

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  DIRECT RELIEF	Taxpayer identification number (TIN)  95-1831116
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 6100 WALLACE BECKNELL ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SANTA BARBARA, CA 93117	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

DIRECT RELIEF, JONATHAN STEINER

- The books are in the care of ▶ 6100 WALLACE BECKNELL ROAD - SANTA BARBARA, CA 93117

Telephone No. ▶ 805-964-4767

Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until MAY 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning JUL 1, 2021, and ending JUN 30, 2022.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2021

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable:	<b>C</b> Name of organization DIRECT RELIEF	<b>D</b> Employer identification number 95-1831116
Address change	Doing business as	<b>E</b> Telephone number 805-964-4767
Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6100 WALLACE BECKNELL ROAD	
Initial return	City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93117	<b>G</b> Gross receipts \$ 2,219,792,283.
Final return/terminated	<b>F</b> Name and address of principal officer: JONATHAN STEINER SAME AS C ABOVE	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No
Amended return		<b>H(b)</b> Are all subordinates included? Yes No
Application pending	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list. See instructions
	<b>J</b> Website: WWW.DIRECTRELIEF.ORG	<b>H(c)</b> Group exemption number ▶
	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	<b>L</b> Year of formation: 1948 <b>M</b> State of legal domicile: CA

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>IMPROVE THE HEALTH AND LIVES OF PEOPLE AFFECTED BY POVERTY OR EMERGENCY SITUATIONS.</u>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		16
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		16
<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>		130
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		98
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>		0.
		<b>Prior Year</b>		<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	1,927,136,437.		2,217,825,794.
<b>9</b>	Program service revenue (Part VIII, line 2g)	0.		0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,560,850.		310,742.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.		0.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,929,697,287.		2,218,136,536.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,730,993,420.		2,009,344,858.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.		0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,900,375.		15,830,175.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,262,367.			
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	157,561,140.		228,090,040.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,903,454,935.		2,253,265,073.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	26,242,352.		-35,128,537.
		<b>Beginning of Current Year</b>		<b>End of Year</b>
<b>20</b>	Total assets (Part X, line 16)	992,717,205.		958,254,246.
<b>21</b>	Total liabilities (Part X, line 26)	17,827,933.		18,673,493.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	974,889,272.		939,580,753.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer JONATHAN STEINER, VP OF FINANCE/CFO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LAUREN A. HAVERLOCK	Preparer's signature 
	Firm's name ▶ MOSS ADAMS LLP	Date 01