTERS FOR                    |
| 902 BROADWAY                                       |                  |                                  |                          |  | PURCHASED   |   | LOW-INCOME, UNINSURED                 |
| NEW YORK, NY 10010                                 | 83-3822965       | 501(C)(3)                        | 0.                       | 5,221.   |   | EOUIPMENT                                     | PATIENTS                              |
|  | 03 3022903       | 501(0)(5)                        |                          | 5,221.   | I NICH  |   |                                       |
| SOLAR RESPONDERS                                   |                  |                                  |                          |  |   |   |                                       |
| 902 BROADWAY, FLOOR 6                              |                  |                                  |                          |  |   |   |                                       |
| NEW YORK, NY 10010                                 | 83-3822965       | 501(C)(3)                        | 90,798.                  | 0.   |   |   | ABBVIE PR ENERGY PROJECT              |
| SONOMA COUNTY DEPARTMENT OF                        |                  |                                  | , .                      |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| EMERGENCY MANAGEMENT - 1200                        |                  |                                  |                          |  | WHOLESALE   | , OTHER ,                                     | HEALTH CENTERS FOR                    |
| CENTURY COURT - SANTA ROSA, CA                     |                  |                                  |                          |  | PRICE,  | MEDICAL                                       | LOW-INCOME, UNINSURED                 |
| 95403  | 94-6000539       | 501(C)(3)                        | 0.                       | 242,526.                                       | ,<br>PURCHASED  | SUPPLIES,                                     | ,<br>PATIENTS                         |
|  |                  |                                  |                          |  |   | /   | SUPPORT TO US CLINICS &               |
| SONOMA VALLEY COMMUNITY HEALTH                     |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                    |
| CENTER - 19270 SONOMA HIGHWAY -                    |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                       | LOW-INCOME, UNINSURED                 |
| SONOMA, CA 95476                                   | 68-0286382       | 501(C)(3)                        | 0.                       | 8,547.   |   | , SUPPLIES                                    | PATIENTS                              |
|  |                  |                                  |                          | -,   |   |   | SUPPORT TO US CLINICS &               |
| SONORAN PREVENTION WORKS                           |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                    |
| 340 E DUNLAP AVE                                   |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                       | LOW-INCOME, UNINSURED                 |
| PHOENIX, AZ 85020                                  | 30-0760098       | 501(C)(3)                        | 0.                       | 240,203.                                       |   | , MIDICAL<br>SUPPLIES                         | PATIENTS                              |
|  | 20 0,00000       |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| SOUTH BAY FAMILY HEALTH CARE                       |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 23430 HAWTHORNE BLVD., STE. 210                    |                  |                                  |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| TORRANCE, CA 90505                                 | 23-7049937       | 501(C)(3)                        | 0.                       | 25 325   | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |

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| Part II Continuation of Grants and Other   | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government   | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| CONTRACTOR CONTRACTOR DE LA CONTRACTOR D |                   |                                  |                                 |  |   |  |                                       |
| SOUTH BOSTON COMMUNITY HEALTH<br>CENTE - 409 WEST BROADWAY - SOUTH   |                   |                                  |                                 |  |   |  | AMERISOURCEBERGEN -                   |
| BOSTON, MA 02127   | 04-2682152        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | INNOVATION AWARDS                     |
| SOUTH BROWARD COMMUNITY HEALTH   | 04-2002132        | 501(0)(5)                        | 50,000.                         | 0.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SERVICES MEMORIAL HALLANDALE   |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| PHARMACY - 1750 E. HALLANDALE  |                   |                                  |                                 |  |   | ,                                      |                                       |
| -  | E0 6014072        | E01/(0)/(2)                      |                                 | 760 161  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BEACH BLVD - HALLANDALE BEACH, FL  | 59-6014973        | 501(C)(3)                        | 0.                              | /60,161.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SOUTH CENTRAL FAMILY HEALTH CENTER   |                   |                                  |                                 |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1109 E. VERNON AVE.  |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LOS ANGELES, CA 90011  | 95-3877793        | 501(C)(3)                        | 0.                              | 12,053.  |   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SOUTH CENTRAL PRIMARY CARE CENTER  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 406 WEST 5TH STREET  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DCILLA, GA 31774   | 58-2019024        | 501(C)(3)                        | 0.                              | 55,886.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| SOUTH COUNTY COMMUNITY CLINIC DBA  |                   |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| INTERFAITH COMMUNITY CLINIC - 101  |                   |                                  |                                 |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| PINE MANOR DRIVE - OAK RIDGE   |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| IORTH, TX 77385  | 75-2634623        | 501(C)(3)                        | 0.                              | 249,947.                                       | PRICE   | EQUIPMENT                              | PATIENTS                              |
| SOUTH COVE COMMUNITY HEALTH CENTER   |                   |                                  |                                 |  |   |  |                                       |
| L45 SOUTH ST   |                   |                                  |                                 |  |   |  |                                       |
| BOSTON, MA 02111   | 04-2501818        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| ,  |                   |                                  | , -                             |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SOUTH PLAINS RURAL HEALTH  |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| LOOO FM 300, UNIT A  |                   |                                  |                                 |  | PRICE,  | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| LEVELLAND, TX 79336  | 75-2123252        | 501(C)(3)                        | 0.                              | 94 216   | PURCHASED   | EOUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SOUTH TEXAS HEALTH SYSTEM REGIONAL   |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| OPERATIONS CENTER - 1400 W TRENTON   |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL<br>SUPPLIES,                 | LOW-INCOME, UNINSURED                 |
| COAD - EDINBURG, TX 78539  | APPLIED FOR       | 501(C)(3)                        | 0.                              | 699,408.                                       |   | EQUIPMENT                              | PATIENTS                              |
| OUTHEAST COMMUNITY HEALTH SYSTEMS  | METHIED FOR       | 501(0)(5)                        | · · ·                           | 099,400.                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| OBILE MEDICAL UNIT - 336 E   |                   |                                  |                                 |  | WHOLESALE   |  |                                       |
|  |                   |                                  |                                 |  |   | , OTHER,                               | HEALTH CENTERS FOR                    |
| RAILROAD AVE INDEPENDENCE, LA  | 70 1010000        | F01(0)(2)                        |                                 | 622 070  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| 70443  | 72-1212880        | DUT(C)(3)                        | 0.                              | 632,079.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |

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| Part II Continuation of Grants and Other A         | Assistance to Dor | nestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                                      | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| CONTRUES CON NO LESI DU NERVODY                    |                   |                                  |                          |  |   |   |                                       |
| SOUTHEAST MO HEALTH NETWORK<br>6738 HIGHWAY 77     |                   |                                  |                          |  |   |   |                                       |
| BENTON, MO 63736                                   | 43-1253101        | 501(C)(3)                        | 50,000.                  | 0.   |   |   | COVID19-US                            |
| BENION, MO 03730                                   | 45-1255101        | 501(C)(3)                        | 50,000.                  | 0.   |   |   | COVID19-05                            |
| SOUTHEAST MS RURAL HEALTH                          |                   |                                  |                          |  |   |   |                                       |
| INITIATIV - PO BOX 1729 -                          |                   |                                  |                          |  |   |   |                                       |
| HATTIESBURG, MS 39403-1729                         | 64-0625076        | 501(C)(3)                        | 50,000.                  | 0.   |   |   | COVID19-US                            |
|  | 01 0020070        | 551(6)(6)                        |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| SOUTHEAST MS RURAL HEALTH                          |                   |                                  |                          |  | WHOLESALE   | , OTHER,                                      | HEALTH CENTERS FOR                    |
| INITIATIVE, INC 5488 US HWY 49                     |                   |                                  |                          |  | PRICE,  | MEDICAL                                       | LOW-INCOME, UNINSURED                 |
| - HATTIESBURG, MS 39403                            | 64-0625076        | 501(C)(3)                        | 0.                       |  | PURCHASED   | SUPPLIES                                      | PATIENTS                              |
|  | 04 0023070        | 501(0)(5)                        |                          |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| SOUTHEAST, INC.                                    |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| 16 W. LONG STREET                                  |                   |                                  |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| COLUMBUS, OH 43215                                 | 31-0940189        | 501(C)(3)                        | 0.                       |  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  | 51 0510105        | 561(6)(5)                        |                          | 51,050.  |   |   | SUPPORT TO US CLINICS &               |
| SOUTHERN ILLINOIS HEALTHCARE                       |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                               | HEALTH CENTERS FOR                    |
| FOUNDATION (SIHF) - 2041 GOOSE                     |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                       | LOW-INCOME, UNINSURED                 |
| LAKE ROAD - SAUGET, IL 62206                       | 37-1158318        | 501(C)(3)                        | 0.                       | 246,445.                                       |   | , SUPPLIES                                    | PATIENTS                              |
|  | 37 1130310        | 551(6)(6)                        |                          | 210,110.                                       |   |   | SUPPORT TO US CLINICS &               |
| SOUTHERN INDIAN HEALTH COUNCIL                     |                   |                                  |                          |  | ESTIMATED   |   | HEALTH CENTERS FOR                    |
| 4058 WILLOWS ROAD                                  |                   |                                  |                          |  | WHOLESALE   |   | LOW-INCOME, UNINSURED                 |
| ALPINE, CA 91901-1620                              | 95-3782164        | 501(C)(3)                        | 0.                       | 5,600.   |   | EQUIPMENT                                     | PATIENTS                              |
|  | 55 5702101        | 551(6)(6)                        |                          | ,  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| SOUTHERN TRINITY HEALTH CARE                       |                   |                                  |                          |  | WHOLESALE   | OTHER   | HEALTH CENTERS FOR                    |
| SERVICES - 321 VAN DUZEN ROAD -                    |                   |                                  |                          |  | PRICE,  | MEDICAL                                       | LOW-INCOME, UNINSURED                 |
| MAD RIVER, CA 95526                                | 94-2507342        | 501(C)(3)                        | 0.                       |  | PURCHASED   | SUPPLIES,                                     | PATIENTS                              |
|  | 51 2007012        | 561(6)(5)                        |                          | ,  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| SOUTHLAND INTEGRATED SERVICES,                     |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| INC 9862 CHAPMAN AVENUE, SUITE                     |                   |                                  |                          |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| B - GARDEN GROVE, CA 92841                         | 95-3403526        | 501(C)(3)                        | 0.                       |  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  | 55 5405520        |                                  |                          | 50,052.  |   |   |                                       |
| SOUTHWEST COMMUNITY HEALTH CENTER                  |                   |                                  |                          |  |   |   |                                       |
| 46 ALBION STREET                                   |                   |                                  |                          |  |   |   |                                       |
| BRIDGEPORT, CT 06605                               | 06-1023013        | 501(C)(3)                        | 50,000.                  | 0.   |   |   | COVID19-US                            |

| Schedule I (Form 990) DIRECT RELIEF                |                      |                                  |                             |   |  |  | 95-1831116 Page                       |
|--|----------------------|----------------------------------|-----------------------------|---|--|--|---------------------------------------|
| Part II Continuation of Grants and Other A         |                      |                                  |                             |   |  |  | (h) Dumana of suppl                   |
| (a) Name and address of organization or government | <b>(b)</b> EIN       | (c) IRC section<br>if applicable | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                      |                                  |                             |   |  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SOUTHWEST VIRGINIA COMMUNITY                       |                      |                                  |                             |   | ESTIMATED  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| HEALTH SYSTEMS - 319 FIFTH AVENUE                  |                      |                                  |                             |   | WHOLESALE  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - SALTVILLE, VA 24370-0729                         | 54 - 2046110         | 501(C)(3)                        | 0.                          | 10,867.                                 | PRICE  | EQUIPMENT                              | PATIENTS                              |
|  |                      |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| SPACE COAST VOLUNTEERS IN MEDICINE                 |                      |                                  |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2555 JUDGE FRAN JAMIESON WAY                       |                      |                                  |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MELBOURNE, FL 32940                                | 27-2135914           | 501(C)(3)                        | 0.                          | 72,558.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  |                      |                                  |                             |   | ESTIMATED  |  | SUPPORT TO US CLINICS &               |
| SPECIAL HEALTH RESOURCES FOR TEXAS                 |                      |                                  |                             |   | WHOLESALE  | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 402 N 7TH STREET                                   |                      |                                  |                             |   | PRICE,   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| LONGVIEW, TX 75601                                 | 75-2405203           | 501(C)(3)                        | 0.                          | 16,116.                                 | PURCHASED  | SUPPLIES                               | PATIENTS                              |
|  |                      |                                  |                             |   | 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)                        | ٥.                          | 147,384.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| SPECTRA HEALTH                                     |                      |                                  |                             |   |  |  |                                       |
| 212 SOUTH 4TH STREET SUITE 200                     |                      |                                  |                             |   |  |  |                                       |
| GRAND FORKS, ND 58201                              | 27-0056777           | 501(C)(3)                        | 50,000.                     | 0.                                      |  |  | COVID19-US                            |
| SPRING BRANCH COMMUNITY HEALTH                     | 27 0030777           | 501(0/(5/                        |                             | •.                                      | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| CENTER - 800 W. SAM HOUSTON                        |                      |                                  |                             |   | WHOLESALE  | , OTHER,                               | HEALTH CENTERS FOR                    |
| PARKWAY S., SUIT - HOUSTON, TX                     |                      |                                  |                             |   | PRICE,   | , OINER,<br>MEDICAL                    | LOW-INCOME, UNINSURED                 |
| 77042  | 30-0198705           | 501/(3)/(3)                      | 0.                          | 194 067                                 | PURCHASED  | SUPPLIES                               | PATIENTS                              |
| 11042  | 30-0198703           | 501(C)(5)                        | · · ·                       | 184,007.                                |  | PHARMACEUTICALS                        |                                       |
| ST THOMAS EAST END MEDICAL CENTER                  |                      |                                  |                             |   | ESTIMATED<br>WHOLESALE   |  | SUPPORT TO US CLINICS &               |
|  |                      |                                  |                             |   |  | , OTHER,                               | HEALTH CENTERS FOR                    |
| 4605 TUTU PARK MALL                                |                      | F01 ( a ) ( 2 )                  |                             | 164 020                                 | PRICE,   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| ST. THOMAS, VI 00802                               | 66-0585077           | 501(C)(3)                        | 0.                          | 164,232.                                | PURCHASED  | SUPPLIES,                              | PATIENTS                              |
|  |                      |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ST. ANTHONY MEDICAL CLINIC                         |                      |                                  |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 150 GOLDEN GATE AVENUE                             | 04 45404 (0          | F01 ( g) ( 2 )                   |                             |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SAN FRANCISCO, CA 94102                            | 94-1513140           | 5UT(C)(3)                        | 0.                          | 15,719.                                 | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  |                      |                                  |                             |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ST. CLAIR COMMUNITY HEALTH CLINIC                  |                      |                                  |                             |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 205 EDWIN HOLLADAY PLACE                           | <pre>co o==occ</pre> | 501 ( -> ( ->                    | _                           |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| PELL CITY, AL 35125                                | 63-0570609           | 501(C)(3)                        | 0.                          | 124,041.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                        |                   |                                  |                                 |  |   |  | 95-1831116 Page                       |
|--|-------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other                   | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               | Γ                                     |
| (a) Name and address of organization or government         | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ST. CLARE MEDICAL OUTREACH                                 |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1407 YORK ROAD   |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LUTHERVILLE, MD 21093                                      | 46-2097818        | 501(C)(3)                        | 0.                              | 358,920.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | 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)                        | 0.                              | 650,425.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
| · ·  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| ST. JOHN BOSCO CLINIC                                      |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 730 NW 34TH STREET   |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MIAMI, FL 33127  | 65-0435764        | 501(C)(3)                        | 0.                              | 6,295.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ST. JOHN'S WELL CHILD & FAMILY<br>CENT - 808 W 58TH ST LOS |                   |                                  |                                 |  |   |  |                                       |
| ANGELES, CA 90037  | 95-4067758        | 501(C)(3)                        | 187,500.                        | Ο.   |   |  | COVID19-ABBOTT                        |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| ST. JOHN'S WELL CHILD AND FAMILY                           |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CENTERS - 808 WEST 58TH STREET -                           |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LOS ANGELES, CA 90037                                      | 95-4067758        | 501(C)(3)                        | 0.                              | 21,870.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ST. JOSEPH SOCIAL WELFARE BOARD                            |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 904 S. 10TH, SUITE A                                       |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ST. JOSEPH, MO 64503                                       | 80-0308973        | 501(C)(3)                        | 0.                              | 699,308.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | 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)                        | 0.                              | 56,660.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ST. LUCIE COUNTY HEALTH ACCESS                             |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| NETWORK DBA HANDS - 3855 S. US                             |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| HWY. 1 STE. B - FORT PIERCE, FL                            |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 34982  | 26-3945016        | 501(C)(3)                        | 0.                              | 8,947.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ST. LUKE COMMUNITY CLINIC                                  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 316 N ROYAL AVE  |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| FRONT ROYAL, VA 22630                                      | 54-1801220        | 501(C)(3)                        | 0.                              | 51 859.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIE                 | r Assistance to Dor | mestic Organizations             | s and Domestic Go        | vernments (Sch                          | edule I (Form 990), Pa  | art II.)                               |                                       |
|--|---------------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
| (a) Name and address of organization or government | <b>(b)</b> EIN      | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                     |                                  |                          |   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| ST. LUKE'S CLINIC                                  |                     |                                  |                          |   | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| L32 SEYMOUR AVENUE                                 |                     |                                  |                          |   | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| JACKSON, MI 49202                                  | 32-0038675          | 501(C)(3)                        | 0.                       | 94,317.                                 | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| ·  |                     |                                  |                          |   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| T. LUKE'S FREE MEDICAL CLINIC                      |                     |                                  |                          |   | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 62 N. DEAN STREET                                  |                     |                                  |                          |   | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| PARTANBURG, SC 29302                               | 57-0943232          | 501(C)(3)                        | 0.                       | 14,530.                                 | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                     |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ST. MARTIN'S HEALTHCARE, INC                       |                     |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| L359 SOUTH RANDOLPH STREET                         |                     |                                  |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| GARRETT, IN 46738                                  | 20-8609620          | 501(C)(3)                        | 0.                       | 112,076.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                     |                                  |                          | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| T. MARY'S HEALTH WAGON                             |                     |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 33 CHASE STREET, SUITE 100                         |                     |                                  |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| LINTWOOD, VA 24228                                 | 04-3739083          | 501(C)(3)                        | 0.                       | 11,933.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| · · · ·  |                     |                                  |                          |   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| T. MARY'S HOSPITAL                                 |                     |                                  |                          |   | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| 01 LEWISTON ST.                                    |                     |                                  |                          |   | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| OTTONWOOD, ID 83522                                | 82-0226453          | 501(C)(3)                        | 0.                       | 5,803.                                  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                     |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| T. MICHAEL'S MEDICAL CLINIC                        |                     |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 005 WEST 18TH STREET                               |                     |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NNISTON, AL 36201                                  | 82-5246184          | 501(C)(3)                        | 0.                       | 441,854.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                     |                                  |                          |   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| T. PAUL CHILDREN'S                                 |                     |                                  |                          |   | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 350 E. RICHARDS                                    |                     |                                  |                          |   | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| YLER, TX 75702                                     | 27-0954405          | 501(C)(3)                        | 0.                       | 26,378.                                 | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                     |                                  |                          | · · ·                                   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| T. PETERSBURG FREE CLINIC                          |                     |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 501 4TH STREET NORTH                               |                     |                                  |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| T. PETERSBURG, FL 33703                            | 23-7208280          | 501(C)(3)                        | 0.                       | 422,382.                                | PURCHASED   | ,<br>EQUIPMENT                         | PATIENTS                              |
| •  |                     |                                  |                          | , , , , , , , , , , , , , , , , , , ,   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| T. THOMAS CLINIC                                   |                     |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 500 PAUL HAND BOULEVARD                            |                     |                                  |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| RANKLIN, IN 46131                                  | 35-1449379          | 501(C)(3)                        | 0.                       | 72 246                                  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |

| Schedule I (Form 990) DIRECT RELIEF                        |                   |   |                                 |  |   |  | 95-1831116 Page                       |
|--|-------------------|---|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A                 | Assistance to Dor | mestic Organizations                    | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa<br>I   | art II.)                               | 1                                     |
| (a) Name and address of organization or government         | <b>(b)</b> EIN    | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ST. THOMAS COMMUNITY HEALTH CENTER                         |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1936 MAGAZINE STREET                                       |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NEW ORLEANS, LA 70130                                      | 14-1958494        | 501(C)(3)                               | 0.                              | 10,586.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ST. THOMAS COMMUNITY HEALTH CENTER<br>1936 MAGAZINE STREET |                   |   |                                 |  |   |  |                                       |
| NEW ORLEANS, LA 70130                                      | 14-1958494        | 501(C)(3)                               | 50,000.                         | 0.   |   |  | LILLY NAVIGATOR GRANT                 |
|  |                   |   |                                 | - •  |   |  | SUPPORT TO US CLINICS &               |
| ST. THOMAS MORE HOSPITAL                                   |                   |   |                                 |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 1338 PHAY AVENUE   |                   |   |                                 |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| CANON CITY, CO 81212                                       | 84-0405257        | 501(C)(3)                               | 0.                              | 22,400.  |   | EQUIPMENT                              | PATIENTS                              |
| ,  |                   |   |                                 | ,  |   |  |                                       |
| ST. VINCENT DE PAUL CHARITABLE<br>1125 BANK STREET         |                   |   |                                 |  |   |  |                                       |
| CINCINNATI, OH 45214                                       | 30-0272954        | 501(C)(3)                               | 40,000.                         | 0.   |   |  | BAYER RH AWARDS PROGRAM               |
|  |                   |   | ,                               |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ST. VINCENT DE PAUL CHARITABLE                             |                   |   |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| PHARMACY - 1146 BANK STREET -                              |                   |   |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| CINCINNATI, OH 45214                                       | 30-0272954        | 501(C)(3)                               | 0.                              | 1,605,180.                                     | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| · · · ·  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ST. VINCENT DE PAUL CHARITABLE                             |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| PHARMACY - 2033 FISH HATCHERY ROAD                         |                   |   |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| - MADISON, WI 53725  | 39-0824876        | 501(C)(3)                               | 0.                              | 113,246.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |   |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ST. VINCENT DE PAUL CLINIC                                 |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 420 W. WATKINS   |                   |   |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| PHOENIX, AZ 85003  | 86-0096789        | 501(C)(3)                               | 0.                              | 223,359.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ,  |                   |   |                                 | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| ST. VINCENT DE PAUL COMMUNITY                              |                   |   |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| PHARMACY - 502 GRAMMONT STREET -                           |                   |   |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| MONROE, LA 71201   | 90-0014479        | 501(C)(3)                               | 0.                              | 285,320.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| ,  |                   |   |                                 | ,  | ESTIMATED   | ~<br>PHARMACEUTICALS                   | SUPPORT TO US CLINICS &               |
| ST. VINCENT DE PAUL VILLAGE                                |                   |   |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1501 IMPERIAL AVENUE                                       |                   |   |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SAN DIEGO, CA 92101  | 33-0492302        | 501(C)(3)                               | 0.                              | 18 923   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|------------------------------------|--|---|--|---------------------------------------|
|  |                |                                  |                                    |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| ST. VINCENT'S STUDENT RUN FREE                     |                |                                  |                                    |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| CLINIC - 2817 POST OFFICE STREET -                 |                |                                  |                                    |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| GALVESTON, TX 77550                                | 74-1384864     | 501(C)(3)                        | 0.                                 | 209,144.                                       | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                                    |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| STARR COUNTY MEMORIAL HOSPITAL                     |                |                                  |                                    |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 128 N FM 3167                                      |                |                                  |                                    |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| RIO GRANDE CITY, TX 78582                          | 00-0000000     | 501(C)(3)                        | 0.                                 | 49,151.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                    |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| START CORPORATION (CHC)                            |                |                                  |                                    |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 235 CIVIC CENTER BLVD                              |                |                                  |                                    |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| HOUMA, LA 70360                                    | 58-1687098     | 501(C)(3)                        | 0.                                 | 158,109.                                       | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                |                                  |                                    | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| STAYWELL HEALTH CENTER                             |                |                                  |                                    |  | WHOLESALE   | . MEDICAL                              | HEALTH CENTERS FOR                    |
| 80 PHOENIX AVENUE                                  |                |                                  |                                    |  | PRICE.  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| WATERBURY, CT 06702-1516                           | 22-3160873     | 501(C)(3)                        | 0.                                 | 46,677.  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                |                                  |                                    | <b>, , ,</b>                                   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| STEPHEN F AUSTIN COMMUNITY HEALTH                  |                |                                  |                                    |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| NETWORK - 218 E. HOUSE STREET -                    |                |                                  |                                    |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| ALVIN, TX 77511                                    | 41-2273820     | 501(C)(3)                        | 0.                                 | 64 947.  | PURCHASED   | ,<br>EQUIPMENT                         | PATIENTS                              |
|  |                |                                  |                                    |  | ESTIMATED   | ~<br>PHARMACEUTICALS                   | SUPPORT TO US CLINICS &               |
| STERLING AREA HEALTH CENTER                        |                |                                  |                                    |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 725 E STATE STREET                                 |                |                                  |                                    |  | PRICE,  | , SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| STERLING, MI 48659-9548                            | 38-2205859     | 501(C)(3)                        | 0.                                 | 13 254   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  | 50 1105055     | 501(0)(5)                        |                                    | 10,201.  |   |  | SUPPORT TO US CLINICS &               |
| STEVE RUMMLER HOPE NETWORK                         |                |                                  |                                    |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 2233 UNIVERSITY AVE W, SUITE 325                   |                |                                  |                                    |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| ST PAUL, MN 55114                                  | 45-2903444     | 501(C)(3)                        | 0.                                 | 216,183.                                       |   | , MIDICAL<br>SUPPLIES                  | PATIENTS                              |
| 51 110H, III 55114                                 | 15 2505111     | 501(0)(3)                        |                                    | 210,103.                                       |   |  | SUPPORT TO US CLINICS &               |
| STOP HEROIN NOW                                    |                |                                  |                                    |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 1202 E. LAKE ST                                    |                |                                  |                                    |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| HORICON, WI 53032                                  | 46-5576478     | 501(C)(3)                        | 0.                                 | 40,034.  |   | , MEDICAL<br>SUPPLIES                  | PATIENTS                              |
| IORICON, WI 55052                                  | 40-5570478     | 501(C)(3)                        | 0.                                 | 40,034.  | LUICE   | DOLLUTED                               | LUITUID                               |
| STRIDE COMMUNITY HEALTH CENTER                     |                |                                  |                                    |  |   |  |                                       |
| 2255 S. ONEIDA ST                                  |                |                                  |                                    |  |   |  |                                       |
| DENVER, CO 80224                                   | 74-2477108     | 501(C)(3)                        | 50,000.                            | 0.   |   |  | COVID19-US                            |

| Bart II         Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)           (a) Name and address of<br>organization or government         (b) EIN         (c) IRC section<br>if applicable         (d) Amount of<br>cash grant         (f) Method of<br>valuation<br>assistance         (g) Description of<br>non-cash assistance           SU CLINICA FAMILIAR   | e or assistance<br>S SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED<br>PATIENTS |
|--|---|
| SU CLINICA FAMILIAR<br>1706 TREASURE HILLS BLVD<br>HARLINGEN, TX 78550<br>74-2357970 501(C)(3)<br>0. 17,569. PRICE<br>SUPLIES<br>SUZBACHER HEALTH CENTER DOWNTOWN<br>CLINIC - 611 EAST ADAMS STREET -<br>JACKSONVILLE, FL 32202<br>59-3229898 501(C)(3)<br>0. 186,209. PURCHASED<br>SUPPLIES,<br>SUMMIT COMMUNITY CARE CLINIC<br>PO BOX 4337<br>FRISCO, CO 80443<br>20-1139635 501(C)(3)<br>50,000.<br>SUMTER UNITED MINISTRIES<br>36 ARTILLERY DRIVE<br>SUMTER UNITED MINISTRIES<br>SUMTER, SC 29150<br>57-0988602 501(C)(3)<br>0. 8,332. PURCHASED<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPLIES,<br>SUPPL | HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED<br>PATIENTS<br>SUPPORT TO US CLINICS 8                      |
| SU CLINICA FAMILIAR<br>1706 TREASURE HILLS BLVD<br>HARLINGEN, TX 78550 74-2357970 501(C)(3) 0. 17,569, PRICE SUPPLIES<br>SULZBACHER HEALTH CENTER DOWNTOWN<br>CLINIC - 611 EAST ADAMS STREET -<br>JACKSONVILLE, FL 32202 59-3229898 501(C)(3) 0. 186,209, PURCHASED SUPPLIES,<br>SUMMIT COMMUNITY CARE CLINIC<br>PO BOX 4337<br>FRISCO, CO 80443 20-1139635 501(C)(3) 50,000. 0.<br>SUMTER UNITED MINISTRIES<br>36 ARTILLERY DRIVE<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332, PURCHASED EQUIPMENT<br>SUN LIFE FAMILY HEALTH CENTER<br>865 NORTH ARIZOLA ROAD<br>CASA GRANDE, AZ 85122 86-0296211 501(C)(3) 0. 24,653, PURCHASED EQUIPMENT  | HEALTH CENTERS FOR<br>LOW-INCOME, UNINSURED<br>PATIENTS<br>SUPPORT TO US CLINICS 8                      |
| 1706 TREASURE HILLS BLVD<br>HARLINGEN, TX 7855074-2357970501(C)(3)0.17,569. PRICEMEDICALSULZBACHER HEALTH CENTER DOWNTOWN<br>LILING - 611 EAST ADAMS STREET -<br>JACKSONVILLE, FL 3220259-3229898501(C)(3)0.186,209. PURCHASEDSUPPLIES,SUMMIT COMMUNITY CARE CLINIC<br>PO BOX 4337<br>FRISCO, CO 8044320-1139635501(C)(3)0.186,209. PURCHASEDSUPPLIES,SUMTER UNITED MINISTRIES<br>36 ARTILLERY DRIVE<br>SUMTER, SC 2915020-1139635501(C)(3)50,000.0.SUMTER, SC 2915057-0988602501(C)(3)0.8,332. PURCHASEDEQUIPMENTSUN LIFE FAMILY HEALTH CENTER<br>865 NORTH ARIZOLA ROAD<br>CASA GRANDE, AZ 8512286-0296211501(C)(3)0.24,653. PURCHASEDEQUIPMENTSUN LIFE FAMILY HEALTH CTR, INCS01(C)(3)0.24,653. PURCHASEDEQUIPMENT  | PATIENTS<br>SUPPORT TO US CLINICS &   |
| HARLINGEN, TX 78550 74-2357970 501(C)(3) 0. 17,569. PRICE SUPPLIES<br>SULZBACHER HEALTH CENTER DOWNTOWN<br>LLINIC - 611 EAST ADAMS STREET -<br>JACKSONVILLE, FL 32202 59-3229898 501(C)(3) 0. 186,209. PURCHASED SUPPLIES,<br>SUMMIT COMMUNITY CARE CLINIC<br>20 BOX 4337<br>PRISCO, CO 80443 20-1139635 501(C)(3) 50,000. 0.<br>SUMTER UNITED MINISTRIES<br>36 ARTILLERY DRIVE<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 24,653. PURCHASED EQUIPMENT<br>SUM LIFE FAMILY HEALTH CENTER<br>365 NORTH ARIZOLA ROAD<br>CASA GRANDE, AZ 85122 86-0296211 501(C)(3) 0. 24,653. PURCHASED EQUIPMENT   | PATIENTS<br>SUPPORT TO US CLINICS &   |
| SULZBACHER HEALTH CENTER DOWNTOWN<br>LLINIC - 611 EAST ADAMS STREET -<br>TACKSONVILLE, FL 32202 59-3229898 501(C)(3) 0. 186,209. PURCHASED SUPPLIES,<br>SUMMIT COMMUNITY CARE CLINIC<br>NO BOX 4337<br>TRISCO, CO 80443 20-1139635 501(C)(3) 50,000. 0.<br>SUMTER UNITED MINISTRIES<br>36 ARTILLERY DRIVE<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUM LIFE FAMILY HEALTH CENTER<br>36 ACTILLERY DRIVE<br>SUM LIFE FAMILY HEALTH CENTER<br>36 ACTILLERY ARIZOLA ROAD<br>SUM LIFE FAMILY HEALTH CENTER<br>36 ACTILLERY DRIVE<br>SUM LIFE FAMILY HEALTH CTR, INC  | SUPPORT TO US CLINICS &   |
| SULZBACHER HEALTH CENTER DOWNTOWN<br>CLINIC - 611 EAST ADAMS STREET -<br>JACKSONVILLE, FL 32202 59-3229898 501(C)(3) 0. 186,209. PURCHASED SUPPLIES,<br>SUMMIT COMMUNITY CARE CLINIC<br>20 BOX 4337<br>PRISCO, CO 80443 20-1139635 501(C)(3) 50,000. 0.<br>SUMTER UNITED MINISTRIES<br>36 ARTILLERY DRIVE<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED PHARMACEUTICALS<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUM LIFE FAMILY HEALTH CENTER<br>365 NORTH ARIZOLA ROAD<br>265 NORTH ARIZOLA ROAD<br>SUM LIFE FAMILY HEALTH CTR, INC  |   |
| LINIC - 611 EAST ADAMS STREET -<br>ACKSONVILLE, FL 32202 59-3229898 501(C)(3) 0. 186,209. PURCHASED SUPPLIES,<br>SUMMIT COMMUNITY CARE CLINIC<br>YO BOX 4337<br>TRISCO, CO 80443 20-1139635 501(C)(3) 50,000. 0.<br>SUMTER UNITED MINISTRIES<br>H6 ARTILLERY DRIVE<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 24,653. PURCHASED EQUIPMENT<br>SUM LIFE FAMILY HEALTH CENTER<br>H66-0296211 501(C)(3) 0. 24,653. PURCHASED EQUIPMENT  |   |
| ACKSONVILLE, FL 3220259-3229898501(C)(3)0.186,209.PURCHASEDSUPPLIES,NUMMIT COMMUNITY CARE CLINIC<br>to BOX 4337<br>TRISCO, CO 8044320-1139635501(C)(3)50,000.0.0.0.UMTER UNITED MINISTRIES<br>6 ARTILLERY DRIVE<br>TUMTER, SC 2915020-100000000000000000000000000000000000   | LOW-INCOME, UNINSURED   |
| SUMMIT COMMUNITY CARE CLINIC       20-1139635 501(C)(3)       50,000.       0.         PRISCO, CO 80443       20-1139635 501(C)(3)       50,000.       0.         SUMTER UNITED MINISTRIES       ESTIMATED       PHARMACEUTICALS         SUMTER, SC 29150       57-0988602 501(C)(3)       0.       8,332.         SUMTER, SC 29150       57-0988602 501(C)(3)       0.       8,332.         SUM LIFE FAMILY HEALTH CENTER       86-0296211 501(C)(3)       0.       24,653.         SUN LIFE FAMILY HEALTH CTR, INC       SUMPLIES       SUPPLIES   | ,<br>PATIENTS   |
| SUMTER UNITED MINISTRIES<br>SUMTER UNITED MINISTRIES<br>36 ARTILLERY DRIVE<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>ESTIMATED<br>WHOLESALE MEDICAL<br>B65 NORTH ARIZOLA ROAD<br>CASA GRANDE, AZ 85122 86-0296211 501(C)(3) 0. 24,653. PURCHASED EQUIPMENT<br>SUN LIFE FAMILY HEALTH CTR, INC   | COVID19-US  |
| SUMTER UNITED MINISTRIES<br>36 ARTILLERY DRIVE<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUMTER, SC 29150 86-0296211 501(C)(3) 0. 24,653. PURCHASED EQUIPMENT<br>SUM LIFE FAMILY HEALTH CTR, INC 86-0296211 501(C)(3) 0. 24,653. PURCHASED EQUIPMENT  |   |
| 36 ARTILLERY DRIVE     PRICE,     SUPPLIES,       SUMTER, SC 29150     57-0988602     501(C)(3)     0.     8,332.     PURCHASED     EQUIPMENT       SUN LIFE FAMILY HEALTH CENTER     SUPPLIES     ESTIMATED     WHOLESALE     MEDICAL       365 NORTH ARIZOLA ROAD     86-0296211     501(C)(3)     0.     24,653.     PURCHASED     EQUIPMENT       SUN LIFE FAMILY HEALTH CTR, INC     SUPPLIES     SUPPLIES     SUPPLIES     SUPPLIES     SUPPLIES   |   |
| SUMTER, SC 29150 57-0988602 501(C)(3) 0. 8,332. PURCHASED EQUIPMENT<br>SUM LIFE FAMILY HEALTH CENTER<br>365 NORTH ARIZOLA ROAD<br>2ASA GRANDE, AZ 85122 86-0296211 501(C)(3) 0. 24,653. PURCHASED EQUIPMENT<br>SUM LIFE FAMILY HEALTH CTR, INC   | HEALTH CENTERS FOR  |
| SUN LIFE FAMILY HEALTH CENTER<br>365 NORTH ARIZOLA ROAD<br>CASA GRANDE, AZ 85122 86-0296211 501(C)(3) 0. 24,653. PURCHASED EQUIPMENT<br>SUN LIFE FAMILY HEALTH CTR, INC  | LOW-INCOME, UNINSURED   |
| SUN LIFE FAMILY HEALTH CENTER<br>365 NORTH ARIZOLA ROAD<br>CASA GRANDE, AZ 85122 86-0296211 501(C)(3) 0. 24,653. PURCHASED EQUIPMENT<br>SUN LIFE FAMILY HEALTH CTR, INC  | PATIENTS  |
| B65 NORTH ARIZOLA ROAD     PRICE,     SUPPLIES,       CASA GRANDE, AZ 85122     86-0296211 501(C)(3)     0.     24,653. PURCHASED     EQUIPMENT       SUN LIFE FAMILY HEALTH CTR, INC     Image: Comparison of the second sec   | SUPPORT TO US CLINICS &   |
| CASA GRANDE, AZ 85122     86-0296211     501(C)(3)     0.     24,653.     PURCHASED     EQUIPMENT       SUN LIFE FAMILY HEALTH CTR, INC     Image: Comparison of the second s   | HEALTH CENTERS FOR  |
| SUN LIFE FAMILY HEALTH CTR, INC  | LOW-INCOME, UNINSURED   |
|  | PATIENTS  |
|  |   |
| CASA GRANDE, AZ 85122 86-0296211 501(C)(3) 50,000. 0.  | COVID19-US  |
| SUNCOAST COMMUNITY HEALTH CENTERS,<br>13110 ELK MOUNTAIN DRIVE<br>RIVERVIEW, FL 33579 59-1741303 501(C)(3) 50,000. 0.  | HURRICANE MICHAEL   |
| ESTIMATED PHARMACEUTICALS  |   |
| SUNRISE COMMUNITY HEALTH   | HEALTH CENTERS FOR  |
| 2930 11TH AVE PRICE, SUPPLIES,   | LOW-INCOME, UNINSURED   |
| EVANS, CO 80620 84-0613289 501(C)(3) 0. 18,955.PURCHASED EQUIPMENT   | PATIENTS  |
| SUNRISE COMMUNITY HEALTH<br>2930 11TH AVE<br>EVANS, CO 80620 84-0613289 501(C)(3) 50,000. 0.   | COVID19-US  |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other J | Assistance to De | maatia Organization              | and Domostic Co          | warnmanta (Sch                          | odulo I (Earm 990) P   |   | 95-1831116 Pag                        |
|--|------------------|----------------------------------|--------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                          |   | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| SUNSET COMMUNITY HEALTH CENTER   |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 2060 W. 24TH STREET  |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| XUMA, AZ 85364   | 86-0893305       | 501(C)(3)                        | 0.                       | 20,313.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| SUNSET PARK FAMILY HEALTH CENTER   |                  |                                  |                          |   |  |   |                                       |
| AT - 150 55TH STREET - BROOKLYN,   |                  |                                  |                          |   |  |   |                                       |
| NY 11220   | 20-2508411       | 501(C)(3)                        | 50,000.                  | ٥.                                      |  |   | COVID19-US                            |
| SUSQUEHANNA COMMUNITY HEALTH &   |                  |                                  |                          |   |  |   |                                       |
| DENT - 471 HEPBURN STREET -  |                  |                                  |                          |   |  |   |                                       |
|  | 20-8979596       | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |
| VILLIAMSPORT, PA 17701-6122  | 20-0979590       | 501(C)(3)                        | 50,000.                  | U.                                      | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| SYMBA CENTER   |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
|  |                  |                                  |                          |   |  | ,   |                                       |
| 20601 HWY 18 SUITE 171   | 04.2500000       | 501 ( 2) ( 2)                    |                          | 50 600                                  | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| APPLE VALLEY, CA 92307   | 84-3729902       | 501(C)(3)                        | 0.                       | 70,688.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| TALBERT HOUSE HEALTH CENTER DBA  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| CENTERPOINT HEALTH - 231 NORTH   |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| BREIEL BLVD MIDDLETOWN, OH   |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| 45042  | 46-1068818       | 501(C)(3)                        | 0.                       | 33,434.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| FAMPA FAMILY HEALTH CENTERS  |                  |                                  |                          |   | WHOLESALE  | , OTHER,                                  | HEALTH CENTERS FOR                    |
| 302 W. FLETCHER AVENUE   |                  |                                  |                          |   | PRICE,   | MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| FAMPA, FL 33612  | 59-2420282       | 501(C)(3)                        | 0.                       | 97,150.                                 | PURCHASED  | SUPPLIES,                                 | PATIENTS                              |
| FAMPA FAMILY HEALTH CENTERS, INC.  |                  |                                  |                          |   |  |   |                                       |
| 302 W. FLETCHER AVE  |                  |                                  |                          |   |  |   |                                       |
| TAMPA, FL 33612  | 59-2420282       | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |
| , 12 00012   | 55 2420202       |                                  |                          | ••                                      |  |   | SUPPORT TO US CLINICS                 |
| TAMPA GENERAL HOSPITAL   |                  |                                  |                          |   | ESTIMATED  |   | HEALTH CENTERS FOR                    |
| 1 TAMPA GENERAL CIRCLE   |                  |                                  |                          |   | WHOLESALE  |   | LOW-INCOME, UNINSURED                 |
|  | 23-7354477       | 501(0)(3)                        | 0.                       | 11,200.                                 |  | EQUIPMENT                                 | PATIENTS                              |
| TAMPA, FL 33606  | 23-7354477       | 501(0)(3)                        | · · ·                    | 11,200.                                 | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| NIDEN HEALMH CC  |                  |                                  |                          |   |  |   |                                       |
| TANDEM HEALTH SC   |                  |                                  |                          |   | WHOLESALE  | , OTHER,                                  | HEALTH CENTERS FOR                    |
| 1278 N. LAFAYETTE DRIVE  | 55 1005000       | 501(0)(0)                        |                          |   | PRICE,   | MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| SUMTER, SC 29150   | 57-1095992       | 501(C)(3)                        | 0.                       | 75,292.                                 | PURCHASED  | SUPPLIES,                                 | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF  |                   |                                  |                                 |  |   |  | 95-1831116 Page                       |
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| Part II Continuation of Grants and Other A   | Assistance to Dor | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               |                                       |
| (a) Name and address of organization or government   | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| 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.                              | 180,030.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| TAYLORS FREE MEDICAL CLINIC  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 400 W. MAIN STREET   |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| TAYLORS, SC 29687  | 20-1715911        | 501(C)(3)                        | 0.                              | 31,012.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| TECHE ACTION CLINIC  |                   |                                  |                                 |  | ESTIMATED   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 1115 WEBER STREET  |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| FRANKLIN, LA 70538   | 72-6073441        | 501(C)(3)                        | 0.                              | 23,151.  | PRICE   | SUPPLIES,                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| TEEN HEALTH CENTER, INC.   |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 4115 AVENUE O  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| GALVESTON, TX 77550  | 76-0163235        | 501(C)(3)                        | 0.                              | 13,630.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| TEMPLE COMMUNITY FREE CLINIC, INC.   |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1905 CURTIS B ELLIOTT DRIVE  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| TEMPLE, TX 76501   | 74-2634500        | 501(C)(3)                        | 0.                              | 326,953.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| TENDER CARE COMMUNITY CLINIC INC.  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 7862 FIRESTONE BLVD.   |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DOWNEY, CA 90241   | 81-2610616        | 501(C)(3)                        | 0.                              | 298,900.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| TENNESSEE CAMP FOR DIABETIC  |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CHILDREN - 2622 LEE PIKE - SODDY   |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DAISY, TN 37379  | 62-6020901        | 501(C)(3)                        | 0.                              | 7,775.   | PRICE   | EQUIPMENT                              | PATIENTS                              |
| TEXAS ASSOC OF COMMUNITY HEALTH<br>CENTERS – 5900 SOUTHWEST PARKWAY<br>#3 – AUSTIN, TX 78735 | 74-2308695        | 501(C)(3)                        | 215,000.                        | 0.   |   |  | PFIZER INFECTIOUS DISEAS<br>AWARDS    |
| ,  |                   |                                  | , <u>,</u>                      |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| TEXAS HARM REDUCTION ALLIANCE  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1909 EAST 38 1/2 STREET SUITE C  |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| AUSTIN, TX 78723   | 83-3409121        | 501(C)(3)                        | 0.                              | 216 819  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Part II Continuation of Grants and Other A         | ssistance to Dor | nestic Organizations             | and Domestic Go          | vernments (Sch                          | edule I (Form 990), Pa   | art II.)                               |                                       |
|--|------------------|----------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| TEXAS INTERNATIONAL INSTITUTE OF                   |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| 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.                       | 694,617.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
| ·  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| TEXAS OVERDOSE NALOXONE INITIATIVE                 |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1909 38 1/2 STREET                                 |                  |                                  |                          |   | PRICE.   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| AUSTIN, TX 78751                                   | 74-2752554       | 501(C)(3)                        | 0.                       | 1,408,028.                              | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          | , , ,                                   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| THAT NEIGHBORHOOD FREE HEALTH                      |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| CLINIC (TNFHC) - 306 BUSH STREET -                 |                  |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| FOLEDO, OH 43604                                   | 27-1052744       | 501(C)(3)                        | 0.                       | 78,228.                                 | ,<br>PURCHASED   | ,<br>EQUIPMENT                         | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| THE ATHENS NURSES CLINIC                           |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 240 NORTH AVENUE                                   |                  |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| ATHENS, GA 30601                                   | 58-2490925       | 501(C)(3)                        | 0.                       | 104 825.                                | PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                  |                                  |                          | ,                                       |  |  | SUPPORT TO US CLINICS                 |
| THE BERKELEY FREE CLINIC                           |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 2339 DURANT AVENUE                                 |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| BERKELEY, CA 94704                                 | 94-1697002       | 501(C)(3)                        | 0.                       | 11,500.                                 |  | ,<br>SUPPLIES                          | PATIENTS                              |
|  |                  |                                  |                          | ,                                       | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| THE BREVARD HEALTH ALLIANCE INC.                   |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 2120 SARNO ROAD                                    |                  |                                  |                          |   | PRICE,   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MELBOURNE, FL 32935                                | 90-0068515       | 501(C)(3)                        | 0.                       | 65 173                                  | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  | 50 0000313       | 501(0)(5)                        |                          |   |  |  |                                       |
| THE BRIGHAM & WOMEN'S HOSPITAL,                    |                  |                                  |                          |   |  |  |                                       |
| INC 75 FRANCIS ST - BOSTON, MA                     |                  |                                  |                          |   |  |  |                                       |
| 02115  | 04-2312909       | 501(C)(3)                        | 282,500.                 | 0.                                      |  |  | COVID19-US                            |
|  | 01 2012909       | 551(6)(5)                        | 202,000.                 |   |  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| THE CENTER FOR COURAGEOUS KIDS                     |                  |                                  |                          |   | ESTIMATED  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1501 BURNLEY ROAD                                  |                  |                                  |                          |   | WHOLESALE  | , MEDICAL<br>SUPPLIES,                 | LOW-INCOME, UNINSURED                 |
| SCOTTSVILLE, KY 42164                              | 20-1789905       | 501(C)(3)                        | 0.                       | 30,693.                                 |  | EQUIPMENT                              | PATIENTS                              |
| SCOTTOVIDDE, KI 42104                              | 20 1103303       | 501(0/(5/                        | 0.                       | 50,093.                                 | F VICE   | DOTLINUT                               | F 111 T DIN 1 O                       |
| THE CENTER FOR FAMILY AND CHILD                    |                  |                                  |                          |   |  |  |                                       |
| ENR - 1825 NW 167TH ST, SUITE 102                  |                  |                                  |                          |   |  |  |                                       |
| - MIAMI GARDENS, FL 33056                          | 59-1775062       | E(1/a)/2)                        | 50,000.                  | 0.                                      |  |  | COVID19-US                            |

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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go                 | <b>vernments</b> (Sch                          | edule I (Form 990), Pa<br>I   | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| THE CHAUTAUQUA CENTER                              |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 319 CENTRAL AVENUE SUITE B                         |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DUNKIRK, NY 14048                                  | 27-3512018        | 501(C)(3)                        | 0.                              | 158,272.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| THE CHILDREN'S CLINIC                              |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 701 EAST 28TH STREET                               |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LONG BEACH, CA 90806                               | 95-1643332        | 501(C)(3)                        | 0.                              | 53,823.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| THE CHRIS ATWOOD FOUNDATION                        |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 11890 SUNRISE VALLEY DRIVE                         |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| RESTON, VA 20191                                   | 46-2749211        | 501(C)(3)                        | 0.                              | 211,657.                                       | PRICE   | ,<br>SUPPLIES                          | PATIENTS                              |
|  |                   |                                  |                                 | , ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| THE COMMUNITY FREE CLINIC                          |                   |                                  |                                 |  | WHOLESALE   | . MEDICAL                              | HEALTH CENTERS FOR                    |
| 528 A LAKE CONCORD ROAD NE                         |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| CONCORD, NC 28025                                  | 58-2131301        | 501(C)(3)                        | 0.                              | 77,101.  | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                   |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| THE COMMUNITY FREE CLINIC OF                       |                   |                                  |                                 |  | ESTIMATED   | , OTHER,                               | HEALTH CENTERS FOR                    |
| NEWPORT NEWS PHARMACY - 727 25TH                   |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| STREET - NEWPORT NEWS, VA 23607                    | 27-3510814        | 501(C)(3)                        | 0.                              | 17,568.  | PRICE   | SUPPLIES                               | ,<br>PATIENTS                         |
| ,  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| THE DIABETES FAMILY CONNECTION                     |                   |                                  |                                 |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CAMP MORRIS - 6325 FALLS OF NEUSE                  |                   |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ROAD - RALEIGH, NC 27615                           | 82-5369641        | 501(C)(3)                        | 0.                              | 7,098.   |   | EQUIPMENT                              | PATIENTS                              |
|  | 02 000011         | 501(0)(5)                        |                                 | ,,050,   |   |  |                                       |
| THE DIMOCK CENTER                                  |                   |                                  |                                 |  |   |  |                                       |
| 55 DIMOCK STREET                                   |                   |                                  |                                 |  |   |  |                                       |
| ROXBURY, MA 02119                                  | 04-3487835        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  | 01 010,000        | 501(0)(5)                        |                                 |  |   |  |                                       |
| THE DOOR -A CENTER OF ALTERNATIVES                 |                   |                                  |                                 |  |   |  |                                       |
| 121 AVENUE OF THE AMERICAS                         |                   |                                  |                                 |  |   |  |                                       |
| NEW YORK, NY 10013                                 | 13-6127348        | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| MEN 10MM, NI 10015                                 | 13 012/340        | 501(C)(5)                        | 50,000.                         | 0.   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| THE DOOR-ADOLESCENT HEALTH CENTER                  |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 555 BROOME STREET                                  |                   |                                  |                                 |  |   |  |                                       |
|  | 12 6127240        | 501(0)(3)                        |                                 | 7 216  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NEW YORK, NY 10013                                 | 13-6127348        | DUT(C)(3)                        | 0.                              | /,316.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                          |  |   |  | 95-1831116 Page                       |
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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| THE FAMILY HEALTH CENTER OF                        |                   |                                  |                          |  |   |  |                                       |
| GEORGIA - 868 YORK AVENUE, SW -                    |                   |                                  |                          |  |   |  |                                       |
| ATLANTA, GA 30310-2750                             | 58-1233448        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| AIDANIA, GA 30310 2730                             | 50 1255440        | 501(0)(5)                        | 50,000.                  | 0.   |   |  |                                       |
| THE FAMILY MEDICINE RESIDENCY OF                   |                   |                                  |                          |  |   |  |                                       |
| ID - 777 N RAYMOND - BOISE, ID                     |                   |                                  |                          |  |   |  |                                       |
| 33704-9251   | 20-5934739        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                   |                                  |                          |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| THE FAMILY PLACE                                   |                   |                                  |                          |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 2241 BUTLER ST.                                    |                   |                                  |                          |  | WHOLESALE   | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| DALLAS, TX 75235                                   | 75-1590896        | 501(C)(3)                        | 0.                       | 7,244.   |   | EQUIPMENT                              | PATIENTS                              |
| ,  |                   |                                  |                          | · , •  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HE FLOATING HOSPITAL                               |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1-40 27TH STREET                                   |                   |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| LONG ISLAND CITY, NY 11101                         | 13-1624169        | 501(C)(3)                        | 0.                       |  | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                   |                                  |                          | , ,  |   |  |                                       |
| THE FLOATING HOSPITAL, INC.                        |                   |                                  |                          |  |   |  |                                       |
| 4140 27TH STREET                                   |                   |                                  |                          |  |   |  |                                       |
| LONG ISLAND CITY, NY 11101                         | 13-1624169        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
|  |                   |                                  |                          |  |   |  |                                       |
| THE FORT DEFIANCE INDIAN HOSP BD                   |                   |                                  |                          |  |   |  |                                       |
| DIHB - PO BOX 649 - FORT                           |                   |                                  |                          |  |   |  | BD AWARDS PROGRAM,                    |
| DEFIANCE, AZ 86504-0000                            | 86-0817397        | 501(C)(3)                        | 200,000.                 | Ο.   |   |  | COVID19-US                            |
|  |                   |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| HE FREE MEDICAL CLINIC                             |                   |                                  |                          |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 875 HARDEN STREET                                  |                   |                                  |                          |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| COLUMBIA, SC 29204                                 | 57-0779279        | 501(C)(3)                        | 0.                       | 558,157.                                       | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HE GOOD SHEPHERD MEDICAL & DENTAL                  |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| LINIC - 207 SOUTH 11TH AVENUE -                    |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| AUREL, MS 39440                                    | 64-0838202        | 501(C)(3)                        | 0.                       | 253,920.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| HE GREAT PHYSICIAN'S PHARMACY                      |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CLINIC - 1914 MAGNOLIA STREET -                    |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DURANT, OK 74701                                   | 73-0768828        | 501(C)(3)                        | 0.                       | 43,806.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other J | Assistance to Do | mestic Organizations             | and Domestic Go          | vernments (Sch                          | edule I (Form 990). Pa   |  | 95-1831116 Page                       |
|--|------------------|----------------------------------|--------------------------|---|--|--|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                          |   | ESTIMATED  |  | SUPPORT TO US CLINICS &               |
| THE HALEY CENTER   |                  |                                  |                          |   | WHOLESALE  | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 122 WEST CENTRAL AVENUE  |                  |                                  |                          |   | PRICE,   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| WINTER HAVEN, FL 33880   | 59-0766974       | 501(C)(3)                        | ٥.                       | 305,359.                                | PURCHASED  | ,<br>SUPPLIES                          | PATIENTS                              |
| THE HEALTH & HOSPITAL CORPORATION  |                  |                                  |                          |   |  |  |                                       |
| 3838 N. RURAL STREET   |                  |                                  |                          |   |  |  |                                       |
| INDIANAPOLIS, IN 46205   | 35-6005697       | 501(C)(3)                        | 50,000.                  | 0.                                      |  |  | LILLY NAVIGATOR GRANT                 |
| ,  |                  |                                  | ,                        |   | ESTIMATED  | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| THE HEALTH AND WELLNESS CENTER   |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 3834 S. WESTERN AVENUE   |                  |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| LOS ANGELES, CA 90062  | 23-7351622       | 501(C)(3)                        | 0.                       | 14 448.                                 | PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,,   |                  |                                  |                          |   | ESTIMATED  | ~<br>PHARMACEUTICALS                   | SUPPORT TO US CLINICS &               |
| THE HEALTH HUT   |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 310 WEST MISSISSIPPI AVENUE  |                  |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| RUSTON, LA 71270   | 27-3764078       | 501(C)(3)                        | 0.                       | 522 706.                                | PURCHASED  | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | ~<br>PHARMACEUTICALS                   | SUPPORT TO US CLINICS &               |
| THE HEARTS AND HANDS CLINIC, INC.  |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | HEALTH CENTERS FOR                    |
| 127 NORTH COLLEGE STREET   |                  |                                  |                          |   | PRICE,   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| STATESBORO, GA 30458   | 26-4597700       | 501(C)(3)                        | 0.                       | 145,704.                                | ,<br>PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ,  |                  |                                  |                          | <b>, , ,</b>                            | ESTIMATED  | ~                                      | SUPPORT TO US CLINICS &               |
| THE HOPE PROJECT   |                  |                                  |                          |   | WHOLESALE  | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 157 WALL STREET  |                  |                                  |                          |   | PRICE,   | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| ТЕЛАНА, ТХ 75974   | 32-0086739       | 501(C)(3)                        | 0.                       | 185,993.                                | ,<br>PURCHASED   | ,<br>SUPPLIES                          | ,<br>PATIENTS                         |
| ,  |                  |                                  |                          | <b>, , ,</b>                            |  |  | SUPPORT TO US CLINICS &               |
| THE MARIE BLANCHARD FRIENDSHIP   |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| CLINIC - 704 SOUTH LATAH STREET -  |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| BOISE, ID 83705  | 20-0184266       | 501(C)(3)                        | 0.                       | 6,884.                                  |  | ,<br>SUPPLIES                          | ,<br>PATIENTS                         |
|  |                  |                                  |                          |   |  |  |                                       |
| THE MAVEN PROJECT  |                  |                                  |                          |   |  |  |                                       |
| ST 105 1375 SUTTER ST  |                  |                                  |                          |   |  |  | BAXTER INNOVATION AWARD               |
| SAN FRANCISCO, CA 94109  | 46-5370676       | 501(C)(3)                        | 19,000.                  | 0.                                      |  |  | MAVEN PROJECT                         |
| THE NATIONAL BLACK CHURCH  |                  |                                  |                          |   |  |  |                                       |
| INITIATIVE - PO BOX 65177 -  |                  |                                  |                          |   |  |  |                                       |
| WASHINGTON, DC 20035   | 52-2169774       | 501(C)(3)                        | 250,000.                 | 0.                                      |  |  | COVID19-US                            |

| Schedule I (Form 990) DIRECT RELIEF                |                   |                                  |                                 |  |   |  | 95-1831116 Pag                        |
|--|-------------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               |                                       |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| THE NAVAJO NATION                                  |                   |                                  |                                 |  |   |  |                                       |
| PO BOX 3150  |                   |                                  |                                 |  |   |  |                                       |
| WINDOW ROCK, AZ 86515                              | 86-0092335        |                                  | 732,500.                        | 0.   |   |  | COVID19-US                            |
| MINDOW ROCK, AZ 00515                              | 00 0052555        |                                  | 752,500.                        | 0.   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| THE NEIGHBORHOOD CHRISTIAN CLINIC                  |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1929 W. FILLMORE                                   |                   |                                  |                                 |  | PRICE,  | SUPPLIES                               | LOW-INCOME, UNINSURED                 |
| PHOENIX, AZ 85009                                  | 86-0839580        | 501(0)(3)                        | 0.                              | 115 223  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| FIGENIX, AZ 85009                                  | 80-0833380        | 501(C)(3)                        | · · ·                           | 115,255.                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| THE NEVER ALONE PROJECT                            |                   |                                  |                                 |  | WHOLESALE   | _ MEDICAL                              | HEALTH CENTERS FOR                    |
|  |                   |                                  |                                 |  |   | ,                                      |                                       |
| 1100 WEST 42ND STREET                              | 01 1425204        | E01(0)(2)                        | 0.                              | 0 101 075                                      | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| INDIANAPOLIS, IN 46208                             | 91-1435394        | 501(C)(3)                        | 0.                              | 2,121,875.                                     |   | EQUIPMENT                              | PATIENTS                              |
| NIE NICHE MINIGERY                                 |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| THE NIGHT MINISTRY                                 |                   |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| L735 N. ASHLAND                                    | 26.2445564        |                                  |                                 | 4 955 495                                      | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| CHICAGO, IL 60622                                  | 36-3145764        | 501(C)(3)                        | 0.                              | 1,057,487.                                     |   | SUPPLIES,                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| THE OPEN DOOR CLINIC                               |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| L30 WEST CENTRAL STREET                            |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CHIPPEWA FALLS, WI 54729                           | 20-3673759        | 501(C)(3)                        | 0.                              | 18,362.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| THE OUTREACH CLINIC                                |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 517 NORTH PARSONS AVENUE                           |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BRANDON, FL 33510                                  | 59-2917499        | 501(C)(3)                        | 0.                              | 11,068.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                                 |  |   |  | SUPPORT TO US CLINICS a               |
| THE PIC PLACE                                      |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 37 MERCHANT DRIVE                                  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| MONTROSE, CO 81401                                 | 47-0891200        | 501(C)(3)                        | 0.                              | 37,685.  | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS                 |
| THE REFUGE CLINIC                                  |                   |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 2349 RICHMOND ROAD                                 |                   |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| EXINGTON, KY 40502                                 | 37-1547506        | 501(C)(3)                        | 0.                              | 16,962.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                   |                                  |                                 | -  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| THE SHALOM PROJECT MEDICAL CLINIC                  |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 639 S. GREEN STREET                                |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| WINSTON-SALEM, NC 27101                            | 20-2136431        | 501(C)(3)                        | 0.                              | 189 961  | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |

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| Part II Continuation of Grants and Other A         | ssistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), P   | art II.)                               | Γ                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN  | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                 |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| THE SPAHR CENTER                                   |                 |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 150 NELLEN AVENUE STE. 100                         |                 |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| CORTE MADERA, CA 94925                             | 68-0072470      | 501(C)(3)                        | 0.                              | 17,398.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| THE WAHIAWA CENTER FOR COMMUNITY                   |                 |                                  |                                 |  |   |  |                                       |
| HE - 302 CALIFORNIA AVENUE STE 106                 |                 |                                  |                                 |  |   |  |                                       |
| WAHIAWA, HI 96786                                  | 45-5114944      | 501(C)(3)                        | 150,000.                        | 0.   |   |  | COVID19-US                            |
| ,  |                 |                                  | ,                               |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| THE WELLNESS PLAN PHARMACY                         |                 |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2888 W GRAND BLVD                                  |                 |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| DETROIT, MI 48202                                  | 38-2008890      | 501(C)(3)                        | 0.                              | 52,283.  | PURCHASED   | ,<br>EQUIPMENT                         | PATIENTS                              |
|  |                 |                                  |                                 |  |   |  |                                       |
| THE WRIGHT CENTER MEDICAL GROUP                    |                 |                                  |                                 |  |   |  |                                       |
| DBA - 501 S. WASHINGTON AVE, SUITE                 |                 |                                  |                                 |  |   |  |                                       |
| L000 - SCRANTON, PA 18505-3814                     | 23-2772504      | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                 |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| THIRD STREET COMMUNITY CLINIC,                     |                 |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| INC 600 WEST THIRD STREET -                        |                 |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| MANSFIELD, OH 44906                                | 34-1753919      | 501(C)(3)                        | 0.                              | 13,431.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| THUNDER BAY COMMUNITY HEALTH                       |                 |                                  |                                 |  |   |  |                                       |
| SERVIC - 15774 STATE STREET -                      |                 |                                  |                                 |  |   |  |                                       |
| HILLMAN, MI 49746                                  | 38-2290337      | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
| ,  |                 |                                  | , .                             |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| TIBURCIO VASQUEZ HEALTH CENTER                     |                 |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 33255 9TH STREET                                   |                 |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| JNION CITY, CA 94587                               | 23-7118361      | 501(C)(3)                        | 0.                              | 132,924.                                       | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| · · · ·  |                 |                                  |                                 | <b>/</b>                                       |   | ~                                      |                                       |
| FODOS PARA LA SALUD INC                            |                 |                                  |                                 |  |   |  |                                       |
| 4420 N. 1ST STREET #123 SUITE #123                 |                 |                                  |                                 |  |   |  |                                       |
| FRESNO, CA 93726                                   | 46-1045524      | 501(C)(3)                        | 31,844.                         | 0.   |   |  | COVID19-US                            |
|  |                 |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| 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.                              | 139,532.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other |            | nestic Organizations             | and Domestic Go          | wernments (Sch                          | edule I (Form 990) P:  |   | 95-1831116 Pag                        |
|--|------------|----------------------------------|--------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |            |                                  |                          |   |  |   | SUPPORT TO US CLINICS &               |
| TRAC-B EXCHANGE  |            |                                  |                          |   | ESTIMATED  |   | HEALTH CENTERS FOR                    |
| 6114 WEST CHARLESTON BLVD.   |            |                                  |                          |   | WHOLESALE  |   | LOW-INCOME, UNINSURED                 |
| LAS VEGAS, NV 89146  | 82-3917829 | 501(C)(3)                        | 0.                       | 31,660.                                 | PRICE  | PHARMACEUTICALS                           | 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.                       | 18,443.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| ·  |            |                                  |                          | · ·                                     | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| TREASURE COAST COMMUNITY HEALTH  |            |                                  |                          |   | WHOLESALE  | , OTHER ,                                 | HEALTH CENTERS FOR                    |
| 12196 COUNTY ROAD 512  |            |                                  |                          |   | PRICE,   | MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| FELLSMERE, FL 32948  | 59-3219191 | 501(C)(3)                        | 0.                       | 571,846.                                | PURCHASED  | SUPPLIES,                                 | ,<br>PATIENTS                         |
| ·  |            |                                  |                          |   |  |   |                                       |
| TRENTON MEDICAL CENTER, INC. DBA   |            |                                  |                          |   |  |   |                                       |
| PA - 23343 NW COUNTY ROAD 236 -  |            |                                  |                          |   |  |   |                                       |
| HIGH SPRINGS, FL 32643   | 59-2871302 | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |
| ,  |            |                                  | , .                      |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| TRI CITY HEALTH PARTNERSHIP  |            |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 318 WALNUT STREET  |            |                                  |                          |   | PRICE.   | ,<br>SUPPLIES,                            | LOW-INCOME, UNINSURED                 |
| ST. CHARLES, IL 60174  | 36-4475369 | 501(C)(3)                        | 0.                       | 50 057.                                 | PURCHASED  | ,<br>EQUIPMENT                            | ,<br>PATIENTS                         |
|  |            |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| TRIANGLE AREA NETWORK  |            |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 1495 N 7TH STREET  |            |                                  |                          |   | PRICE  | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| BEAUMONT, TX 77702   | 76-0226835 | 501(C)(3)                        | 0.                       | 548 361                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|  | 70 0220033 | 501(0/(5/                        |                          | 540,501.                                | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| TRI-AREA COMMUNITY HEALTH  |            |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 14168 DANVILLE PIKE  |            |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
|  | 54-1112330 | 501(0)(2)                        | 0.                       | 15 969                                  | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| LAUREL FORK, VA 24352  | 54-1112550 | 501(C)(3)                        | U.                       | 45,909.                                 | PORCHASED  | EQUIPMENI                                 | PATIENTS                              |
| TRI-CITIES COMMUNITY HEALTH  |            |                                  |                          |   |  |   |                                       |
|  |            |                                  |                          |   |  |   |                                       |
| PO BOX 1452  | 01 1120655 | F01(a)(2)                        | F0.000                   | _                                       |  |   |                                       |
| PASCO, WA 99301  | 91-1138675 | DUT(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |
|  |            |                                  |                          |   |  |   | SUPPORT TO US CLINICS                 |
| TRI-CITY HEALTH CENTER   |            |                                  |                          |   | ESTIMATED  |   | HEALTH CENTERS FOR                    |
| 40910 FREMONT BLVD   |            |                                  |                          |   | WHOLESALE  |   | LOW-INCOME, UNINSURED                 |
| FREMONT, CA 94538  | 23-7255435 | 501(C)(3)                        | 0.                       | 5,600.                                  | PRICE  | EQUIPMENT                                 | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                  |                                  |                                 |   |   |  | 95-1831116 Pag                        |
|--|------------------|----------------------------------|---------------------------------|---|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Do | mestic Organizations             | and Domestic Go                 | vernments (Sch                          | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| TRI-COUNTY COMMUNITY HEALTH                        |                  |                                  |                                 |   |   |  |                                       |
| PO BOX 227   |                  |                                  |                                 |   |   |  |                                       |
| NEWTON GROVE, NC 28366                             | 58-1319204       | 501(0)(3)                        | 100,000.                        | 0.                                      |   |  | COVID19-US                            |
|  | 50 1515204       | 501(0/(3)                        | 100,000.                        | 0.                                      |   |  | SUPPORT TO US CLINICS &               |
| TRI-COUNTY FAMILY MEDICINE PROGRAM                 |                  |                                  |                                 |   | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 10869 STATE ROUTE 36 SOUTH                         |                  |                                  |                                 |   | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| DANSVILLE, NY 14437                                | 16-0997545       | 501(C)(3)                        | 0.                              | 5,600.                                  |   | EOUIPMENT                              | PATIENTS                              |
|  | 10 000,010       | 501(0)(0)                        |                                 | 5,000.                                  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| TRINITY CLINIC OF CALVIN                           |                  |                                  |                                 |   | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 507 4TH STREET                                     |                  |                                  |                                 |   | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| CALVIN, OK 74531                                   | 62-0535346       | 501(C)(3)                        | 0.                              | 20 254.                                 | PURCHASED   | , SUPPLIES                             | PATIENTS                              |
|  |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| TRINITY FREE CLINIC                                |                  |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1045 WEST 146TH STREET, SUITE B                    |                  |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| CARMEL, IN 46032                                   | 35-2120420       | 501(C)(3)                        | 0.                              | 45 861.                                 | PURCHASED   | ,<br>EQUIPMENT                         | PATIENTS                              |
| /  |                  |                                  |                                 | <b>/</b>                                | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| TROUP CARES CLINIC                                 |                  |                                  |                                 |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 301 MEDICAL DR., SUITE 501                         |                  |                                  |                                 |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| LAGRANGE, GA 30240-4144                            | 20-8176300       | 501(C)(3)                        | 0.                              | 171,547.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| · · ·  |                  |                                  |                                 | ,                                       | 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.                              | 11,936.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| TRUMAN MEDICAL CENTERS                             |                  |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 2301 HOLMES STREET                                 |                  |                                  |                                 |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| KANSAS CITY, MO 64108                              | 44-0661018       | 501(C)(3)                        | 0.                              | 2,513,716.                              | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                                 |   |   |  | SUPPORT TO US CLINICS                 |
| TRUST WOMEN  |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 5107 E. KELLOG DR.                                 |                  |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| WICHITA, KS 67218                                  | 27-3246473       | 501(C)(3)                        | 0.                              | 24,875.                                 | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                                 |   |   |  | SUPPORT TO US CLINICS                 |
| TRYSTERO / NEW ORLEANS HARM                        |                  |                                  |                                 |   | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| REDUCTION COLLECTIVE - 2619 ST                     |                  |                                  |                                 |   | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| ROCH ST - NEW ORLEANS, LA 70117                    | 91-1435394       | 501(C)(3)                        | 0.                              | 436,163.                                | PRICE   | SUPPLIES                               | PATIENTS                              |

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 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|---------------------------------|--|---|--|---------------------------------------|
|  |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| TULAKES CLINIC                                     |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 6789 NW 39TH EXP                                   |                |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| BETHANY, OK 73008                                  | 73-0643163     | 501(C)(3)                        | 0.                              | 9,423.   | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| TURNER HOUSE CLINIC INC. (DBA:                     |                |                                  |                                 |  |   |  |                                       |
| VIBR - 21 N. 12TH STREET, SUITE                    |                |                                  |                                 |  |   |  |                                       |
| 300 - KANSAS CITY, KS 66102                        | 48-1151382     | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                            |
|  |                |                                  | ,                               |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| TYLER FAMILY CIRCLE OF CARE                        |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 523 S. FANNIN AVE                                  |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| TYLER, TX 75702                                    | 45-2578435     | 501(C)(3)                        | ٥.                              | 88,492.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| UBI CARITAS HEALTH MINISTRIES                      |                |                                  |                                 |  | WHOLESALE   | , OTHER,                               | HEALTH CENTERS FOR                    |
| 4450 HIGHLAND AVENUE                               |                |                                  |                                 |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| BEAUMONT, TX 77705                                 | 76-0558225     | 501(C)(3)                        | 0.                              | 314,989.                                       | PURCHASED   | SUPPLIES,                              | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| UC SAN FRANCISCO HOMELESS CLINIC                   |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 513 PARNASSUS AVENUE SUITE S245                    |                |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| SAN FRANCISCO, CA 94143                            | 94-6036493     | 501(C)(3)                        | ٥.                              | 10,662.  | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| UCSD STUDENT-RUN FREE CLINIC                       |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| PROJECT - 9500 GILMAN DRIVE #0696                  |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| - LA JOLLA, CA 92093                               | 95-2872494     | 501(C)(3)                        | ٥.                              | 7,289.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| UHP HEALTH   |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 12605 EAST FREEWAY                                 |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| HOUSTON, TX 77015                                  | 61-1757254     | 501(C)(3)                        | 0.                              | 209,435.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| UMMA COMMUNITY CLINIC                              |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 711 WEST FLORENCE AVENUE                           |                |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| LOS ANGELES, CA 90044                              | 95-4666712     | 501(C)(3)                        | 0.                              | 5,047.   | PURCHASED   | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &               |
| UNC HEALTH CARE                                    |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 4400 EMPEROR BLVD                                  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| DURHAM, NC 27703                                   | 56-1118388     | 501(C)(3)                        | 0.                              | 1,324,360.                                     | PRICE   | SUPPLIES                               | PATIENTS                              |

 Schedule I (Form 990)
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 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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| (a) Name and address of organization or government                                  | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|---|----------------|----------------------------------|---------------------------------|--|---|--|--|
|   |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| UNDERGROUND FREE CLINIC   |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 12270 UNIVERSITY MALL COURT   |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| TAMPA, FL 33612   | 20 - 4722214   | 501(C)(3)                        | 0.                              | 9,440.   | PURCHASED   | 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)                        | ٥.                              | 114,760.                                       | PURCHASED   | EQUIPMENT                              | 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.                              | 20,217.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
| JNION COUNTY DEPARTMENT OF HUMAN  |                |                                  |                                 | <i>,</i>                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| SERVICES DIVISION OF PUBLIC HEALTH  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| - 2330 CONCORD AVENUE - MONROE, NC  |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| 28110   | 56-6000345     | 501(C)(3)                        | 0.                              | 153,770.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|   |                |                                  |                                 | ,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| UNION GOSPEL MISSION  |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 3211 IRVING BLVD  |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| DALLAS, TX 75247  | 75-6003612     | 501(C)(3)                        | 0.                              | 204,162.                                       | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                                |
| UNITED AMERICAN INDIAN INVOLVEMENT  |                |                                  |                                 | , -  | ESTIMATED   | ~<br>PHARMACEUTICALS                   | SUPPORT TO US CLINICS &                      |
| MEDICAL CLINIC - 1125 W. SIXTH  |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| STREET, STE. 103 - LOS ANGELES, CA  |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| 90017   | 95-2917933     | 501(C)(3)                        | 0.                              | 10,733.  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                                |
| UNITY HEALTH CARE, INC<br>1100 NEW JERSEY AVE, SE SUITE 500<br>WASHINGTON, DC 20003 | 52-1572431     | 501(C)(3)                        | 50,000.                         | 0.   |   |  | COVID19-US                                   |
|   |                |                                  |                                 | <b>`</b>                                       | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| JNITY HEALTH ON MAIN  |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 505C NORTH MAIN ST  |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| GREENVILLE, SC 29601  | 81-1080067     | 501(C)(3)                        | 0.                              | 6 417  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|   |                |                                  |                                 | •,,  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| UNIVERSAL COMMUNITY HEALTH CENTER   |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                           |
| 1005 E. WASHINGTON BLVD. #A   |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| Less L. MIDILLIGICIA DEVD. "11  |                | 1                                | 1                               | 1  | F,  | <i></i> ,                              | ren income, on income                        |

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| Part II Continuation of Grants and Other A         | Assistance to Do  | nestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa  | ırt II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
| UNIVERSAL COMMUNITY HEALTH CENTER                  |                   |                                  |                          |  |   |  |                                       |
| 2801 S. SAN PEDRO ST.                              |                   |                                  |                          |  |   |  |                                       |
| LOS ANGELES, CA 90011                              | 27-0600887        | 501(C)(3)                        | 187,500.                 | 0.   |   |  | COVID19-ABBOTT                        |
|  | 27 0000007        | 501(0/(5/                        | 107,500.                 | 0.   |   |  | SUPPORT TO US CLINICS &               |
| UNIVERSITY HEALTH SYSTEM                           |                   |                                  |                          |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| UNIVERSITY HOSPITAL - 4502 MEDICAL                 |                   |                                  |                          |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| DRIVE - SAN ANTONIO, TX 78229                      | 74-2335396        | 501(C)(3)                        | 0.                       | 11,200.  |   | EQUIPMENT                              | PATIENTS                              |
| SALVE SAW ANIONEO, IA 70223                        | 17 2333390        | 501(0/(5/                        | 0.                       | 11,200.  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| UNIVERSITY HOSPITAL AND CLINICS                    |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| INC 2390 W CONGRESS STREET -                       |                   |                                  |                          |  | PRICE   | , MEDICAL<br>SUPPLIES,                 |                                       |
|  | 46-2605366        | 501(0)(2)                        | 0.                       | <b>00 355</b>                                  | PURCHASED   |  | LOW-INCOME, UNINSURED<br>PATIENTS     |
| LAFAYETTE, LA 70506                                | 40-2005300        | 501(C)(3)                        | 0.                       | 00,355.  | PORCHASED   | EQUIPMENT<br>PHARMACEUTICALS           |                                       |
|  |                   |                                  |                          |  |   |  | SUPPORT TO US CLINICS                 |
| UNIVERSITY MEDICAL CENTER HEALTH                   |                   |                                  |                          |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| SYSTEM UMC HEALTH SYSTEM - 602                     | <b>FF</b> 4004060 |                                  |                          | 50 404   | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| INDIANA AVENUE - LUBBOCK, TX 79415                 | 75-1301362        | 501(C)(3)                        | 0.                       | 50,491.  |   | EQUIPMENT                              | PATIENTS                              |
| UNIVERSITY MEDICAL CENTER OF EL                    |                   |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| PASO UNIVERSITY MEDICAL CENTER -                   |                   |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 4815 ALAMEDA AVENUE - EL PASO, TX                  |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 79915  | 74-2540513        | 501(C)(3)                        | 0.                       | 91,478.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| UNIVERSITY MUSLIM MEDICAL                          |                   |                                  |                          |  |   |  |                                       |
| ASSOCIATI - 711 WEST FLORENCE AVE                  |                   |                                  |                          |  |   |  | AMERISOURCEBERGEN -                   |
| - LOS ANGELES, CA 90044                            | 95-4666712        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | INNOVATION AWARDS                     |
|  | JJ 4000/12        | 501(0/(5/                        | 50,000.                  | 0.   |   |  | INNOVATION AWANDS                     |
| UNIVERSITY OF COLORADO                             |                   |                                  |                          |  |   |  |                                       |
| 4107B SOUTH FEDERAL BLVD                           |                   |                                  |                          |  |   |  |                                       |
| ENGLEWOOD, CA 80111                                | 84-6000555        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| UNIVERSITY OF COLORADO HEMOPHILIA                  | 04 0000555        | 501(0/(5/                        | 50,000.                  | 0.   |   |  | SUPPORT TO US CLINICS                 |
| AND THROMBOSIS CENTER MILE HIGH                    |                   |                                  |                          |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| HEMOPHILIA SUM - 13199 EAST                        |                   |                                  |                          |  | WHOLESALE   |  |                                       |
|  | 84-6000555        | 501(C)(3)                        | 0.                       | 90,900.  |   | PHARMACEUTICALS                        | LOW-INCOME, UNINSURED<br>PATIENTS     |
| MONTVIEW BLVD - AURORA, CO 80045                   | 04-0000355        | 201(C)(2)                        | 0.                       | 90,900.  | FRICE   |  |                                       |
| JNIVERSITY OF MIAMI HEALTH SYSTEM                  |                   |                                  |                          |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| UNIVERSITY OF MIAMI HOSPITAL TOWER                 |                   |                                  |                          |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| - 1400 NW 12TH AVENUE - MIAMI, FL                  |                   |                                  |                          | 4 4 6  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| 33136  | 59-0624458        | 501(C)(3)                        | 0.                       | 1,127,507.                                     | PRICE   | EQUIPMENT                              | PATIENTS                              |

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| Part II Continuation of Grants and Other A         | Assistance to Dor | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa<br>T   | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                          |  |   |  | SUPPORT TO US CLINICS &               |
| UNIVERSITY OF TEXAS MEDICAL BRANCH                 |                   |                                  |                          |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| 301 UNIVERSITY BOULEVARD                           |                   |                                  |                          |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| GALVESTON, TX 77555                                | 74-6000949        |                                  | ٥.                       | 11,200.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| JPHAM'S CORNER HEALTH CENTER                       |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 15 COLUMBIA ROAD                                   |                   |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| DORCHESTER, MA 02125                               | 23-7211732        | 501(C)(3)                        | ٥.                       | 135,456.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| UPHAM'S CORNER HEALTH CENTER                       |                   |                                  |                          |  |   |  |                                       |
|  |                   |                                  |                          |  |   |  |                                       |
| 500 COLUMBIA ROAD                                  | 00 0011000        | F01(d)(2)                        | F0.000                   |  |   |  |                                       |
| DORCHESTER, MA 02125                               | 23-7211732        | 501(C)(3)                        | 50,000.                  | 0.   |   |  | COVID19-US                            |
| TODED WALLEY COMMINTER HEALEN                      |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| UPPER VALLEY COMMUNITY HEALTH                      |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| SERVICES - 20 NORTH 3RD EAST -                     |                   | 501 ( 0 ) ( 2 )                  |                          | 00 501   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| SAINT ANTHONY, ID 83445                            | 82-0527562        | 501(C)(3)                        | 0.                       | 82,531.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                   |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| UPSTATE FAMILY HEALTH CENTER, INC                  |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1001 NOYES STREET                                  | 45 4000520        | 501 ( 0 ) ( 2 )                  |                          | 126 644  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| UTICA, NY 13502                                    | 47-4829539        | 501(C)(3)                        | 0.                       | 136,644.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| URBAN HEALTH PLAN                                  |                   |                                  |                          |  |   |  |                                       |
| 1065 SOUTHERN BLVD                                 |                   |                                  |                          |  |   |  |                                       |
| BRONX, NY 10459                                    | 23-7360305        | 501(C)(3)                        | 100,000.                 | 0.   |   |  | CVS INCREASING IMMUNITY               |
| ,  |                   |                                  | ,                        |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| URBAN HEALTH PLAN, INC.                            |                   |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1065 SOUTHERN BLVD.                                |                   |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| BRONX, NY 10459                                    | 23-7360305        | 501(C)(3)                        | 0.                       | 601,662.                                       | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
| ·  |                   |                                  | 1                        | ,  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| URBAN INTER-TRIBAL CENTER OF TEXAS                 |                   |                                  |                          |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 1261 RECORD CROSSING ROAD                          |                   |                                  |                          |  | WHOLESALE   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| DALLAS, TX 75235                                   | 23-7156945        | 501(C)(3)                        | 0.                       | 135,742.                                       |   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                   |                                  | 1                        |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| UT SOUTHWESTERN MEDICAL CENTER                     |                   |                                  |                          |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 5323 HARRY HINES BLVD                              |                   |                                  |                          |  | WHOLESALE   | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| DALLAS, TX 75390                                   | 75-2556007        | 501(C)(3)                        | 0.                       | 315,360.                                       | PRICE   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |

| UTAH NALOXONE - ANDY'S<br>295 CHIPETA WAY<br>SALF LAKE CITY, UT \$4108<br>87-6000525 \$01(C)(3)<br>0. 605,181, FRICE<br>UTAH PARTNERS FOR HEALTH DBA<br>MID-VALLEY HEALTH CLINIC - 8446<br>SOUTH HARLSON STREET - MIDVALE,<br>UT \$4047<br>27-0021804 \$01(C)(3)<br>0. 56,488, FURCHASED FOR HEALTH<br>VALLEY HEALTH CLINIC - 8446<br>SOUTH HARLSON STREET - MIDVALE,<br>UT \$4047<br>27-0021804 \$01(C)(3)<br>0. 56,488, FURCHASED FOR HEALTH<br>VALLEY HEALTH CLINIC - 8446<br>SOUTH HARLSON STREET - MIDVALE,<br>UT \$4047<br>27-0021804 \$01(C)(3)<br>0. 56,488, FURCHASED FOR HEALTH<br>VALLEY LOWONARY MEDICAL GROUP<br>23928 LYONS AVE, SUTTE 203<br>NEWHALL, CA 91381<br>95-3643310 \$01(C)(3)<br>0. 72,403, FURCHASED FOR HEALTH<br>VALLEY LOWONARY MEDICAL<br>SUTH<br>WHOLESALE , MEDICAL<br>UT<br>VALLEY BLACH<br>VALLEY LOWONARY MEDICAL GROUP<br>23928 LYONS AVE, SUTTE 203<br>NEWHALL, CA 91381<br>95-3643310 \$01(C)(3)<br>0. 72,403, FURCHASED FOR HEALTH<br>VALLEY COMMUNITY HEALTHCARE<br>6801 COLDWATER CYN AVE<br>WHOLESALE , MEDICAL<br>VALLEY COMMUNITY HEALTHCARE<br>6801 COLDWATER CYN AVE<br>NORTH HOLLYWOOD, CA 91605<br>23-7050082 \$01(C)(3)<br>0. 174,045, FURCHASED FOR HARMACEUTICALS<br>VALLEY COMMUNITY HEALTHCARE<br>6801 COLDWATER CYN AVE<br>NORTH HOLLYWOOD, CA 91605<br>23-7050082 \$01(C)(3)<br>0. 174,045, FURCHASED FOR HARMACEUTICALS<br>VALLEY LEALTH ASSOCIATES<br>247 PAJARO STREET<br>SALINAS, CA 93901<br>77-0297577 501(C)(3)<br>0. 34,866, FRICE<br>VALLEY HEALTH TEAM, INC.<br>FOR SALINAS, CA 9360<br>94-2217261 501(C)(3)<br>0. 34,866, FRICE<br>SUPPLIES, LOW<br>WHOLESALE , MEDICAL<br>SUP<br>VALLEY HEALTH TEAM, INC.<br>FOR SALINAS, CA 93660<br>94-2217261 501(C)(3)<br>0. 34,866, FRICE<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUP   | Continuation of Grants and Other Ass | istance to Dor    | mestic Organizations | and Domestic Go | vernments (Sch | edule I (Form 990), Pa   | art II.)        |                                       |
|--|--------------------------------------|-------------------|----------------------|-----------------|----------------|--------------------------|-----------------|---------------------------------------|
| UTAH NALOXONE - ANDY'S<br>295 CHIPETA WAY<br>SALT LAKE CITY, UT 84108<br>87-6000525 501(C)(3)<br>0. 605,181, FRICE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WIDLESALE<br>WI           |                                      | <b>(b)</b> EIN    |                      |                 | non-cash       | valuation<br>(book, FMV, |                 | (h) Purpose of grant<br>or assistance |
| 295 CHIPETA NAY<br>SALT LAKE CITY, UT 84108 87-6000525 501(C)(3) 0. 605,181. PRICE SUPPLIES PAR<br>MID-VALLEY HEALTH DEAL<br>MID-VALLEY HEALTH CLINIC - 8446<br>SOUTH HARRISON STREET - MIDVALE,<br>UT 84047 27-0021804 501(C)(3) 0. 56,488. PURCHASED SQUIPMENT PAR<br>ALENCIA FULMONARY MEDICAL GROUP<br>23928 LYONS AVE, SUITE 203<br>NWHALL, CA 91381 95-3643310 501(C)(3) 0. 72,403. PURCHASED EQUIPMENT PAR<br>WHOLESALE , MEDICAL HEA<br>SUPPLIES, LOW<br>WHOLESALE BOUTHMENT PAR<br>ESTIMATED PRARACEUTICALS SUP<br>VALEDEL SOL<br>3007 NORTH 7TH STREET<br>PHORENIX, AZ 85014 86-0251255 501(C)(3) 0. 49,486. PURCHASED EQUIPMENT PAR<br>VALEY COMMUNITY HEALTHCARE<br>6801 COLDWATER CYN AVE<br>NORTH HOLLYNOOD, CA 91605 23-7050082 501(C)(3) 0. 174,045. PURCHASED EQUIPMENT PAR<br>VALLEY HEALTH TEAM, INC.<br>PAR CAPACED<br>VALLEY HEALTH TEAM, INC.<br>SAN JOAQUIN, CA 93600 94-2217261 501(C)(3) 50,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>1690 W, SHAW AVENUE  |                                      |                   |                      |                 |                |                          | PHARMACEUTICALS | SUPPORT TO US CLINICS &               |
| SALT LAKE CITY, UT 84108         87-6000525         501(C)(3)         0.         605,181.         PRICE         SUPPLIES         PAT           UTAR PARTNERS FOR HEALTH DEA         STIMATED         PHARMACEUTICALS SUP         PHARMACEUTICALS SUP         PHARMACEUTICALS SUP         SUPPLIES         SUP           SOUTH HARRISON STREET - MIDVALE,         27-0021804         501(C)(3)         0.         56,488.         PURCHASED         PURTNET         PAT           VALENCIA PULMONARY MEDICAL GROUP         27-0021804         501(C)(3)         0.         56,488.         PURCHASED         PUPPLIES,         LOW           VALENCIA PULMONARY MEDICAL GROUP         27-0021804         501(C)(3)         0.         72,403.         PURCHASED         PUPPLIES,         LOW           NEWHALL, CA 91381         95-3643310         501(C)(3)         0.         72,403.         PURCHASED         PUPMENT         PAT           VALLE DEL SOL         3001 NORTH 7TH STREET         PHOEDSILE         MHOLESALE         MHOLESALE         MHOLESALE         SUPPLIES,         LOW           VALLEY COMMUNITY HEALTHCARE         86-0251255         501(C)(3)         0.         49,466.         PURCHASED         PUTMENT         PAT           VALLEY COMMUNITY HEALTHCARE         8601         COLDMATER CYN AVE         S  | ALOXONE - ANDY'S                     |                   |                      |                 |                | ESTIMATED                | , OTHER,        | HEALTH CENTERS FOR                    |
| UTAH PARTNERS FOR HEALTH DBA<br>MID-VALEY HEALTH CLINIC - 8446<br>SOUTH HARRISON STREET - MIDVALE,<br>UT 84047 27-0021804 501(C)(3) 0. 56,488.PURCHASED EQUIPMENT PAT<br>VALENCIA PULMONARY MEDICAL GROUP<br>23928 LYONS AVE, SUITE 203<br>NEWHALL, CA 91381 95-3643310 501(C)(3) 0. 72,403.PURCHASED EQUIPMENT PAT<br>VALLE DEL SOL<br>3607 NORTH 7TH STREET<br>PHOENIX, AZ 85014 86-0251255 501(C)(3) 0. 49,486.PURCHASED EQUIPMENT PAT<br>PHOLESALE , MEDICAL HEA<br>PRICE, SUPPLIES, LOW<br>HHOLESALE , MEDICAL HEA<br>PRICE, SUPPLIES, LOW<br>HHOLESALE , MEDICAL HEA<br>PRICE, SUPPLIES, LOW<br>PHOLESALE , MEDICAL HEA<br>PRICE, SUPPLIES, LOW<br>PAT<br>VALLEY COMMUNITY HEALTHCARE<br>6801 COLDWATER CYN AVE<br>NORTH HOLLSWOOD, CA 91605 23-7050082 501(C)(3) 0. 174,045.PURCHASED EQUIPMENT PAT<br>VALLEY HEALTH ASSOCIATES<br>427 FAJARO STREET<br>SALINAS, CA 93901 77-0297577 501(C)(3) 0. 34,866.PRICE SUPPLIES PAT<br>VALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 50,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>F.O. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 50,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>F.O. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 50,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>F.O. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 50,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>F.O. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 50,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>F.O. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 50,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>F.O. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 50,000. 0.<br>SOUPLIES DE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 50,000   | IPETA WAY                            |                   |                      |                 |                | WHOLESALE                | MEDICAL         | LOW-INCOME, UNINSURED                 |
| MID-VALLEY HEALTH CLINIC - 8446<br>SOUTH HARRISON STREET - MIDVALE,<br>UT 84047 27-0021804 501(C)(3) 0. 56,488. PURCHASED EQUIPMENT PAT<br>SUPPLIES, LOW<br>WHOLESALE PURCHASED EQUIPMENT PAT<br>WHOLESALE SURFACED FOR PURCHASED EQUIPMENT PAT<br>WHOLESALE , MEDICAL GROUP<br>23928 LYONS AVE, SUITE 203<br>NEWHALL, CA 91381 95-3643310 501(C)(3) 0. 72,403. PURCHASED EQUIPMENT PAT<br>WALLEY LES SOL<br>3007 NORTH 7CH STREET<br>PHORENIX, AZ 85014 86-0251255 501(C)(3) 0. 49,486. PURCHASED EQUIPMENT PAT<br>VALLEY COMMUNITY HEALTHCARE<br>6601 COLDMATER CYN AVE<br>NORTH HOLLYWOOD, CA 91605 23-7050082 501(C)(3) 0. 174,045. FURCHASED EQUIPMENT PAT<br>VALLEY HEALTH ASSOCIATES<br>427 PAJARO STREET<br>PURCHASED SUPPLIES, LOW<br>WALLEY HEALTH TEAM, INC.<br>P. 0. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 56,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>P. 0. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 56,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>P. 0. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 56,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>P. 0. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 56,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>P. 0. BOX 737 21890 W, COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 56,000. 0.<br>VALLEY HEALTH TEAM, INC.  | AKE CITY, UT 84108                   | 87-6000525        | 501(C)(3)            | 0.              | 605,181.       | PRICE                    | SUPPLIES        | PATIENTS                              |
| SOUTH HARRISON STREET - MIDVALE,<br>UT 84047         27-0021804         501(C)(3)         0.         56,488.         PURCHASED         SUPPLIES,<br>BUTPMENT         LOW           VALENCIA FULMONARY MEDICAL GROUP<br>23928 LYONS AVE, SUITE 203         95-3643310         501(C)(3)         0.         72,403.         PURCHASED         SUPPLIES,<br>HEA<br>PRICE,         LOW           VALENCIA FULMONARY MEDICAL GROUP<br>23928 LYONS AVE, SUITE 203         95-3643310         501(C)(3)         0.         72,403.         PURCHASED         EQUIPMENT         PAT           VALLE DEL SOL<br>3807 NORTH 7TH STREET<br>PHOENIX, AZ 85014         95-0251255         501(C)(3)         0.         72,403.         PURCHASED         EQUIPMENT         PAT           VALLEY COMMUNITY HEALTHCARE<br>6010 COLDWATER CYN AVE<br>NORTH HOLLYWOOD, CA 91605         86-0251255         501(C)(3)         0.         174,045.         PURCHASED         EQUIPMENT         PAT           VALLEY HEALTH ASSOCIATES<br>4277 PAJARO STREET<br>SALINAS, CA 93901         77-0297577         501(C)(3)         0.         174,045.         PURCHASED         PURPLIES,<br>MHOLESALE         SUPPLIES<br>PAT           VALLEY HEALTH ASSOCIATES<br>4277 PAJARO STREET<br>SALINAS, CA 93901         77-0297577         501(C)(3)         0.         34,866.         PRICE         SUPPLIES         PAT           VALLEY HEALTH ASSOCIATES         SUPPLIES         501(C)(3) <t< td=""><td>ARTNERS FOR HEALTH DBA</td><td></td><td></td><td></td><td></td><td>ESTIMATED</td><td>PHARMACEUTICALS</td><td>SUPPORT TO US CLINICS &amp;</td></t<>  | ARTNERS FOR HEALTH DBA               |                   |                      |                 |                | ESTIMATED                | PHARMACEUTICALS | SUPPORT TO US CLINICS &               |
| UT 84047 27-0021804 501(C)(3) 0. 56,488. FURCHASED EQUIPMENT PAT<br>VALENCIA FULMONARY MEDICAL GROUP<br>23928 LYONS AVE, SUITE 203<br>NEWHALL, CA 91381 95-3643310 501(C)(3) 0. 72,403. FURCHASED EQUIPMENT PAT<br>VALLE DEL SOL<br>3807 NORTH 7TH STREET<br>PHOENIX, AZ 85014 86-0251255 501(C)(3) 0. 49,486. FURCHASED EQUIPMENT PAT<br>VALLEY COMMUNITY HEALTHCARE<br>6801 COLDWATER CYN AVE<br>NORTH HOLLYWOOD, CA 91605 23-7050082 501(C)(3) 0. 174,045. FURCHASED EQUIPMENT PAT<br>VALLEY HEALTH ASSOCIATES<br>427 FAJARO STREET<br>VALLEY HEALTH TEAM, INC.<br>F.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. FRICE EQUIPMENT PAT<br>VALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. FRICE EQUIPMENT PAT<br>VALLEY HEALTH HEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. FRICE EQUIPMENT PAT<br>VALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. FRICE EQUIPMENT PAT<br>VALLEY HEALTH HEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. FRICE EQUIPMENT PAT<br>VALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE   | LLEY HEALTH CLINIC - 8446            |                   |                      |                 |                | WHOLESALE                | , MEDICAL       | HEALTH CENTERS FOR                    |
| VALENCIA PULMONARY MEDICAL GROUP     SUP       VALENCIA PULMONARY MEDICAL GROUP     SUP       23928 LYONS AVE, SUITE 203     PS-3643310 501(C)(3)       NEWHALL, CA 91381     95-3643310 501(C)(3)       VALLE DEL SOL     SUPHAENL, CA 91381       VALLE DEL SOL     BSTIMATED       VALLE DEL SOL     WHOLESALE       VALLE DEL SOL     SUPPLIES       VALLE V COMMUNITY HEALTHCARE     B6-0251255 501(C)(3)       VALLEY COMMUNITY HEALTHCARE     BSTIMATED       PHARMACEUTICALS     SUP       VALLEY COMMUNITY HEALTHCARE     BSTIMATED       6801 COLDWATER CYN AVE     PRICE,       NORTH HOLLYWOOD, CA 91605     23-7050082 501(C)(3)     0.       VALLEY HEALTH ASSOCIATES     YNOLESALE     MEDICAL       427 PAJARO STREET     YNOLESALE     MEDICAL       SALINAS, CA 93901     77-0297577 501(C)(3)     0.       YALLEY HEALTH TEAM, INC.     SUPPLIES     SUPPLIES       P.O. BOX 737 21890 W. COLORADO AVEN     SUP     SUPPLIES       SAN JOAQUIN, CA 93660     94-2217261 501(C)(3)     50,000.     0.       YALLEY HEALTH TEAM, INC.     SUPPLIES     SUPPLIES       YALLEY HEALTH TEAM, INC.     SUPPLIES     SUPPLIES       YALLEY HEALTH TEAM, INC.     SUPPLIES     SUPPLIES       YALLEY HEALTH TEAM, INC.     SUPPLIES   | HARRISON STREET - MIDVALE,           |                   |                      |                 |                | PRICE,                   | SUPPLIES,       | LOW-INCOME, UNINSURED                 |
| VALENCIA PULMONARY MEDICAL GROUP<br>23928 LYONS AVE, SUITE 203<br>NEWHALL, CA 91381 95-3643310 501(C)(3) 0. 72,403. PURCHASED EQUIPMENT PAT<br>VALLE DEL SOL<br>VALLE DEL SOL<br>VALLE DEL SOL<br>VALLE DEL SOL<br>VALLEY COMMUNITY HEALTHCARE<br>6600 COLDWATER CYN AVE<br>NORTH HOLLYWOOD, CA 91605 23-7050082 501(C)(3) 0. 49,486. PURCHASED EQUIPMENT PAT<br>VALLEY HEALTH ASSOCIATES<br>4277 PAJARO STREET<br>VALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. PICCE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. PICCE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. PICCE<br>EQUIPMENT PAT<br>VALLEY HEALTH TEAM, INC.<br>PSAL HEALTH TEA   | 47                                   | 27-0021804        | 501(C)(3)            | ٥.              | 56,488.        | PURCHASED                | EQUIPMENT       | PATIENTS                              |
| 23928 LYONS AVE, SUITE 203<br>NEWHALL, CA 91381 95-3643310 501(C)(3) 0. 72,403. FURCHASED EQUIPMENT PAT<br>NEWHALL, CA 91381 95-3643310 501(C)(3) 0. 72,403. FURCHASED EQUIPMENT PAT<br>STIMATED PHARMACEUTICALS UP<br>WALLED DEL SOL<br>3007 NORTH 7TH STREET<br>PHOENIX, AZ 85014 86-0251255 501(C)(3) 0. 49,486. FURCHASED EQUIPMENT PAT<br>VALLEY COMMUNITY HEALTHCARE<br>6001 COLDWATER CYN AVE<br>NORTH HOLLYWOOD, CA 91605 23-7050082 501(C)(3) 0. 174,045. FURCHASED EQUIPMENT PAT<br>VALLEY HEALTH ASSOCIATES<br>427 PAJARO STREET<br>SALINAS, CA 93901 77-0297577 501(C)(3) 0. 34,866. PRICE SUPPLIES UPPLIES<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>FO. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. FRICE EQUIPMENT PAT   |                                      |                   |                      |                 |                | ESTIMATED                |                 | SUPPORT TO US CLINICS &               |
| NEWHALL, CA 91381 95-3643310 501(C)(3) 0. 72,403. PURCHASED EQUIPMENT PAT<br>VALLE DEL SOL<br>3807 NORTH 7TH STREET<br>PHOENIX, AZ 85014 86-0251255 501(C)(3) 0. 49,486. PURCHASED EQUIPMENT PAT<br>VALLEY COMMUNITY HEALTHCARE<br>6801 COLDWATER CYN AVE<br>NORTH HOLLYWOOD, CA 91605 23-7050082 501(C)(3) 0. 174,045. PURCHASED EQUIPMENT PAT<br>VALLEY HEALTH ASSOCIATES<br>427 PAJARO STREET<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 50,000. 0.<br>VALLEY HEALTH TEAM, INC.<br>F.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. PRICE EQUIPMENT PAT<br>VALLEY HEALTH TEAM, INC.<br>F.O. BOX 737 600 94-2217261 501(C)(3) 0. 5,600. PRICE EQUIPMENT PAT<br>VALLEY HEALTH TEAM, INC.<br>F.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. PRICE EQUIPMENT PAT<br>VALLEY HEALTH TEAM, INC.   | IA PULMONARY MEDICAL GROUP           |                   |                      |                 |                | WHOLESALE                |                 | HEALTH CENTERS FOR                    |
| NEWHALL, CA 91381         95-3643310         501(C)(3)         0.         72,403. PURCHASED         EQUIPMENT         PAT           VALLE DEL SOL         ESTIMATED         PHARMACEUTICALS         SUP           3807 NORTH 7TH STREET         PHOENIX, AZ 85014         86-0251255         501(C)(3)         0.         49,486. PURCHASED         SUPPLIES, LOW         NEDICAL         HEA           VALLEY COMMUNITY HEALTHCARE         86-0251255         501(C)(3)         0.         19,486. PURCHASED         PURTMENT         PAT           VALLEY COMMUNITY HEALTHCARE         86-0251255         501(C)(3)         0.         174,045. PURCHASED         PHARMACEUTICALS         SUP           VALLEY COMMUNITY HEALTHCARE         S01(C)(3)         0.         174,045. PURCHASED         QUIPMENT         PAT           VALLEY HEALTH ASSOCIATES         SUPPLIES         SUP         SUP         SUP           VALLEY HEALTH TEAM, INC.         FO. BOX 737 21890 W. COLORADA AVEN         SUPPLIES         SUP         SUP           SAN JOAQUIN, CA 93660         94-2217261         501(C)(3)         50,000.         0.         SUP           VALLEY HEALTH TEAM, INC.         SUP         ESTIMATED         HEA         SUP           Ison JOAQUIN, CA 93660         94-2217261         501(C)(3)   | LYONS AVE, SUITE 203                 |                   |                      |                 |                | PRICE,                   |                 | LOW-INCOME, UNINSURED                 |
| VALLE DEL SOL<br>VALLE DEL SOL<br>3807 NORTH 7TH STREET<br>PHOENIX, AZ 85014<br>86-0251255 501(C)(3)<br>0. 49,486. PURCHASED<br>PHOENIX, AZ 85014<br>86-0251255 501(C)(3)<br>0. 49,486. PURCHASED<br>ESTIMATED<br>PHARMACEUTICALS SUP<br>WHOLESALE<br>WHOLESALE<br>WHOLESALE<br>COUPMENT<br>PAT<br>SAULEY HEALTH ASSOCIATES<br>427 PAJARO STREET<br>SALINAS, CA 93901<br>77-0297577 501(C)(3)<br>0. 34,866. PRICE<br>VALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660<br>94-2217261 501(C)(3)<br>0. 5,600. PRICE<br>ESTIMATED<br>PHARMACEUTICALS SUP<br>WHOLESALE<br>WHOLESALE<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPP             | ,                                    | 95-3643310        | 501(C)(3)            | 0.              | 72,403.        | ,                        | EOUIPMENT       | ,<br>PATIENTS                         |
| VALLEY DEL SOL<br>3807 NORTH 7TH STREET<br>PHOENIX, AZ 85014<br>86-0251255 501(C)(3)<br>0. 49,486. PURCHASED<br>EQUIPMENT<br>VALLEY COMMUNITY HEALTHCARE<br>6801 COLDWATER CYN AVE<br>SNORTH HOLLYWOOD, CA 91605<br>23-7050082 501(C)(3)<br>0. 174,045. PURCHASED<br>EQUIPMENT<br>VALLEY HEALTH ASSOCIATES<br>427 FAJARO STREET<br>SALINAS, CA 93901<br>77-0297577 501(C)(3)<br>0. 34,866. PRICE<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SUPPLIES<br>SU | ,                                    |                   |                      |                 | , .            |                          |                 | SUPPORT TO US CLINICS &               |
| 3807 NORTH 7TH STREET<br>PHOENIX, AZ 85014Ref = 0251255S01(C)(3)PRICE,<br>49,486.<br>PURCHASEDSUPPLIES,<br>EQUIPMENTLOW<br>PATVALLEY COMMUNITY HEALTHCARE<br>6801 COLDWATER CYN AVE<br>NORTH HOLLYWOOD, CA 9160523-7050082S01(C)(3)0.174,045.<br>PURCHASEDPHARMACEUTICALS<br>PURCHASEDSUPPLIES,<br>LOW<br>WHOLESALE<br>WHOLESALE<br>SALINAS, CA 93901S01(C)(3)0.174,045.<br>PURCHASEDSUPPLIES,<br>PURCHASEDLOW<br>PURCHASEDVALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)0.50,000.<br>0.0.SUPPLIES<br>PURCHASEDSUPPLIES<br>PURCHASEDVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)50,000.<br>0.0.SUPPLIES<br>PURCHASEDSUPPLIES<br>PURCHASEDVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE94-2217261501(C)(3)0.5,600.<br>PICESUPPLIES<br>PURCHASEDSUPPLIES<br>PURCHASEDVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE94-2217261501(C)(3)0.5,600.<br>PICEPICEPURCHASED<br>PURCHASEDSUPPLIES<br>PURCHASEDVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE94-2217261501(C)(3)0.5,600.<br>PICEPICEPICEVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE94-2217261501(C)(3)0.5,600.<br>PICEPICEPICEVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE94-2217261501(C)(3)0.5,600.<br>PICEPICEPICE   | DEL SOL                              |                   |                      |                 |                | WHOLESALE                | MEDICAL         | HEALTH CENTERS FOR                    |
| PHOENIX, AZ 85014       86-0251255       501(C)(3)       0.       49,486.       PURCHASED       EQUIPMENT       PAT         VALLEY COMMUNITY HEALTHCARE       SUP       SUP       NHOLESALE       , MEDICAL       HEA         6801 COLDWATER CYN AVE       23-7050082       501(C)(3)       0.       174,045.       PURCHASED       EQUIPMENT       PAT         VALLEY HEALTH ASSOCIATES       23-7050082       501(C)(3)       0.       174,045.       PURCHASED       EQUIPMENT       PAT         VALLEY HEALTH ASSOCIATES       SALINAS, CA 93901       77-0297577       501(C)(3)       0.       34,866.       PRICE       SUPPLIES       PAT         VALLEY HEALTH TEAM, INC.       P.O. BOX 737 21890 W. COLORADO AVEN       SOI(C)(3)       50,000.       0.       COV       SUPPLIES       SUPPLIES       SUPPLIES       SUPPLIES       PAT         VALLEY HEALTH TEAM, INC.       SAN JOAQUIN, CA 93660       94-2217261       501(C)(3)       50,000.       0.       COV       SUPPLIES  |                                      |                   |                      |                 |                |                          | ,<br>SUPPLIES   | LOW-INCOME, UNINSURED                 |
| VALLEY COMMUNITY HEALTHCARE<br>6801 COLDWATER CYN AVE<br>NORTH HOLLYWOOD, CA 91605 23-7050082 501(C)(3) 0. 174,045. PURCHASED EQUIPMENT PAT<br>VALLEY HEALTH ASSOCIATES<br>427 PAJARO STREET<br>SALINAS, CA 93901 77-0297577 501(C)(3) 0. 34,866. PRICE SUPPLIES PAT<br>VALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. PRICE EQUIPMENT PAT<br>SUPPLIES PAT<br>VALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. PRICE EQUIPMENT PAT<br>SUPPLIES   |                                      | 86-0251255        | 501(C)(3)            | 0.              | 49 486.        | ,                        | ,               | ,<br>PATIENTS                         |
| VALLEY COMMUNITY HEALTHCARE<br>6801 COLDWATER CYN AVE<br>NORTH HOLLYWOOD, CA 91605 23-7050082 501(C)(3) 0. 174,045. PURCHASED EQUIPMENT PAT<br>VALLEY HEALTH ASSOCIATES<br>427 PAJARO STREET<br>SALINAS, CA 93901 77-0297577 501(C)(3) 0. 34,866. PRICE SUPPLIES PAT<br>VALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 50,000. 0. COV<br>VALLEY HEALTH TEAM, INC.<br>P.O. SHAW AVENUE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 50,000. 0. COV<br>VALLEY HEALTH TEAM, INC.<br>P.O. SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 50,000. 0. COV<br>VALLEY HEALTH TEAM, INC.  | ,                                    |                   |                      |                 |                |                          |                 | SUPPORT TO US CLINICS &               |
| 6801 COLDWATER CYN AVE<br>NORTH HOLLYWOOD, CA 9160523-7050082 501(C)(3)0.174,045.PRICE,<br>PURCHASEDLOW<br>EQUIPMENTDAT<br>PATVALLEY HEALTH ASSOCIATES<br>427 PAJARO STREET<br>SALINAS, CA 9390177-0297577 501(C)(3)0.34,866.PRICEWHOLESALE<br>MHOLESALEMEDICAL<br>LOW<br>PATVALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)50,000.0.COVVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)50,000.0.SUPVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)50,000.0.COVVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)0.5,600.PRICEEQUIPMENTVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)0.5,600.PRICEEQUIPMENT   | COMMUNITY HEALTHCARE                 |                   |                      |                 |                |                          |                 | HEALTH CENTERS FOR                    |
| NORTH HOLLYWOOD, CA 91605 23-7050082 501(C)(3) 0. 174,045. PURCHASED EQUIPMENT PAT<br>VALLEY HEALTH ASSOCIATES<br>427 PAJARO STREET<br>SALINAS, CA 93901 77-0297577 501(C)(3) 0. 34,866. PRICE SUPPLIES PAT<br>VALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 50,000. 0. COV<br>VALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 50,000. PRICE EQUIPMENT PAT  |                                      |                   |                      |                 |                |                          | <i>'</i>        | LOW-INCOME, UNINSURED                 |
| VALLEY HEALTH ASSOCIATES<br>427 PAJARO STREET<br>SALINAS, CA 93901 77-0297577 501(C)(3) 0. 34,866. PRICE SUPPLIES PAT<br>VALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 50,000. 0. COV<br>VALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. PRICE EQUIPMENT PAT   |                                      | 23-7050082        | 501(C)(3)            | 0.              | 174 045.       | ,                        | ,               | PATIENTS                              |
| VALLEY HEALTH ASSOCIATES<br>427 PAJARO STREET<br>SALINAS, CA 93901 77-0297577 501(C)(3) 0. 34,866. PRICE PHARMACEUTICALS HEAL<br>WHOLESALE , MEDICAL LOW<br>SALINAS, CA 93901 77-0297577 501(C)(3) 0. 34,866. PRICE SUPPLIES PAT<br>VALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 50,000. 0. COV<br>VALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. PRICE EQUIPMENT PAT  |                                      |                   |                      |                 |                |                          |                 | SUPPORT TO US CLINICS &               |
| 427 PAJARO STREET<br>SALINAS, CA 9390177-0297577501(C)(3)0.34,866. PRICE, MEDICAL<br>SUPPLIESLOW<br>PATVALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)50,000.0.COVVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)50,000.0.COV  | HEALTH ASSOCIATES                    |                   |                      |                 |                | ESTIMATED                | PHARMACEUTICALS | HEALTH CENTERS FOR                    |
| SALINAS, CA 9390177-0297577501(C)(3)0.34,866.PRICESUPPLIESPATVALLEY HEALTH TEAM, INC.<br>P.O. BOX 737 21890 W. COLORADO AVEN<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)50,000.0.COVVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)50,000.0.SUPPLIESSUPPLIESVALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 9366094-2217261501(C)(3)50,000.0.COV  |                                      |                   |                      |                 |                |                          |                 | LOW-INCOME, UNINSURED                 |
| VALLEY HEALTH TEAM, INC.         P.O. BOX 737 21890 W. COLORADO AVEN         SAN JOAQUIN, CA 93660       94-2217261 501(C)(3)         VALLEY HEALTH TEAM, INC.         1690 W. SHAW AVENUE         SAN JOAQUIN, CA 93660         94-2217261 501(C)(3)         0.         50,000.         0.         COV         VALLEY HEALTH TEAM, INC.         1690 W. SHAW AVENUE         SAN JOAQUIN, CA 93660         94-2217261 501(C)(3)         0.         5,600. PRICE         EQUIPMENT  |                                      | 77-0297577        | 501(C)(3)            | 0               | 34 866         |                          | ,               | PATIENTS                              |
| P.O. BOX 737 21890 W. COLORADO AVEN       94-2217261 501(C)(3)       50,000.       0.       cov         SAN JOAQUIN, CA 93660       94-2217261 501(C)(3)       50,000.       0.       cov         VALLEY HEALTH TEAM, INC.       ESTIMATED       HEA         1690 W. SHAW AVENUE       94-2217261 501(C)(3)       0.       5,600. PRICE       EQUIPMENT         SAN JOAQUIN, CA 93660       94-2217261 501(C)(3)       0.       5,600. PRICE       EQUIPMENT   | s, en 93901                          | 11 0251511        | 501(0/(5/            |                 | 54,000.        | INICH                    |                 |                                       |
| P.O. BOX 737 21890 W. COLORADO AVEN       94-2217261 501(C)(3)       50,000.       0.       COV         SAN JOAQUIN, CA 93660       94-2217261 501(C)(3)       50,000.       0.       SUP         VALLEY HEALTH TEAM, INC.       ESTIMATED       HEA         1690 W. SHAW AVENUE       WHOLESALE       LOW         SAN JOAQUIN, CA 93660       94-2217261 501(C)(3)       0.       5,600. PRICE       EQUIPMENT  | HEALTH TEAM INC                      |                   |                      |                 |                |                          |                 |                                       |
| SAN JOAQUIN, CA 93660       94-2217261       501(C)(3)       50,000.       0.       COV         VALLEY HEALTH TEAM, INC.       ESTIMATED       HEA         1690 W. SHAW AVENUE       94-2217261       501(C)(3)       0.       5,600.       PRICE       EQUIPMENT       PAT  | ,                                    |                   |                      |                 |                |                          |                 |                                       |
| VALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. PRICE EQUIPMENT PAT  |                                      | 94-2217261        | 501(C)(3)            | 50 000          | 0              |                          |                 | COVID19-US                            |
| VALLEY HEALTH TEAM, INC.<br>1690 W. SHAW AVENUE<br>SAN JOAQUIN, CA 93660 94-2217261 501(C)(3) 0. 5,600. PRICE EQUIPMENT PAT  |                                      | 54 221/201        | 501(0/(5/            |                 | ••             |                          |                 | SUPPORT TO US CLINICS &               |
| 1690 W. SHAW AVENUE     wholesale     LOW       SAN JOAQUIN, CA 93660     94-2217261     501(C)(3)     0.     5,600.     PRICE     EQUIPMENT     PAT   | HEALTH TEAM INC                      |                   |                      |                 |                | ͲႽͲͳϺϪͲϜϽ                |                 | HEALTH CENTERS FOR                    |
| SAN JOAQUIN, CA 93660         94-2217261         501(C)(3)         0.         5,600.         PRICE         EQUIPMENT         PAT   | ,                                    |                   |                      |                 |                |                          |                 |                                       |
|  |                                      | 04 2217261        | F(1)(2)(2)           | 0               | 5 600          |                          | FOUTDMEND       | LOW-INCOME, UNINSURED                 |
| VALLEY-WIDE HEALTH SYSTEMS INC.  | AQUIN, CA 33000                      | <u>74-221/201</u> | 501(0)(3)            | 0.              | 5,000.         | FRICE                    | EQUIPMENT.      | PATIENTS                              |
| VALUEI-WIDE READIN DISIERS INC.  | WIDE UEXIMU CYCMENC INC              |                   |                      |                 |                |                          |                 |                                       |
|  |                                      |                   |                      |                 |                |                          |                 |                                       |
| 128 MARTKET STREET<br>ALAMOSA, CO 81101 84-0706945 501(C)(3) 50,000. 0. COV  |                                      | 94 0700045        | E01(0)(2)            | F0 000          | _              |                          |                 | COVID19-US                            |

Schedule I (Form 990) DIRECT RELIEF

95-1831116 Page 1

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| VANDERBILT UNIVERSITY MEDICAL                      |                |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| CENTER - 1301 MEDICAL CENTER                       |                |                                  |                          |  | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| DRIVE, TVC B705 - NASHVILLE, TN                    |                |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| 37232  | 35-2528741     | 501(C)(3)                        | 0.                       | 9,576.   | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| VECINOS, INC. DBA VECINOS                          |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| FARMWORKER HEALTH PROGRAM - 3971                   |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| LITTLE SAVANNAH ROAD - CULLOWHEE,                  |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| NC 28723   | 57-1192063     | 501(C)(3)                        | 0.                       | 10,444.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| VEGA ALTA COMMUNITY HEALTH, INC.                   |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CARR. #2 KM 31.9 BO BAJARA                         |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VEGA ALTA, PR 00692                                | 66-0591650     |                                  | 0.                       | 69,666.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| VENICE FAMILY CLINIC.                              |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 604 ROSE AVENUE                                    |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VENICE, CA 90291                                   | 95-2769432     | 501(C)(3)                        | 0.                       | 186,106.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| VENTURA COUNTY MEDICAL CENTER                      |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 300 HILLMONT AVENUE                                |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VENTURA, CA 93003                                  | 47-1535937     | 501(C)(3)                        | 0.                       | 84,048.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  |   |  | SUPPORT TO US CLINICS                 |
| VENTURA COUNTY PUBLIC HEALTH                       |                |                                  |                          |  | ESTIMATED   |  | HEALTH CENTERS FOR                    |
| DEPARTMENT - 2240 GONZALES RD                      |                |                                  |                          |  | WHOLESALE   |  | LOW-INCOME, UNINSURED                 |
| DXNARD, CA 93035                                   | 95-6000944     | 501(C)(3)                        | 0.                       | 22,400.  | PRICE   | EQUIPMENT                              | PATIENTS                              |
| VERNON J. HARRIS EAST END CHC DBA                  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| 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.                       | 36,876.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |  |   |  |                                       |
| VIA CARE COMMUNITY HEALTH CENTER                   |                |                                  |                          |  |   |  |                                       |
| 312 N. AVENUE 63                                   |                |                                  |                          |  |   |  | COVID19-US,                           |
| LOS ANGELES, CA 90042                              | 80-0699156     | 501(C)(3)                        | 236,893.                 | 0.   |   |  | COVID19-ABBOTT                        |
|  |                |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS                 |
| VIA CARE COMMUNITY HEALTH CENTER                   |                |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 615 S ATLANTIC BLVD                                |                |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| LOS ANGELES, CA 90022                              | 80-0699156     | 501(C)(3)                        | 0.                       | 38,032.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |

| Schedule I (Form 990) DIRECT RELIEF                |                  |                                  |                          |  |   |  | 95-1831116 Page                       |
|--|------------------|----------------------------------|--------------------------|--|---|--|---------------------------------------|
| Part II Continuation of Grants and Other A         | Assistance to Do | mestic Organizations             | and Domestic Go          | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                               | 1                                     |
| (a) Name and address of organization or government | <b>(b)</b> EIN   | (c) IRC section<br>if applicable | (d) Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                  |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| VIDA MOBILE CLINIC                                 |                  |                                  |                          |  | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 10718 WHITE OAK AVENUE, UNIT 6                     |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| GRANADA HILLS, CA 91344                            | 81-4209248       | 501(C)(3)                        | 0.                       | 9,394.   | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
| VIEQUES EN RESCATE INC.                            |                  |                                  |                          |  |   |  |                                       |
| PO BOX 202   |                  |                                  |                          |  |   |  | CANCER TREATMENT                      |
| VIEQUES, PR 00765                                  | 66-0809135       | 501(C)(3)                        | 75,000.                  | 0.   |   |  | TRANSPORTATION PROGRAM                |
|  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| VIP COMMUNITY SERVICES INC.                        |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 770 EAST 176TH STREET                              |                  |                                  |                          |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| BRONX, NY 10460                                    | 13-3224700       | 501(C)(3)                        | 0.                       | 21,375.  | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          |  |   |  | SUPPORT TO US CLINICS &               |
| VIRGINIA HARM REDUCTION COALITION                  |                  |                                  |                          |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 1917 FRANKLIN ROAD SW                              |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| ROANOKE, VA 24014                                  | 83-2479145       | 501(C)(3)                        | 0.                       | 741,407.                                       | PRICE   | SUPPLIES                               | PATIENTS                              |
|  |                  |                                  |                          |  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| VIRGINIA UNITED INC. DBA PAGE FREE                 |                  |                                  |                          |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| CLINIC - 732 EAST MAIN STREET -                    |                  |                                  |                          |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| LURAY, VA 22835                                    | 27-1421176       | 501(C)(3)                        | 0.                       | 6,132.   | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| VISTA COMMUNITY CLINIC                             |                  |                                  |                          |  |   |  |                                       |
| 1000 VALE TERRACE DR                               |                  |                                  |                          |  |   |  |                                       |
| VISTA, CA 92084                                    | 95-2815615       | 501(C)(3)                        | 50,000.                  | ٥.   |   |  | COVID19-US                            |
|  |                  |                                  |                          |  |   |  | SUPPORT TO US CLINICS &               |
| VISTA COMMUNITY CLINIC                             |                  |                                  |                          |  | ESTIMATED   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 1000 VALE TERRACE DRIVE                            |                  |                                  |                          |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| VISTA, CA 92084                                    | 95-2815615       | 501(C)(3)                        | 0.                       | 8,347.   | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                  |                                  |                          | -  | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| VNA HEALTH CARE                                    |                  |                                  |                          |  | WHOLESALE   |  | HEALTH CENTERS FOR                    |
| 400 NORTH HIGHLAND AVENUE                          |                  |                                  |                          |  | PRICE,  | MEDICAL                                | LOW-INCOME, UNINSURED                 |
| AURORA, IL 60506                                   | 36-2182095       | 501(C)(3)                        | 0.                       | 9,245.   | PURCHASED   | SUPPLIES                               | PATIENTS                              |
| VOCES COALICION DE VACUNACION DE                   |                  |                                  |                          | · · ·  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| PUERTO RICO, INC PBM 290 JUAN C                    |                  |                                  |                          |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| BORBON STREET 37 - GUAYNABO, PR                    |                  |                                  |                          |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| ,            | 66-0798610       | 501(C)(3)                        | 0.                       | 23 753.  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |

| Part II Continuation of Grants and Other           |                | l                                |                                 | (  | T   | ,                                      | T  |
|--|----------------|----------------------------------|---------------------------------|--|---|--|--|
| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|  |                |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &                      |
| VOICES OF HOPE                                     |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 224 E. MAIN STREET                                 |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| ELKTON, MD 21921                                   | 47-3110713     | 501(C)(3)                        | 0.                              | 24,050.  | PRICE   | SUPPLIES                               | PATIENTS                                     |
|  |                |                                  |                                 |  |   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| OLUNTEER HEALTHCARE CLINIC                         |                |                                  |                                 |  | ESTIMATED   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 1215 MEDICAL PARKWAY                               |                |                                  |                                 |  | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| AUSTIN, TX 78756                                   | 74-6082464     | 501(C)(3)                        | 0.                              | 40,813.  | PRICE   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                 |  |   |  | SUPPORT TO US CLINICS &                      |
| VOLUNTEERS IN MEDICINE                             |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| 1195 W SAN ANTONIO ST                              |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| NEW BRAUNFELS, TX 78130                            | 26-2221231     | 501(C)(3)                        | 0.                              | 11,789.  | PRICE   | SUPPLIES                               | PATIENTS                                     |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| OLUNTEERS 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.                              | 296,944.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| VOLUNTEERS IN MEDICINE                             |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| 190 N PENNSYLVANIA AVE                             |                |                                  |                                 |  | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                        |
| WILKES BARRE, PA 18702                             | 20-3531527     | 501(C)(3)                        | 0.                              | 14,871.  | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                 |  | ESTIMATED   |  | SUPPORT TO US CLINICS &                      |
| OLUNTEERS IN MEDICINE                              |                |                                  |                                 |  | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                           |
| L039 SOUTH DUCHESNE                                |                |                                  |                                 |  | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                        |
| ST. CHARLES, MO 63301                              | 43-1791543     | 501(C)(3)                        | 0.                              | 28,137.  | PURCHASED   | SUPPLIES                               | PATIENTS                                     |
| · · · · · ·  |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| 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.                              | 321,840.                                       | PURCHASED   | EQUIPMENT                              | PATIENTS                                     |
|  |                |                                  |                                 |  |   |  |  |
| VOLUNTEERS IN MEDICINE CLINIC                      |                |                                  |                                 |  |   |  |  |
| 2300 NE NEFF ROAD                                  |                |                                  |                                 |  |   |  |  |
| BEND, OR 97701                                     | 93-1327847     | 501(C)(3)                        | 50,000.                         | Ο.   |   |  | COVID19-US                                   |
|  |                |                                  | · ·                             |  | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                      |
| VOLUNTEERS IN MEDICINE CLINIC OF                   |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                           |
| THE CASCADES - 2300 NE NEFF ROAD -                 |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                        |
| BEND, OR 97701                                     | 93-1327847     | 501(C)(3)                        | 0.                              |  | PURCHASED   | ,<br>EQUIPMENT                         | ,<br>PATIENTS                                |

| Schedule I (Form 990) DIRECT RELIEF  |                              |   |                                  |                                 |   |                             | 95-1831116 Page         |
|--|------------------------------|---|----------------------------------|---------------------------------|---|-----------------------------|-------------------------|
| Part II         Continuation of Grants and Other A           (a) Name and address of | Assistance to Doi<br>(b) EIN | nestic Organizations<br>(c) IRC section | and Domestic Go<br>(d) Amount of | vernments (Sch<br>(e) Amount of | edule I (Form 990), Pa                        | art II.) (g) Description of | (h) Purpose of grant    |
| organization or government   |                              | if applicable                           | cash grant                       | non-cash<br>assistance          | valuation<br>(book, FMV,<br>appraisal, other) | non-cash assistance         | or assistance           |
|  |                              |   |                                  |                                 | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| OLUNTEERS IN MEDICINE HILTON HEAD  |                              |   |                                  |                                 | WHOLESALE                                     | , MEDICAL                   | HEALTH CENTERS FOR      |
| SLAND - 15 NORTHRIDGE DRIVE -  |                              |   |                                  |                                 | PRICE,  | SUPPLIES,                   | LOW-INCOME, UNINSURED   |
| HILTON HEAD, SC 29926  | 57-0959206                   | 501(C)(3)                               | 0.                               | 329,829.                        | PURCHASED                                     | EQUIPMENT                   | PATIENTS                |
|  |                              |   |                                  |                                 | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| OLUNTEERS IN MEDICINE OF SOUTH   |                              |   |                                  |                                 | WHOLESALE                                     | , MEDICAL                   | HEALTH CENTERS FOR      |
| ERSEY - 423 N ROUTE 9 - CAPE MAY   |                              |   |                                  |                                 | PRICE,  | SUPPLIES,                   | LOW-INCOME, UNINSURED   |
| COURT HOUSE, NJ 08210  | 52-2257585                   | 501(C)(3)                               | 0.                               | 50,035.                         | PURCHASED                                     | EQUIPMENT                   | PATIENTS                |
|  |                              |   |                                  |                                 | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| OLUNTEERS IN MEDICINE OF SOUTHERN  |                              |   |                                  |                                 | WHOLESALE                                     | , MEDICAL                   | HEALTH CENTERS FOR      |
| NEVADA - 1240 NORTH MARTIN LUTHER  |                              |   |                                  |                                 | PRICE,  | SUPPLIES,                   | LOW-INCOME, UNINSURED   |
| ING BLVD - LAS VEGAS, NV 89106   | 39-2072453                   | 501(C)(3)                               | 0.                               | 135,644.                        | PURCHASED                                     | EQUIPMENT                   | PATIENTS                |
| OLUNTEERS IN MEDICINE SAN  |                              |   |                                  |                                 | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| RANCISCO DBA CLINIC BY THE BAY -   |                              |   |                                  |                                 | WHOLESALE                                     | , MEDICAL                   | HEALTH CENTERS FOR      |
| 877 MISSION STREET - SAN   |                              |   |                                  |                                 | PRICE,  | SUPPLIES,                   | LOW-INCOME, UNINSURED   |
| RANCISCO, CA 94112   | 26-2593712                   | 501(C)(3)                               | 0.                               | 60,867.                         | PURCHASED                                     | EQUIPMENT                   | PATIENTS                |
| VOLUNTEERS IN MEDICINE SO NEVADA   |                              |   |                                  |                                 |   |                             |                         |
| 1240 N MARTIN L KING BLVD  |                              |   |                                  |                                 |   |                             |                         |
| LAS VEGAS, NV 89106  | 39-2072453                   | 501(C)(3)                               | 50,000.                          | 0.                              |   |                             | COVID19-US              |
| AIANAE DISTRICT COMPREHENSIVE  |                              |   | , .                              |                                 | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| EALTH AND HOSPITAL BOARD DBA   |                              |   |                                  |                                 | WHOLESALE                                     | OTHER                       | HEALTH CENTERS FOR      |
| AIANAE COAST COMPR - 86-260  |                              |   |                                  |                                 | PRICE,  | ,<br>MEDICAL                | LOW-INCOME, UNINSURED   |
| ARRINGTON HIGHWAY - WAIANAE, HI  | 99-0148164                   | 501(C)(3)                               | 0.                               | 44 000.                         | PURCHASED                                     | SUPPLIES                    | PATIENTS                |
| ,  |                              |   |                                  |                                 |   | ,<br>PHARMACEUTICALS        | SUPPORT TO US CLINICS & |
| VASHINGTON STATE DEPARTMENT OF   |                              |   |                                  |                                 | ESTIMATED                                     | MEDICAL                     | HEALTH CENTERS FOR      |
| IEALTH - 111 ISRAEL RD SE -  |                              |   |                                  |                                 | WHOLESALE                                     | , SUPPLIES,                 | LOW-INCOME, UNINSURED   |
| UMWATER, WA 98501  | 91-1444603                   | 501(C)(3)                               | 0.                               | 1,480,070.                      |   | EQUIPMENT                   | PATIENTS                |
|  |                              |   |                                  | _,,                             | ESTIMATED                                     |                             | SUPPORT TO US CLINICS & |
| ATTS HEALTHCARE CORPORATION  |                              |   |                                  |                                 | WHOLESALE                                     | MEDICAL                     | HEALTH CENTERS FOR      |
| 0300 COMPTON AVENUE  |                              |   |                                  |                                 | PRICE,  | SUPPLIES,                   | LOW-INCOME, UNINSURED   |
| OS ANGELES, CA 90002   | 75-3046480                   | 501(C)(3)                               | 0.                               | 29 630                          | PURCHASED                                     | EQUIPMENT                   | PATIENTS                |
|  | ,5 5010100                   |   |                                  | 25,050.                         | ESTIMATED                                     | PHARMACEUTICALS             | SUPPORT TO US CLINICS & |
| AUKESHA FREE CLINIC  |                              |   |                                  |                                 | WHOLESALE                                     | MEDICAL                     | HEALTH CENTERS FOR      |
| 73 WISCONSIN AVENUE  |                              |   |                                  |                                 | PRICE,  | SUPPLIES                    | LOW-INCOME, UNINSURED   |
|  | 39-1273248                   | 501(C)(3)                               | 0.                               | 13 004                          | PURCHASED                                     | ,                           | PATIENTS                |
| WAUKESHA, WI 53186   | 33-12/3248                   |   | U.                               | ⊥2,924.                         | FORCHASED                                     | EQUIPMENT                   | LUITUNIO                |

| Part II Continuation of Grants and Other           | Assistance to Dor | nestic Organizations             | and Domestic Go                 | vernments (Sch                                 | edule I (Form 990), Pa  | art II.)                                      |                                       |
|--|-------------------|----------------------------------|---------------------------------|--|---|---|---------------------------------------|
| (a) Name and address of organization or government | <b>(b)</b> EIN    | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| WELCOMEHEALTH                                      |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 1100 NORTH WOOSLEY AVENUE                          |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| FAYETTEVILLE, AR 72703                             | 58-1691790        | 501(C)(3)                        | 0.                              | 9,803.   | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
| WELCOMEHEALTH                                      |                   |                                  |                                 |  |   |   |                                       |
| 1100 N. WOOLSEY AVE                                |                   |                                  |                                 |  |   |   |                                       |
| FAYETTEVILLE, AR 72703                             | 58-1691790        | 501(C)(3)                        | 25,000.                         | 0.   |   |   | COVID19-US                            |
| ,  |                   |                                  | ,                               |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| WELLNESS AND STRESS CLINIC OF                      |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| MEMPHIS - 3885 TCHULAHOMA ROAD -                   |                   |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                                | LOW-INCOME, UNINSURED                 |
| MEMPHIS, TN 38118                                  | 31-1672935        | 501(C)(3)                        | 0.                              | 48 971.  | PURCHASED   | ,<br>EQUIPMENT                                | ,<br>PATIENTS                         |
|  |                   |                                  |                                 |  | ESTIMATED   | ~<br>PHARMACEUTICALS                          | SUPPORT TO US CLINICS                 |
| WELLNESS POINTE                                    |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| 1011 E. WHALEY ST.                                 |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| LONGVIEW, TX 75601                                 | 75-2723993        | 501(C)(3)                        | 0.                              | 1,818,280.                                     |   | EQUIPMENT                                     | PATIENTS                              |
| , ,  |                   |                                  |                                 | _,010,200;                                     | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| WELLSPACE HEALTH                                   |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| 5321 STOCKTON BLVD                                 |                   |                                  |                                 |  | PRICE,  | SUPPLIES                                      | LOW-INCOME, UNINSURED                 |
| SACRAMENTO, CA 95820                               | 94-1713704        | 501(C)(3)                        | 0.                              | 319 286  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
| SACRAMENTO, CR 33020                               | 54 1/15/04        | 501(0/(5/                        | 0.                              | 545,200.                                       | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| WELVISTA   |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                    |
| 121 GREYSTONE BLVD                                 |                   |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| COLUMBIA, SC 29210                                 | 56-2034627        | 501(C)(3)                        | 0.                              | 22,884,747.                                    |   | EQUIPMENT                                     | PATIENTS                              |
|  | 50-2054027        | 501(0)(5)                        | 0.                              | 22,004,747.                                    | FORCHASED   | EQUIFMENT                                     | FAIIENIS                              |
| WELVISTA   |                   |                                  |                                 |  |   |   |                                       |
| 121 GREYSTONE BLVD                                 |                   |                                  |                                 |  |   |   | LILLY NAVIGATOR GRANT,                |
| COLUMBIA, SC 29210                                 | 56-2034627        | 501(C)(3)                        | 90,000.                         | 0.   |   |   | COVID19-US                            |
| COLOMBIA, SC 29210                                 | 50-2054027        | 501(C)(3)                        | 30,000.                         | υ.   | ESTIMATED   | PHARMACEUTICALS                               |                                       |
|  |                   |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | SUPPORT TO US CLINICS &               |
| WESLEY COMMUNITY AND HEALTH                        |                   |                                  |                                 |  |   | ,   | HEALTH CENTERS FOR                    |
| CENTERS - 1300 SOUTH 10TH STREET -                 | 96 0122770        | F01(0)(2)                        |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| PHOENIX, AZ 85034                                  | 86-0133770        | DUT(C)(D)                        | 0.                              | 475,442.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |
|  |                   |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &               |
| WEST CECIL HEALTH CENTER, INC.                     |                   |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                    |
| 49 ROCK SPRINGS ROAD                               |                   |                                  |                                 | <b>_</b>                                       | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                 |
| CONOWINGO, MD 21918                                | 20-5860113        | 501(C)(3)                        | 0.                              | 51,345.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                              |

 Schedule I (Form 990)
 DIRECT RELIEF

 Part II
 Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

95-1831116 Page 1

| (a) Name and address of organization or government                                      | <b>(b)</b> EIN | (c) IRC section<br>if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance |
|---|----------------|----------------------------------|---------------------------------|--|---|---|--|
|   |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| WEST HAWAII COMMUNITY HEALTH  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| CENTER - 75-5751 KUAKINI HIGHWAY -  |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| KAILUA KONA, HI 96740   | 20-0495394     | 501(C)(3)                        | 0.                              | 720,319.                                       | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
|   |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| WEST VIRGINIA HEALTH RIGHT  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 1520 EAST WASHINGTON STREET   |                |                                  |                                 |  | PRICE,  | SUPPLIES,                                     | LOW-INCOME, UNINSURED                        |
| CHARLESTON, WV 25311  | 31-1066881     | 501(C)(3)                        | ٥.                              | 55,160.  | PURCHASED   | EQUIPMENT                                     | PATIENTS                                     |
| WEST VIRGINIA HEALTH RIGHT INC.<br>1520 WASHINGTON STREET, EAST<br>CHARLESTON, WV 25311 | 31-1066881     | 501(C)(3)                        | 50,000.                         | 0.   |   |   | COVID19-US                                   |
| ,   |                |                                  | ,                               |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| WESTERN OKLAHOMA FAMILY CARE  |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| CENTER - 609 WEST AVE. E - ELK  |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                                | LOW-INCOME, UNINSURED                        |
| CITY, OK 73644  | 26-1284785     | 501(C)(3)                        | ٥.                              | 139,866.                                       | ,<br>PURCHASED  | ,<br>EQUIPMENT                                | ,<br>PATIENTS                                |
|   |                |                                  |                                 | <b>/</b>                                       | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| WESTERN SIERRA MEDICAL CLINIC   |                |                                  |                                 |  | WHOLESALE   | MEDICAL                                       | HEALTH CENTERS FOR                           |
| 844 OLD TUNNEL ROAD   |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                                | LOW-INCOME, UNINSURED                        |
| GRASS VALLEY, CA 95945  | 94-2279011     | 501(C)(3)                        | ٥.                              | 164 809.                                       | ,<br>PURCHASED  | ,<br>EQUIPMENT                                | ,<br>PATIENTS                                |
| ,   |                |                                  |                                 | <b>/</b>                                       |   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| WESTERN TIDEWATER FREE CLINIC   |                |                                  |                                 |  | ESTIMATED   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| PHARMACY - 2019 MEADE PARKWAY -   |                |                                  |                                 |  | WHOLESALE   | ,<br>SUPPLIES,                                | LOW-INCOME, UNINSURED                        |
| SUFFOLK, VA 23434   | 26-3302837     | 501(C)(3)                        | ٥.                              | 79,376.  | PRICE   | ,<br>EOUIPMENT                                | ,<br>PATIENTS                                |
|   |                |                                  |                                 | , ,  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| WESTMINSTER FREE CLINIC   |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 2103 MONTROSE AVENUE, STE. E  |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                                | LOW-INCOME, UNINSURED                        |
| MONTROSE, CA 91020  | 77-0563241     | 501(C)(3)                        | 0.                              | 410,810.                                       | ,<br>PURCHASED  | ,<br>EQUIPMENT                                | ,<br>PATIENTS                                |
|   |                |                                  |                                 |  | ESTIMATED   | PHARMACEUTICALS                               | SUPPORT TO US CLINICS &                      |
| WESTSIDE FAMILY HEALTH CENTER   |                |                                  |                                 |  | WHOLESALE   | , MEDICAL                                     | HEALTH CENTERS FOR                           |
| 1711 OCEAN PARK BLVD  |                |                                  |                                 |  | PRICE,  | ,<br>SUPPLIES,                                | LOW-INCOME, UNINSURED                        |
| SANTA MONICA, CA 90405  | 95-2931931     | 501(C)(3)                        | 0.                              | 36,233.  | PURCHASED   | ,<br>EQUIPMENT                                | PATIENTS                                     |
| WESTSIDE FAMILY HEALTH CENTER<br>3861 SEPULVEDA BLVD                                    |                |                                  |                                 |  |   |   | BD AWARDS PROGRAM,                           |
| CULVER CITY, CA 90230   | 95-2931931     | 501(C)(3)                        | 150,000.                        | Ο.   |   |   | COVID19-US                                   |

| Schedule I (Form 990)         DIRECT RELIEF           Part II         Continuation of Grants and Other A | Assistance to Do | mestic Organizations             | and Domestic Go          | vernments (Sch                          | edule I (Form 990) P:  | art II )                                  | 95-1831116 Pag                        |
|--|------------------|----------------------------------|--------------------------|---|--|---|---------------------------------------|
| (a) Name and address of organization or government   | (b) EIN          | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | (h) Purpose of grant<br>or assistance |
| WESTSIDE FAMILY HEALTHCARE   |                  |                                  |                          |   |  |   |                                       |
| 300 WATER STREET SUITE 200   |                  |                                  |                          |   |  |   | ABBVIE PUERTO RICO                    |
|  | 22-2488654       | 501(0)(2)                        | 262,600.                 | 0.                                      |  |   | PROGRAM                               |
| VILMINGTON, DE 19801   | 22-2400054       | 501(C)(3)                        | 202,000.                 | 0.                                      |  |   |                                       |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| HATLEY HEALTH SERVICES, INC.   |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 731 M. L. KING, JR. BLVD   |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| USCALOOSA, AL 35401  | 63-0727781       | 501(C)(3)                        | 0.                       | 65,249.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS &               |
| HEELING HEALTH RIGHT   |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 51-29TH STREET   |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| HEELING, WV 26003  | 31-1149085       | 501(C)(3)                        | 0.                       | 162,011.                                | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| HITE BIRD CLINIC   |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 41 E. 12TH AVENUE  |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| UGENE, OR 97401  | 93-0585814       | 501(C)(3)                        | 0.                       | 40,946.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |
| HITE MOUNTAIN APACHE TRIBE   |                  |                                  |                          |   |  |   | SUPPORT TO US CLINICS                 |
| MERGENCY OPERATIONS CENTER - 612   |                  |                                  |                          |   | ESTIMATED  |   | HEALTH CENTERS FOR                    |
| . CHIEF AVENUE - WHITERIVER, AZ  |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                   | LOW-INCOME, UNINSURED                 |
| 5941   | 00-000000        |                                  | 0.                       | 38,350.                                 | PRICE  | SUPPLIES                                  | PATIENTS                              |
|  |                  |                                  |                          | ,                                       | ESTIMATED  |   | SUPPORT TO US CLINICS &               |
| HITERIVER INDIAN HOSPITAL  |                  |                                  |                          |   | WHOLESALE  | MEDICAL                                   | HEALTH CENTERS FOR                    |
| 00 W HOSPITAL DRIVE  |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| HITERIVER, AZ 85941  | 86-0212139       |                                  | 0.                       | 42 954.                                 | PURCHASED  | ,<br>EQUIPMENT                            | ,<br>PATIENTS                         |
|  |                  |                                  |                          | ,>014                                   |  |   |                                       |
| WHITNEY M. YOUNG JR. HEALTH CTR  |                  |                                  |                          |   |  |   |                                       |
| PO BOX 447   |                  |                                  |                          |   |  |   |                                       |
| WATERVLIET, NY 12189   | 13-2922147       | 501(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |
|  | 15 2522117       |                                  |                          | 0.                                      |  |   |                                       |
| WHITTIER STREET HEALTH CENTER  |                  |                                  |                          |   |  |   |                                       |
|  | Ļ                |                                  |                          |   |  |   |                                       |
| 290 TREMONT STREET FREDERICA M. W  |                  | E01(0)(2)                        | E0.000                   | •                                       |  |   |                                       |
| OXBURY, MA 02120   | 04-2619517       | SOT(C)(3)                        | 50,000.                  | 0.                                      |  |   | COVID19-US                            |
|  |                  |                                  |                          |   | ESTIMATED  | PHARMACEUTICALS                           | SUPPORT TO US CLINICS                 |
| HOLE FAMILY HEALTH CENTER  |                  |                                  |                          |   | WHOLESALE  | , MEDICAL                                 | HEALTH CENTERS FOR                    |
| 81 37TH PLACE  |                  |                                  |                          |   | PRICE,   | SUPPLIES,                                 | LOW-INCOME, UNINSURED                 |
| VERO BEACH, FL 32960   | 65-0715258       | 501(C)(3)                        | 0.                       | 27,634.                                 | PURCHASED  | EQUIPMENT                                 | PATIENTS                              |

Schedule I (Form 990) DIRECT RELIEF

95-1831116 Page 1

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of<br>non-cash<br>assistance | <b>(f)</b> Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance |
|--|----------------|----------------------------------|--------------------------|---|---|--|---------------------------------------|
|  |                |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| WILDFLOWER HEALTHCARE                              |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| 268 HERBERT STREET                                 |                |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| ST. AUGUSTINE, FL 32084                            | 52-2125419     | 501(C)(3)                        | 0.                       | 132,397.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| WILL COUNTY COMMUNITY HEALTH                       |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | HEALTH CENTERS FOR                    |
| CENTER - 1106 NEAL AVENUE -                        |                |                                  |                          |   | PRICE,  | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| JOLIET, IL 60433                                   | 36-3971168     | 501(C)(3)                        | 0.                       | 14,204.                                 | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| WILL-GRUNDY MEDICAL CLINIC                         |                |                                  |                          |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 213 CASS STREET                                    |                |                                  |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| JOLIET, IL 60432                                   | 36-3492306     | 501(C)(3)                        | 0.                       | 22,762.                                 | ,<br>PURCHASED  | ,<br>EQUIPMENT                         | ,<br>PATIENTS                         |
|  |                |                                  |                          | ,                                       | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| WILLIAM F. RYAN COMMUNITY HEALTH                   |                |                                  |                          |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| CENTER - 110 WEST 97TH STREET -                    |                |                                  |                          |   | PRICE,  | ,<br>SUPPLIES,                         | LOW-INCOME, UNINSURED                 |
| NEW YORK, NY 10025                                 | 13-2884976     | 501(C)(3)                        | 0.                       | 129 150.                                | PURCHASED   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          | ,                                       |   |  | ABBVIE PR INFRASTRUCTURE              |
| WILLIAM F. RYAN COMMUNITY HLTH CTR                 |                |                                  |                          |   |   |  | EQUIPMENT, ABBVIE PR                  |
| 110 W. 97TH STREET                                 |                |                                  |                          |   |   |  | MOBILE HEALTH, ABBVIE PH              |
| NEW YORK, NY 10025                                 | 13-2884976     | 501(C)(3)                        | 193,800.                 | 0.                                      |   |  | TELEHEALTH, ABBVIE PR                 |
|  | 15 2004570     | 501(0)(3)                        | 195,000.                 |   | ESTIMATED   | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &               |
| WILLING HELPERS MEDICAL INC.                       |                |                                  |                          |   | WHOLESALE   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 4186 MILL STREET SUITE A                           |                |                                  |                          |   | PRICE,  | , MEDICAL<br>SUPPLIES,                 |                                       |
|  | 56-2602392     | 501(0)(2)                        | 0.                       | 295 201                                 | PURCHASED   | EQUIPMENT                              | LOW-INCOME, UNINSURED<br>PATIENTS     |
| COVINGTON, GA 30014                                | 50-2002552     | 501(C)(3)                        | · · ·                    | 385,301.                                | FURCHASED   | EQUIPMENT                              | SUPPORT TO US CLINICS &               |
|  |                |                                  |                          |   | ESTIMATED   | MEDICAL                                |                                       |
| WINTERS HEALTHCARE                                 |                |                                  |                          |   |   | MEDICAL                                | HEALTH CENTERS FOR                    |
| 172 E. GRANT AVENUE                                |                | 501 ( 3) ( 2)                    |                          | C 050                                   | WHOLESALE   | SUPPLIES,                              | LOW-INCOME, UNINSURED                 |
| WINTERS, CA 95694                                  | 68-0454670     | 501(C)(3)                        | 0.                       | 6,850.                                  | PRICE   | EQUIPMENT                              | PATIENTS                              |
|  |                |                                  |                          |   |   |  | SUPPORT TO US CLINICS &               |
| WOMEN WITH A VISION                                |                |                                  |                          |   | ESTIMATED   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 1226 N BROAD ST                                    |                |                                  |                          |   | WHOLESALE   | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| NEW ORLEANS, LA 70119                              | 72-1202185     | 501(C)(3)                        | 0.                       | 159,316.                                |   | SUPPLIES                               | PATIENTS                              |
|  |                |                                  |                          |   | ESTIMATED   |  | SUPPORT TO US CLINICS &               |
| WOVEN HEALTH                                       |                |                                  |                          |   | WHOLESALE   | PHARMACEUTICALS                        | HEALTH CENTERS FOR                    |
| 1 MEDICAL PARKWAY                                  |                |                                  |                          |   | PRICE,  | , MEDICAL                              | LOW-INCOME, UNINSURED                 |
| FARMERS BRANCH, TX 75234                           | 75-2616002     | 501(C)(3)                        | 0.                       | 139,180.                                | PURCHASED   | SUPPLIES                               | PATIENTS                              |

| (a) Name and address of organization or government | <b>(b)</b> EIN | (c) IRC section<br>if applicable | (d) Amount of cash grant | (e) Amount of non-cash | <b>(f)</b> Method of valuation   | (g) Description of non-cash assistance | (h) Purpose of grant<br>or assistance         |
|--|----------------|----------------------------------|--------------------------|------------------------|----------------------------------|--|---|
|  |                |                                  |                          | assistance             | (book, FMV,<br>appraisal, other) |  |   |
| YOMING PRIMARY CARE ASSOCIATION                    |                |                                  |                          |                        |                                  |  | SUPPORT TO US CLINICS &<br>HEALTH CENTERS FOR |
| L604 PIONEER AVE                                   |                |                                  |                          |                        | PURCHASED                        | MEDICAL                                | LOW-INCOME, UNINSURED                         |
| CHEYENNE, WY 82001                                 | 83-0317641     | 501(C)(3)                        | 0.                       | 8,856.                 |                                  | SUPPLIES                               | PATIENTS                                      |
| AKIMA NEIGHBORHOOD HEALTH                          |                |                                  |                          |                        |                                  |  |   |
| SERVICES - 12 SOUTH 8TH ST PO BOX                  |                |                                  |                          |                        |                                  |  |   |
| 2605 - YAKIMA, WA 98907-2605                       | 91-0928817     | 501(C)(3)                        | 50,000.                  | 0.                     |                                  |  | COVID19-US                                    |
| ,  |                |                                  |                          | -                      | ESTIMATED                        |  | SUPPORT TO US CLINICS &                       |
| UROK TRIBE   |                |                                  |                          |                        | WHOLESALE                        | MEDICAL                                | HEALTH CENTERS FOR                            |
| 190 KLAMATH BLVD                                   |                |                                  |                          |                        | PRICE,                           | SUPPLIES,                              | LOW-INCOME, UNINSURED                         |
| KLAMATH, CA 95548                                  | 68-0178020     |                                  | 0.                       | 31,005.                | PURCHASED                        | ,<br>EQUIPMENT                         | ,<br>PATIENTS                                 |
| ,  |                |                                  |                          |                        | ESTIMATED                        | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                       |
| ZAREPHATH HEALTH CENTER                            |                |                                  |                          |                        | WHOLESALE                        | , MEDICAL                              | HEALTH CENTERS FOR                            |
| 595 WESTON CANAL ROAD                              |                |                                  |                          |                        | PRICE,                           | SUPPLIES,                              | LOW-INCOME, UNINSURED                         |
| SOMERSET, NJ 08873                                 | 31-1812810     | 501(C)(3)                        | 0.                       | 463,906.               | PURCHASED                        | EQUIPMENT                              | PATIENTS                                      |
| ZUFALL HEALTH CENTER                               |                |                                  |                          |                        |                                  |  |   |
| 18 WEST BLACKWELL STREET                           |                |                                  |                          |                        |                                  |  | BD AWARDS PROGRAM, PFIZE                      |
| DOVER, NJ 08876                                    | 22-3125397     | 501(C)(3)                        | 400,000.                 | Ο.                     |                                  |  | INFECTIOUS DISEASE AWARD                      |
|  |                |                                  |                          |                        | ESTIMATED                        | PHARMACEUTICALS                        | SUPPORT TO US CLINICS &                       |
| ZUFALL HEALTH CENTER DOVER                         |                |                                  |                          |                        | WHOLESALE                        | , MEDICAL                              | HEALTH CENTERS FOR                            |
| 18 WEST BLACKWELL                                  |                |                                  |                          |                        | PRICE,                           | SUPPLIES,                              | LOW-INCOME, UNINSURED                         |
| DOVER, NJ 07801                                    | 22-3125397     | 501(C)(3)                        | 0.                       | 59,919.                | PURCHASED                        | EQUIPMENT                              | PATIENTS                                      |
|  |                |                                  |                          |                        |                                  |  |   |
|  |                |                                  |                          |                        |                                  |  |   |
|  |                |                                  |                          |                        |                                  |  |   |
|  |                |                                  |                          |                        |                                  |  |   |
|  |                |                                  |                          |                        |                                  |  |   |
|  |                |                                  |                          |                        |                                  |  |   |
|  |                |                                  |                          |                        |                                  |  |   |
|  |                |                                  |                          |                        |                                  |  |   |
|  |                | •                                |                          |                        |                                  |  | •   |

Schedule I (Form 990) 2020

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. Part III can be duplicated if additional space is needed.

| (b) Number of recipients | (c) Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|
|                          |                             |                                       |   |                                       |
| 1                        | 104,000.                    | ٥.                                    |   |                                       |
|                          |                             |                                       |   |                                       |
|                          |                             |                                       |   |                                       |
|                          |                             |                                       |   |                                       |
|                          |                             |                                       |   |                                       |
|                          |                             |                                       |   |                                       |
|                          |                             |                                       |   |                                       |
|                          |                             |                                       |   |                                       |
|                          |                             |                                       |   |                                       |
|                          | (b) Number of recipients    | recipients cash grant                 | recipients cash grant cash assistance                           |                                       |

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

DIRECT RELIEF

OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT:

ASIAN AMERICAN HEALTH COALITION DBA HOPE CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: ASYLUM-SEEKERS SHELTER HEALTH PROGRAM

(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: BARRIER ISLANDS FREE MEDICAL CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: BEE BUSY WELLNESS CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: BETHESDA FREE HEALTH CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

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NAME OF ORGANIZATION OR GOVERNMENT: BIG SUR HEALTH CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

BOND COMMUNITY HEALTH CENTER YOURX PHARMACY @ BONDCHC

(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: BROWNSVILLE COMMUNITY HEALTH CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

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: CAMUY HEALTH SERVICES, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ABBVIE PR INFRASTRUCTURE, EQUIPMENT

ABBVIE PR TELEHEALTH, ABBVIE PR EMERGENCY PREP & RESP, COVID19-US,

HURRICANE COMMUNITY HEALTH FUND, ABBVIE PR INFRASTRUCTURE, EQUIPMENT

ABBVIE PR MOBILE HEALTH

NAME OF ORGANIZATION OR GOVERNMENT: CAMUY HEALTH SERVICES, INC.

Schedule I (Form 990)

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(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: CAPE FEAR CLINIC, INC

(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:

CENTRO SALUD FAMILIAR DR. JULIO PALMIERI FERRI, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: CHARIS HEALTH CENTER

(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: CLAIBORNE COUNTY FAMILY HEALTH CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

032291 04-01-20

NAME OF ORGANIZATION OR GOVERNMENT: CLINICA COMUNITARIA MAMEYES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: COASTAL FAMILY HEALTH CENTER

(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: COMMUNITY HEALTH CARE SYSTEMS

(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:

COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

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#### Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH FDN OF PR INC

(H) PURPOSE OF GRANT OR ASSISTANCE: ABBVIE PR INFRASTRUCTURE, EQUIPMENT,

ABBVIE PR MOBILE HEALTH, ABBVIE PR TELEHEALTH, ABBVIE PR EMERGENCY PREP &

RESP, COVID19-US

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH NORTHWEST FLORIDA

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH OF SOUTH FLORIDA

(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: CONCILIO DE SALUD INTEGRAL DE LOIZA

(H) PURPOSE OF GRANT OR ASSISTANCE: ABBVIE PR INFRASTRUCTURE, EQUIPMENT,

ABBVIE PR TELEHEALTH, ABBVIE PR EMERGENCY PREP & RESP, COVID19-US

NAME OF ORGANIZATION OR GOVERNMENT:

CONCILIO DE SALUD INTEGRAL DE LOIZA, INC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: COSSMA, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

Schedule I (Form 990)

272 2020.05080 DIRECT RELIEF SUPPLIES, EQUIPMENT

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:

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: DIVERSITY HEALTH CENTER, INC.

(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: FETTER HEALTH CARE NETWORK

(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

032291 04-01-20

NAME OF ORGANIZATION OR GOVERNMENT:

#### FORT BEND FAMILY HEALTH CENTER ACCESSHEALTH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: FRANKLIN PRIMARY 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: FRONTERA HEALTHCARE NETWORK

(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: HARRIS COUNTY PUBLIC HEALTH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH AND HOPE CLINIC, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

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NAME OF ORGANIZATION OR GOVERNMENT: HEALTH SERVICE ALLIANCE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTHCARE NETWORK OF SOUTHWEST FLORIDA COLLIER HEALTH SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: HPM FOUNDATION HEALTHPRO MED

(H) PURPOSE OF GRANT OR ASSISTANCE: ABBVIE PR INFRASTRUCTURE, EQUIPMENT,

ABBVIE PR MOBILE HEALTH, ABBVIE PR EMERGENCY PREP & RESP, COVID19-US

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: LA CLINICA COMMUNITY PHARMACY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: LAGUNA BEACH COMMUNITY CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: LESTONNAC FREE CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

Schedule I (Form 990)

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275 2020.05080 DIRECT RELIEF 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: MARTIN LUTHER KING 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: MERCI CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: MIAMI BEACH COMMUNITY HEALTH CENTER

(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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: MOROVIS COMMUNITY HEALTH CENTER

Schedule I (Form 990)

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DIRECT RELIEF

# Part IV Supplemental Information (H) PURPOSE OF GRANT OR ASSISTANCE: ABBVIE PR INFRASTRUCTURE, EQUIPMENT ABBVIE PR MOBILE HEALTH, ABBVIE PR EMERGENCY PREP & RESP, COVID19-US 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: NORTH MIAMI BEACH MEDICAL CENTER MERCY MOBILE CLINIC (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: PRYMED MEDICAL CARE, INC (H) PURPOSE OF GRANT OR ASSISTANCE: ABBVIE PR INFRASTRUCTURE, EQUIPMENT, ABBVIE PR TELEHEALTH, ABBVIE PR EMERGENCY PREP & RESP, COVID19-US NAME OF ORGANIZATION OR GOVERNMENT: PRYMED MEDICAL CARE, INC. (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

Schedule I (Form 990)

277 2020.05080 DIRECT RELIEF DIRECT RELIEF

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: REDWOODS RURAL HEALTH CENTER INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

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:

ROANOKE CHOWAN COMMUNITY HEALTH CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: SALUD INTEGRAL EN LA MONTAA. INC.

(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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

SAN MATEO COUNTY HEALTH SERVICES AGENCY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

032291 04-01-20

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA NEIGHBORHOOD CLINICS

(H) PURPOSE OF GRANT OR ASSISTANCE: ABBVIE PR INFRASTRUCTURE, EQUIPMENT,

ABBVIE PR TELEHEALTH, ABBVIE PR EMERGENCY PREP & RESP, ABBVIE PR

MEDICALLY FRAGILE POPULATIONS, COVID19-US

NAME OF ORGANIZATION OR GOVERNMENT:

SONOMA COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT

(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:

SOUTHEAST MS RURAL HEALTH INITIATIVE, INC.

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHERN TRINITY HEALTH CARE SERVICES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: SPRING BRANCH COMMUNITY HEALTH CENTER

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

032291 04-01-20

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ST THOMAS EAST END MEDICAL CENTER

(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:

SULZBACHER HEALTH CENTER DOWNTOWN CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: TAMPA FAMILY HEALTH CENTERS

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: TANDEM HEALTH SC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: TECHE ACTION CLINIC

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: THE NIGHT MINISTRY

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

Schedule I (Form 990)

280 2020.05080 DIRECT RELIEF SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: TREASURE COAST COMMUNITY HEALTH

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: UBI CARITAS HEALTH MINISTRIES

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

WAIANAE DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD DBA WAIANAE COAST C

(G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: WILLIAM F. RYAN COMMUNITY HLTH CTR

(H) PURPOSE OF GRANT OR ASSISTANCE: ABBVIE PR INFRASTRUCTURE, EQUIPMENT

ABBVIE PR MOBILE HEALTH, ABBVIE PR TELEHEALTH, ABBVIE PR EMERGENCY PREP &

RESP, COVID19-US

032291 04-01-20

15280224 146892 6294230

| SC   | SCHEDULE J Compensation Information  |   |             |                | OMB No. 1545-0047 |      |  |  |  |
|------|--|---|-------------|----------------|-------------------|------|--|--|--|
| (Fo  | rm 990)  | For certain Officers, Directors, Trustees, Key Employees, and Highest   |             | 20             | 20                |      |  |  |  |
|      |  | Compensated Employees   |             | 20             | ZU                | J    |  |  |  |
| Depa | tment of the Treasury  | <ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul> |             | Open to Public |                   |      |  |  |  |
|      | al Revenue Service   | Go to www.irs.gov/Form990 for instructions and the latest information.  | Inspection  |                |                   |      |  |  |  |
| Nam  | e of the organizatio   |   | Employer id |                | on nui            | mber |  |  |  |
|      |  | DIRECT RELIEF   | 95-18       | 31116          |                   |      |  |  |  |
| Ра   | rt I Question  | s Regarding Compensation  |             |                |                   |      |  |  |  |
|      |  |   |             |                | Yes               | No   |  |  |  |
| 1a   |  | iate box(es) if the organization provided any of the following to or for a person listed on Form                            | 990,        |                |                   |      |  |  |  |
|      |  | line 1a. Complete Part III to provide any relevant information regarding these items.                                       |             |                |                   |      |  |  |  |
|      | First-class or o   |   |             |                |                   |      |  |  |  |
|      | Travel for com   |   |             |                |                   |      |  |  |  |
|      |  | cation and gross-up payments Health or social club dues or initiation fee   |             |                |                   |      |  |  |  |
|      | Discretionary  | spending account Personal services (such as maid, chauffe   | Jr, cnet)   |                |                   |      |  |  |  |
| Ŀ.   | If any of the herror   | on line to are absolved, did the execution follows a written a line resulting and the                                       |             |                |                   |      |  |  |  |
| a    | •  | on line 1a are checked, did the organization follow a written policy regarding payment or                                   |             | 41.            |                   |      |  |  |  |
| •    |  | provision of all of the expenses described above? If "No," complete Part III to explain                                     |             | <u>1b</u>      |                   |      |  |  |  |
| 2    |  | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,                               |             | 0              |                   |      |  |  |  |
|      | trustees, and office   | ers, including the CEO/Executive Director, regarding the items checked on line 1a?  |             | 2              |                   |      |  |  |  |
| 2    | Indicate which if a  | ny, of the following the organization used to establish the compensation of the organization's                              | _           |                |                   |      |  |  |  |
| 3    |  | ector. Check all that apply. Do not check any boxes for methods used by a related organization s                            |             |                |                   |      |  |  |  |
|      |  | ation of the CEO/Executive Director, but explain in Part III.   | Onto        |                |                   |      |  |  |  |
|      |  |   |             |                |                   |      |  |  |  |
|      | X       Compensation committee       Written employment contract         Independent compensation consultant       X       Compensation survey or study                                      |   |             |                |                   |      |  |  |  |
|      | Independent compensation consultant       X       Compensation survey or study         X       Form 990 of other organizations       X       Approval by the board or compensation committee |   |             |                |                   |      |  |  |  |
|      |  |   | Johnnittee  |                |                   |      |  |  |  |
| 4    | During the year did  | d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                                   |             |                |                   |      |  |  |  |
| -    |  | elated organization:  |             |                |                   |      |  |  |  |
| а    | •  | ce payment or change-of-control payment?  |             | 4a             |                   | x    |  |  |  |
| b    |  | ceive payment from a supplemental nonqualified retirement plan?   |             |                |                   | x    |  |  |  |
| c    | -  | ceive payment from an equity-based compensation arrangement?  |             |                |                   | x    |  |  |  |
| •    |  | nes 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    |  | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio                               | วท          |                |                   |      |  |  |  |
|      | contingent on the r  |   |             |                |                   |      |  |  |  |
| а    | •  |   |             | 5a             |                   | x    |  |  |  |
|      |  | zation?   |             |                |                   | х    |  |  |  |
|      |  | or 5b, describe in Part III.  |             |                |                   |      |  |  |  |
| 6    |  | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio                               | on          |                |                   |      |  |  |  |
|      | contingent on the r  | net earnings of:  |             |                |                   |      |  |  |  |
| а    |  | -   |             | 6a             |                   | X    |  |  |  |
|      |  | zation?   |             |                |                   | x    |  |  |  |
|      |  | or 6b, describe in Part III.  |             |                |                   |      |  |  |  |
| 7    | For persons listed of  | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments                               | 3           |                |                   |      |  |  |  |
|      |  | nes 5 and 6? If "Yes," describe in Part III   |             |                |                   | x    |  |  |  |
| 8    |  | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t                                |             |                |                   |      |  |  |  |
|      | initial contract exce  | eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                                     |             | 8              |                   | x    |  |  |  |
| 9    | If "Yes" on line 8, d  | lid the organization also follow the rebuttable presumption procedure described in  |             |                |                   |      |  |  |  |
|      | Regulations section  | n 53.4958-6(c)?   |             | . 9            |                   |      |  |  |  |
| LHA  | For Paperwork R  | eduction Act Notice, see the Instructions for Form 990.   | Schedu      | ıle J (Forn    | n <b>990</b> )    | 2020 |  |  |  |

032111 12-07-20

#### 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<br>(B)(i)-(D) | (F) Compensation<br>in column (B)         |
|-----------------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
| (A) Name and Title                |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      | Denems                  | (B)(i)-(D)                         | reported as deferred<br>on prior Form 990 |
| (1) THOMAS TIGHE                  | (i)  | 509,534.                 | 0.  | 0.  | 14,250.                           | 41,644.                 | 565,428.                           | 0.  |
| CHIEF EXECUTIVE OFFICER           | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (2) BHUPI SINGH                   | (i)  | 404,379.                 | 0.  | 0.  | 14,250.                           | 15,959.                 | 434,588.                           | 0.  |
| EXECUTIVE VP, SENIOR ADVISOR      | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (3) DAWN LONG                     | (i)  | 290,325.                 | 0.  | 0.  | 14,211.                           | 9,515.                  | 314,051.                           | 0.  |
| SENIOR VP, COO                    | (ii) | Ο.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (4) DONALD ROANE                  | (i)  | 227,091.                 | 0.  | 0.  | 10,692.                           | 34,567.                 | 272,350.                           | 0.  |
| VP OF CORPORATE ENGAGEMENT        | (ii) | Ο.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (5) ADAN GROUMAN                  | (i)  | 235,898.                 | 0.  | 0.  | 11,038.                           | 22,019.                 | 268,955.                           | 0.  |
| DIRECTOR, IT                      | (ii) | Ο.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (6) ANDREW SCHROEDER              | (i)  | 227,015.                 | 0.  | 0.  | 11,157.                           | 27,005.                 | 265,177.                           | ٥.  |
| VP OF RESEARCH & ANALYSIS         | (ii) | Ο.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (7) JONATHAN STEINER              | (i)  | 236,834.                 | 0.  | 0.  | 11,741.                           | 15,212.                 | 263,787.                           | 0.  |
| VP OF FINANCE, CFO                | (ii) | Ο.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (8) HEATHER BENNETT               | (i)  | 225,526.                 | 0.  | 0.  | 10,611.                           | 8,779.                  | 244,916.                           | 0.  |
| VP OF PARTNERSHIPS & PHILANTHROPY | (ii) | Ο.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
| (9) DOUG FROELICH                 | (i)  | 195,562.                 | 0.  | 0.  | 9,700.                            | 37,358.                 | 242,620.                           | 0.  |
| VP OF OPERATIONS                  | (ii) | Ο.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0.  |
|                                   | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                   | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                   | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                   | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                   | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                   | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                   | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                   | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                   | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                   | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                   | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                   | (ii) |                          |   |   |                                   |                         |                                    |   |
|                                   | (i)  |                          |   |   |                                   |                         |                                    |   |
|                                   | (ii) |                          |   |   |                                   |                         |                                    |   |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| SCHEDULE L   | -                             | <b>Fransactio</b>                               | ns V     | Vith            | Intere         | sted F                           | Persons              |                               |          | O                                | MB No. <sup>-</sup>                               | 1545-00 | 47      |
|--|-------------------------------|---|----------|-----------------|----------------|----------------------------------|----------------------|-------------------------------|----------|----------------------------------|---|---------|---------|
| (Form 990 or 990-EZ)                                   | Complete if t                 | he organization ar<br>28b, or 28c,              |          |                 |                |                                  |                      | 6, 27,                        | 28a,     |                                  | 2   | 02      | 0       |
| Department of the Treasury<br>Internal Revenue Service | ► Go                          | ► Att<br>to www.irs.gov/F                       |          |                 | 990 or Form    |                                  | test information.    |                               |          |                                  | pen T<br>spect                                    |         | lic     |
| Name of the organization                               | n                             |   |          |                 |                |                                  |                      | Emp                           | ployer   | r ident                          | ificati   | on nu   | mber    |
| Part I Excess I  | DIRECT REL                    | IEF<br>actions (section !                       | -01(-)(0 | )               |                |                                  |                      |                               |          | 31116                            |   |         |         |
|  |                               | answered "Yes" on                               |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
| 1  |                               | (b) Relationship be                             | tween o  | disqual         |                |                                  |                      |                               |          |                                  | (d)   | Corre   | cted?   |
| (a) Name of disqual                                    | med person                    | person and o                                    | organiza | ation           |                | (0)                              | Description of trans | sactio                        | r i      |                                  | Yes   |         | No      |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  | -   | -       |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   | _       |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  | -   | -       |         |
| 2 Enter the amount o                                   | of tax incurred by t          | he organization ma                              | nagers   | or disc         | ualified pers  | sons during                      | the year under       |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               | ▶ \$     |                                  |   |         |         |
| <b>3</b> Enter the amount o                            | of tax, if any, on lin        | e 2, above, reimbur                             | sed by   | the org         | ganization     |                                  |                      |                               | ▶ \$     |                                  |   |         |         |
| Part II Loans to                                       | and/or From                   | Interested Per                                  | rsons.   |                 |                |                                  |                      |                               |          |                                  |   |         |         |
| Complete i   | f the organization            | answered "Yes" on                               | Form 9   | 990-EZ          | Part V, line   | 38a or For                       | m 990, Part IV, line | e 26; c                       | or if th | ie orga                          | nizatio   | n       |         |
|  |                               | 990, Part X, line 5,                            |          | 2.<br>Dan to or | (a) Orio       |                                  |                      | ( ~)                          |          | <b>(h)</b> Ap                    | proved  | (:) V   | Iritton |
| (a) Name of<br>interested person                       | (b) Relation<br>with organize |   | fror     | from the        |                | (e) Original (f<br>ncipal amount | (f) Balance due      | by b                          |          | by bo                            | ) Approved<br>y board or<br>ommittee? (i) Written |         |         |
|  |                               |   | To       | From            |                |                                  |                      | Yes                           | No       | Yes                              | No  | Yes     | No      |
|  |                               |   | _        |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   | _        |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
| <del>-</del>   |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
| Total<br>Part III Grants of                            | or Assistance                 | Benefiting Inte                                 | reste    | d Per           | sons.          | ▶ \$                             |                      |                               |          |                                  |   |         |         |
| Complete i   | f the organization            | answered "Yes" on                               | Form 9   | 990, Pa         | rt IV, line 27 |                                  |                      |                               |          |                                  |   |         |         |
| <b>(a)</b> Name of intere                              | sted person                   | (b) Relationship<br>interested pe<br>the organi | rson an  |                 |                | ount of<br>tance                 |                      | <b>(d)</b> Type of assistance |          | <b>(e)</b> Purpose of assistance |   | f       |         |
| THOMAS TIGHE   |                               | CEO   |          |                 |                | 65,000                           | . CASH               | DISA                          |          | ISAST                            | ER RI   | ELI     |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |
|  |                               |   |          |                 |                |                                  |                      |                               |          |                                  |   |         |         |

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

Schedule L (Form 990 or 990-EZ) 2020

032131 12-09-20

#### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha<br>organiz<br>rever | aring of<br>zation's<br>nues? |
|-------------------------------|---|---------------------------|--------------------------------|-----------------------------|-------------------------------|
|                               |   |                           |                                | Yes                         | No                            |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART III, LINE 1

ON DECEMBER 22, 2020, THE BOARD OF DIRECTORS OF DIRECT RELIEF APPROVED

DISASTER RELIEF PAYMENTS PURSUANT TO IRC SECTION 139 TO THOMAS TIGHE,

THE ORGANIZATION'S CEO, AFTER TIGHE'S PERSONAL RESIDENCE WAS DESTROYED

IN A MUDSLIDE RESULTING FROM A WILDFIRE - ALL OF WHICH WAS A FEDERALLY

DECLARED NATURAL DISASTER. PAYMENTS TO TIGHE TOTALLED \$65,000 IN

FY2021, AND ONLY REPRESENTED AMOUNTS THAT WERE NOT OTHERWISE COVERED BY

INSURANCE.

Schedule L (Form 990 or 990-EZ) 2020

032132 12-09-20

15280224 146892 6294230

#### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service   |

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

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



Name of the organization

DIRECT RELIEF

| Employer identification | number |
|-------------------------|--------|
|-------------------------|--------|

| 95-1831 | 116 |
|---------|-----|
|---------|-----|

| Par | rt I I ypes of Property                                      |                                      |                                      |  |  |       |      |
|-----|--|--------------------------------------|--------------------------------------|--|--|-------|------|
|     |  | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | <b>(d)</b><br>Method of det<br>noncash contribut | •     | ints |
|     |  |                                      |                                      | Form 990, Fait Vill, line Tg   |  |       |      |
| 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                                 | Х                                    | 145                                  | 3,065,307.   | FMV  |       |      |
| 10  | Securities - Closely held stock                              |                                      |                                      |  |  |       |      |
| 11  | Securities - Partnership, LLC, or trust interests            |                                      |                                      |  |  |       |      |
| 12  | Securities - Miscellaneous                                   |                                      |                                      |  |  |       |      |
| 13  | Qualified conservation contribution -<br>Historic structures |                                      |                                      |  |  |       |      |
| 14  | Qualified conservation contribution - Other                  |                                      |                                      |  |  |       |      |
| 15  | Real estate - Residential                                    |                                      |                                      |  |  |       |      |
| 16  | Real estate - Commercial                                     |                                      |                                      |  |  |       |      |
| 17  | Real estate - Other  |                                      |                                      |  |  |       |      |
| 18  | Collectibles   |                                      |                                      |  |  |       |      |
| 19  | Food inventory   |                                      |                                      |  |  |       |      |
| 20  | Drugs and medical supplies                                   | Х                                    | 916                                  | 1,749,386,584.   | EST. WHOLESALE V                                 | /ALUE |      |
| 21  | Taxidermy  |                                      |                                      |  |  |       |      |
| 22  | Historical artifacts   |                                      |                                      |  |  |       |      |
| 23  | Scientific specimens   |                                      |                                      |  |  |       |      |
| 24  | Archeological artifacts                                      |                                      |                                      |  |  |       |      |
| 25  | Other (MISC SUPPLIES )                                       | Х                                    | 2                                    | 401,500.   | FMV  |       |      |
| 26  | Other ( )  |                                      |                                      |  |  |       |      |
| 27  | Other ( )  |                                      |                                      |  |  |       |      |
| 28  | Other ( )  |                                      |                                      |  |  |       |      |
| 29  | Number of Forms 8283 received by the organize                | ation during                         | the tax vear for co                  | ontributions   | 1  |       |      |
|     | for which the organization completed Form 828                |                                      | , ,                                  |  |  |       | 0    |
|     |  | o, . a , 2                           | ence, kenneng                        |  |  | Ye    | s 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                                    |       |      |
|     | must hold for at least three years from the date             |                                      |                                      |  |  |       |      |
|     | exempt purposes for the entire holding period?               |                                      |                                      |  |  | 30a   | x    |
| h   | If "Yes," describe the arrangement in Part II.               |                                      |                                      |  |  | 000   |      |
| 31  | Does the organization have a gift acceptance p               | olicy that re                        | ouires the review (                  | of any nonstandard contribut   | ions?  | 31 X  |      |
|     | Does the organization have a gift acceptance p               |                                      |                                      |  |  |       |      |
| JZa |  |                                      | •                                    | · · ·  |  | 32a   | x    |
| b   |  |                                      |                                      |  |  | JZa   |      |
| 33  | If the organization didn't report an amount in co            | lumn (a) fai                         | r a type of proport                  | (for which column (a) is about   | ked  |       |      |
| 33  | •  |                                      | a type of property                   | nor which column (a) is chec   | ncu,   |       |      |
|     | describe in Part II.   |                                      |                                      |  |  |       |      |

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

Schedule M (Form 990) 2020

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| Part II 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 com this part for any additional information. | ation<br>iplete |
|--|-----------------|
| 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, 2021.   |                 |
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Schedule M (Form 990) 2020 DIRECT RELIEF

Page **2** 

SCHEDULE O

Internal Revenue Service Name of the organization

(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.



Employer identification number 95-1831116

HEADING, ITEM B, AMENDED FORM 990 DISCLOSURE

THE FORM 990 FOR THE YEAR ENDED JUNE 30, 2021 IS BEING AMENDED TO ALIGN

DIRECT RELIEF

TO AUDITED FINANCIAL STATEMENT INFORMATION.

LINE ITEMS CHANGED:

FORM 990, PART II, LINE 4A - REDUCED PROGRAM SERVICE EXPENSE TOTAL TO

REFLECT CHANGES MADE TO PART IX

FORM 990, VIII, LINE 1F AND 1G - REDUCED CONTRIBUTION REVENUE BY

\$13,032,900 TO REFLECT CONTRIBUTIONS REPORTED IN THE AUDITED FINANCIAL

STATEMENTS

FORM 990 IX, LINE 24A - REDUCE INVENTORY ADJUSTMENT BY \$19,128,494 TO

REFLECT INVENTORY ADJUSTMENTS REPORTED IN THE AUDITED FINANCIAL

STATEMENTS

FORM 990 PART XI, LINE 9- REVISE NET ASSET RECONCILIATION LINE ITEM TO

PROPERLY RECONCILE TO NET ASSETS REPORTED IN THE AUDITED FINANCIAL

STATEMENTS

SCH A, PART II LINE 1 - REVISE CONTRIBUTION REVENUE BY \$13,032,900 TO

REFLECT CONTRIBUTIONS REPORTED IN THE AUDITED FINANCIAL STATEMENTS

SCH A, PART II LINE 5 - REVISE EXCESS CONTRIBUTOR AMOUNT BASED ON THE

ADJUSTMENT TO DONOR CONTRIBUTIONS

SCH B. PART I AND II. DONOR #6 - ADJUSTMENT TO DONOR CONTRIBUTIONS OF

\$13,032,900 TO REFLECT INFORMATION REPORTED IN THE AUDITED FINANCIAL

STATEMENTS

SCH D. PART XI AND XII - REVISED TO INCLUDE OPTIONAL RECONCILIATIONS TO

AUDITED FINANCIAL STATEMENTS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

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| Schedule O (Form 990 or 990-EZ) 2020  | Page <b>2</b>                                |
|---|--|
| Name of the organization DIRECT RELIEF                                      | Employer identification number<br>95-1831116 |
| SCH M, PART I, LINE 20- ADJUSTMENT TO MEDICAL SUPPLY CONTRIBUTIONS BY       |  |
| \$13,032,900 TO REFLECT INFORMATION REPORTED IN THE AUDITED FINANCIAL       |  |
| STATEMENTS  |  |
| SCH O REVISED FORM 990, PART IX, LINE 24A DISCLOSURE TO REFLECT             |  |
| UPDATED INVENTORY ADJUSTMENT AMOUNT TO AGREE TO FORM 990, PART IX, LINE     |  |
| 24A   |  |
|   |  |
|   |  |
| 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 \$ 21,300,866. INCLUDING GRANTS OF \$ 21,404,866. 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;                        | <u></u>                                      |
| 032212 11-20-20   | Schedule O (Form 990 or 990-EZ) 2020         |

| Schedule O (Form 990 or 990-EZ) 2020<br>Name of the organization            | Page 2<br>Employer identification number |
|---|--|
| DIRECT RELIEF   | 95-1831116                               |
| 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    |  |
| 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  |  |
| 032212 11-20-20 <b>291</b>  | Schedule O (Form 990 or 990-EZ) 2020     |

| Schedule O (Form 990 or 990-EZ) 2020  | Page 2                                       |
|---|--|
| Name of the organization DIRECT RELIEF                                      | Employer identification number<br>95-1831116 |
| 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  |  |
| 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:

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| Schedule O (I | Form 990 or 990-E | Z) 2020 |
|---------------|-------------------|---------|
|---------------|-------------------|---------|

Name of the organization

DIRECT RELIEF

Employer identification number 95-1831116

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

STATEMENTS, AND FORM 990 (THE LATTER TWO GOING BACK TO FISCAL YEAR 2000 AND

2001 RESPECTIVELY) AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

FORM 990, PART VII, SECTION A, LINE 1(A) AND SCHEDULE J, PART II:

THE COMPENSATION REPORTED IS FOR THE CALENDAR YEAR 2020, IN LINE WITH

THE FORM 990 REQUIREMENTS OF REPORTING COMPENSATION PAID OR EARNED FOR

THE CALENDAR YEAR ENDING WITH OR WITHIN THE ORGANIZATION'S TAX YEAR.

STAFF COMPENSATION IS GOVERNED BY ORGANIZATIONAL POLICY, AVAILABLE FOR

REFERENCE ON OUR WEBSITE AT

(HTTP://WWW.DIRECTRELIEF.ORG/ABOUT/FINANCE/COMPENSATION/)

EXECUTIVE STAFF (CEO, COO, CFO) COMPENSATION IS DETERMINED SOLELY BY

THE BOARD OF DIRECTORS. 100% OF THE CEO'S COMPENSATION WAS PAID FROM

FUNDS PROVIDED BY THE DIRECT RELIEF FOUNDATION.

FORM 990, PART VIII, LINE 1G - VALUATION OF IN-KIND RESOURCES:

DIRECT RELIEF IS THE ONLY NONPROFIT HUMANITARIAN AID ORGANIZATION IN

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

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| Schedule O (Form 990 or 990-EZ) 2020<br>Name of the organization        | Page :<br>Employer identification number |
|---|--|
| DIRECT RELIEF   | 95-1831116                               |
| 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   |  |
| 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

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Schedule O (Form 990 or 990-EZ) 2020

| Name of the organization DIRECT RELIEF                                  | Employer identification number<br>95-1831116 |
|---|--|
| TRUVEN HEALTH ANALYTICS REDBOOK, AN INDUSTRY-RECOGNIZED DRUG AND        |  |
| PRICING REFERENCE GUIDE FOR PHARMACEUTICALS IN THE UNITED STATES.       |  |
|   |  |
| FOR THE YEAR ENDED JUNE 30TH, 2021 THE ORGANIZATION CONTINUED ITS       |  |
| POLICY OF USING MONTHLY PRICING INFORMATION AVAILABLE FROM THE REDBOOK  |  |
| ONLINE SERVICE PROVIDED BY TRUVEN HEALTH ANALYTICS, AN IBM WATSON       |  |
| 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             |  |
| 032212 11-20-20   | Schedule O (Form 990 or 990-EZ) 2020         |

Schedule O (Form 990 or 990-EZ) 2020

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| Name of the organization  | Employer identification number |
|---|--------------------------------|
| DIRECT RELIEF   | 95-1831116                     |
| 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        |                                |
| 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.   |                                |
|   |                                |
| DNE 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,

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| Schedule O (Form 990 or 990-EZ) 2020                                    | Page <b>2</b>                                |
|---|--|
| Name of the organization DIRECT RELIEF                                  | Employer identification number<br>95-1831116 |
| 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.  |  |
|   |  |
| 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.               |  |
|   |  |

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| Schedule O (Form 990 or 990-EZ) 2020                                   | Page <b>2</b>                                |
|--|--|
| Name of the organization DIRECT RELIEF                                 | Employer identification number<br>95-1831116 |
| 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     |  |
| GOODS OR SERVICES THAT CAN BE OBTAINED DIRECTLY THROUGH DONATIONS.     |  |
| THEREFORE, WHEN IT COMES TO ACCOUNTING FOR, DOCUMENTING, AND REPORTING |  |
|  |  |
| ANY CONTRIBUTIONS, IT IS VERY IMPORTANT THAT WE GET IT RIGHT.          |  |
|  |  |
| A STRONG INCENTIVE EXISTS TO USE HIGHER VALUATION SOURCES, SUCH AS     |  |
| RETAIL PRICES, OR USE BRANDED PRODUCT VALUES FOR GENERIC DONATIONS.    |  |
| HOWEVER, WE BELIEVE THAT A CONSERVATIVE APPROACH PROVIDES THE MOST     |  |
| ACCURATE, EASY-TO-UNDERSTAND BASIS AND IS BEST TO INSTILL PUBLIC       |  |
| CONFIDENCE IN OUR FINANCIAL REPORTING.                                 |  |
|  |  |
|  |  |
| FORM 990, PART IX, LINE 24A:   |  |
| THE \$136,254,928 INVENTORY ADJUSTMENT WAS DUE TO THE REQUIRED         |  |
| DESTRUCTION OF EXPIRED DONATED PRODUCT.                                |  |
|  |  |
|  |  |
| FORM 990, PART X, LINE 15, OTHER ASSETS:                               |  |
| DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM DIRECT RELIEF        |  |
| FOUNDATION ON AN ANNUAL BASIS. THE BALANCE DUE AS OF JUNE 30, 2021     |  |
| CONSISTS OF THE FOLLOWING:   |  |
| PRIOR YEAR APPROVED TRANSFERS (A) 2,431,502                            |  |
| CURRENT YEAR APPROVED TRANSFERS 3,208,883                              |  |
| ACTUAL TRANSFERS TAKEN (2,308,816)                                     |  |
| 032212 11-20-20 298  | Schedule O (Form 990 or 990-EZ) 2020         |

| Schedule O (Form 990 or 990-EZ) 2020                                   | Page 2                                       |
|--|--|
| Name of the organization DIRECT RELIEF                                 | Employer identification number<br>95-1831116 |
|  | 55 1051110                                   |
| TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2021: \$ 3,331,569              |  |
|  |  |
| (A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY THE END OF EACH FISCAL    |  |
| YEAR ARE CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.                  |  |
|  |  |
|  |  |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:                      |  |
| FY21 ACCRUED DONATED FREIGHT - UNUSED IN FY21 95,852.                  |  |
| FY21 DONATED SUBSCRIPTION - UNUSED IN FY21 -601,500.                   |  |
| RECLASS OF DONATED SECURITIES -3,065,307.                              |  |
| ROUNDING -4.   |  |
| TOTAL TO FORM 990, PART XI, LINE 9 -3,570,959.                         |  |
|  |  |
| SCHEDULE B, PART II, COLUMN (D):                                       |  |
| THE NON-CASH PROPERTY LISTED ON SCHEDULE B REFLECTS PRODUCT DONATIONS  |  |
| RECEIVED THROUGHOUT OUR FISCAL YEAR. THE SOFTWARE USED TO PREPARE THIS |  |
| FORM DOES NOT ALLOW FOR A DATE RANGE.                                  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |

032212 11-20-20

032161 10-28-20 LHA

(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.

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

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R

DIRECT RELIEF

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

| (a)   | (b)                         | (c)                      | (d)          | (e)                | (f)                          |
|---|-----------------------------|--------------------------|--------------|--------------------|------------------------------|
| Name, address, and EIN (if applicable)<br>of disregarded entity | Primary activity            | Legal domicile (state or | Total income | End-of-year assets | Direct controlling<br>entity |
| of distegalded entity   |                             | foreign country)         |              |                    | 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               |              | 39,701,193.        | DIRECT RELIEF                |
| DIRECT RELIEF PUERTO RICO                                       |                             |                          |              |                    |                              |
| PMB 721 1353 AVE LUIS VIGOREAUX                                 |                             |                          |              |                    |                              |
| PUERTO RICO 00966   | HUMANITARIAN                | PUERTO RICO              |              |                    | 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.

| <b>(a)</b><br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status (if section | (f)<br>Direct controlling<br>entity | contr | <b>g)</b><br>512(b)(13)<br>rolled<br>tity? |
|---|--------------------------------|---|-------------------------------|--|-------------------------------------|-------|--|
|   |                                |   |                               | 501(c)(3))   |                                     | Yes   | No   |
| DIRECT RELIEF FOUNDATION - 20-5983698                           | OPERATES SOLELY AND            |   |                               |  |                                     |       |  |
| 6100 WALLACE BECKNELL ROAD                                      | EXCLUSIVELY FOR THE            |   |                               |  |                                     |       |  |
| SANTA BARBARA, CA 93117   | BENEFIT OF DIRECT RELIEF       | CALIFORNIA  | 501(C)(3)                     | LINE 12A, I  | DIRECT RELIEF                       | x     |  |
| DIRECT RELIEF INTERNATIONAL SOUTH AFRICA                        | COORDINATION OF MEDICAL        |   |                               |  |                                     |       |  |
| 52 CORLETT DRIVE WANDERERS OFFICE PARK                          | SUPPORT TO AFRICAN DOCTORS     |   |                               |  |                                     |       |  |
| ILLOVO, JOHANNESBURG, SOUTH AFRICA 2196                         | AND MEDICAL CLINICS            | SOUTH AFRICA  | 501(C)(3)                     |  | DIRECT RELIEF                       | х     |  |
| DIRECT RELIEF MEXICO  | COORDINATION OF MEDICAL        |   |                               |  |                                     |       |  |
| AV. PASEO DE LA REFORMA 300 - PISO 9                            | SUPPORT TO MEXICAN DOCTORS     |   |                               |  |                                     |       |  |
| CUAUHTEMOC, DISTRITO FEDERAL, MEXICO 6600                       | AND MEDICAL CLINICS            | MEXICO  | 501(C)(3)                     |  | DIRECT RELIEF                       | х     |  |
|   |                                |   |                               |  |                                     |       |  |
|   |                                |   |                               |  |                                     |       |  |
|   |                                |   |                               |  |                                     |       |  |

300

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

Schedule R (Form 990) 2020

OMB No. 1545-0047 2020

Open to Public Inspection

Employer identification number

95-1831116

# 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                                 | i) | (k)                     |
|--|------------------|---|------------------------------|---|-----------------------|-----------------------------------|-------------------------------|----|-----------------|------------------------------------|----|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal<br>domicile<br>(state or<br>foreign | Direct controlling<br>entity | Predominant income<br>(related, unrelated,<br>excluded from tax under | Share of total income | Share of<br>end-of-year<br>assets | Disproportionate allocations? |    |                 | General or<br>managing<br>partner? |    | Percentage<br>ownership |
|  |                  | country)                                  |                              | sections 512-514)   |                       | 400010                            | Yes                           | No | K-1 (Form 1065) | Yes                                | No |                         |
|  |                  |   |                              |   |                       |                                   |                               |    |                 |                                    |    |                         |
|  | 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)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | (C)<br>Legal domicile<br>(state or<br>foreign | <b>(d)</b><br>Direct controlling<br>entity | <b>(e)</b><br>Type of entity<br>(C corp, S corp,<br>or trust) | <b>(f)</b><br>Share of total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | Sec<br>512(I<br>conti<br>ent | (i)<br>ction<br>(b)(13)<br>trolled<br>tity? |
|--|--------------------------------|---|--|---|--|---|--------------------------------|------------------------------|---|
|  |                                | country)                                      |  | 01 11000  |  | 400010  |                                | Yes                          | No  |
|  |                                |   |  |   |  |   |                                |                              |   |
|  |                                |   |  |   |  |   |                                |                              |   |
|  |                                |   |  |   |  |   |                                |                              |   |
|  |                                |   |  |   |  |   |                                |                              |   |
|  |                                |   |  |   |  |   |                                |                              |   |
|  |                                |   |  |   |  |   |                                |                              |   |
|  |                                |   |  |   |  |   |                                |                              | <u> </u>                                    |
|  |                                |   |  |   |  |   |                                |                              |   |
|  |                                |   |  |   |  |   |                                |                              |   |
|  |                                |   |  |   |  |   |                                |                              |   |
|  |                                |   |  |   |  |   |                                |                              |   |
|  |                                |   |  |   |  |   |                                |                              |   |
|  |                                |   |  |   |  |   |                                |                              |   |
|  | 1                              |   |  |   |  |   |                                |                              |   |
|  | 1                              |   |  |   |  |   |                                |                              |   |

#### Schedule R (Form 990) 2020 DIRECT RELIEF

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

| ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |             | Ye       | es |
|---|-------------|----------|----|
| During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Pa | arts II-IV? |          |    |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity   | 1a          | 1        |    |
| b Gift, grant, or capital contribution to related organization(s)   |             | , x      | ζ  |
| c Gift, grant, or capital contribution from related organization(s)   |             | X        | ζ  |
| d Loans or loan guarantees to or for related organization(s)  |             | 1        |    |
| e Loans or loan guarantees by related organization(s)   |             | ,        |    |
| f Dividends from related organization(s)  |             |          |    |
| g Sale of assets to related organization(s)   | 1g          |          |    |
| h Purchase of assets from related organization(s)   |             |          |    |
| i Exchange of assets with related organization(s)   | 11          |          |    |
| j Lease of facilities, equipment, or other assets to related organization(s)  |             | _        | -  |
| k Lease of facilities, equipment, or other assets from related organization(s)  | <u>1k</u>   |          |    |
|   |             |          |    |
| m Performance of services or membership or fundraising solicitations by related organization(s)   | 1m          | <u>ו</u> |    |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |             | X        | ۲  |
| o Sharing of paid employees with related organization(s)  | _           | <u> </u> | _  |
| p Reimbursement paid to related organization(s) for expenses  | <u>1p</u>   | ,        |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses   |             |          | ٢  |
| r Other transfer of cash or property to related organization(s)   | 1r          |          |    |
| s Other transfer of cash or property from related organization(s)   | 1s          |          |    |

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

| (a)<br>Name of related organization                         | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|---|---|-------------------------------|--|
| (1) DIRECT RELIEF INTERNATIONAL SOUTH AFRICA - SEE PART VII | В                                       | 60,000.                       | CASH VALUE                                   |
| (2) DIRECT RELIEF MEXICO - SEE PART VII                     | В                                       | 685,000.                      | CASH VALUE                                   |
| (3) DIRECT RELIEF FOUNDATION - SEE PART VII                 | В                                       | 21,300,866.                   | CASH VALUE                                   |
| (4) DIRECT RELIEF FOUNDATION - SEE PART VII                 | с                                       | 3,439,927.                    | CASH VALUE                                   |
| (5) DIRECT RELIEF FOUNDATION - SEE PART VII                 | Q                                       | 23,922.                       | CASH VALUE                                   |
| (6) DIRECT RELIEF FOUNDATION - SEE PART VII                 | с                                       | 104,000.                      | CASH VALUE                                   |

#### Schedule R (Form 990) 2020 DIRECT RELIEF

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)                    | (b)              | (c)               | (d)  | (                                   | e)               | (f)      | (g)         | (۲            | ı)    | (i)  | (j            | )       | (k)        |
|------------------------|------------------|-------------------|--|-------------------------------------|------------------|----------|-------------|---------------|-------|--|---------------|---------|------------|
| Name, address, and EIN | Primary activity | Legal domicile    | Predominant income   | Are<br>Are<br>partne<br>501(<br>org | e all<br>rs sec. | Share of | Share of    | Dispr<br>tior | opor- | Code V-UBI   | Gener         | al or F | Percentage |
| of entity              |                  | (state or foreign | Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | 501(<br>org                         | c)(3)<br>s.?     | total    | end-of-year | allocat       | ions? | Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | mana<br>partn | er?     | ownership  |
|                        |                  | country)          | sections 512-514)  | Yes                                 | No               | income   | assets      | Yes           | No    | (Form 1065)  | Yes           | NO      |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               | -       |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               | _       |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |
|                        |                  |                   |  |                                     |                  |          |             |               |       |  |               |         |            |

Schedule R (Form 990) 2020

DIRECT RELIEF

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART V, LINE 2A (1):

THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF INTERNATIONAL

SOUTH AFRICA, A SOUTH AFRICA CORPORATION THAT IS 100% OWNED BY DIRECT

RELIEF. THE TOTAL TRANSFERS TO DIRECT RELIEF INTERNATIONAL SOUTH AFRICA

FOR THE YEAR ENDED JUNE 30, 2021 WERE \$60,000.

SCHEDULE R, PART V, LINE 2A (6):

FOR THE YEAR ENDED JUNE 30, 2021, DIRECT RELIEF FOUNDATION MADE A

CONTRIBUTION TO DIRECT RELIEF TO COVER THE COST OF A DISASTER RELIEF

PAYMENT MADE PURSUANT TO IRC SECTION 139.

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

THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF MEXICO, A MEXICO

CORPORATION THAT IS 100% OWNED BY DIRECT RELIEF. THE TOTAL TRANSFERS TO

DIRECT RELIEF MEXICO FOR THE YEAR ENDED JUNE 30, 2021 WERE \$685,000.

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

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

ETC. ARE TRANSFERRED TO DIRECT RELIEF FOUNDATION, UNLESS OTHERWISE

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

DIRECT RELIEF MAY ALSO TRANSFER TO THE DIRECT RELIEF FOUNDATION ANY

SURPLUS THAT MAY RESULT FROM OPERATIONS OF THAT FISCAL YEAR.

SCHEDULE R, PART V, LINE 2A (4):

FOR THE YEAR ENDED JUNE 30, 2021, THE TRUSTEES OF DIRECT RELIEF

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

DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE

COMPENSATION OF THE CEO.

032165 10-28-20

DIRECT RELIEF

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM THE FOUNDATION ON AN

ANNUAL BASIS. THE BALANCE DUE AS OF JUNE 30, 2021 CONSISTS OF THE

FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A) 2,431,502

CURRENT YEAR APPROVED TRANSFERS 3,208,883

ACTUAL TRANSFERS TAKEN (2,308,816)

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2021 \$ 3,331,569

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

CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

SCHEDULE R, PART V, LINE 2A (5):

SCHEDULE R, PART V, LINE 2A (5):

FOR THE YEAR ENDED JUNE 30, 2021, DIRECT RELIEF PAID \$23,922 ON BEHALF

OF DIRECT RELIEF FOUNDATION FOR ADMINISTRATIVE COSTS. THESE

REIMBURSABLE EXPENSES ARE ACCRUED AS A RECEIVABLE FROM DIRECT RELIEF

FOUNDATION ON AN ANNUAL BASIS.

032165 10-28-20

15280224 146892 6294230

Schedule R (Form 990) 2020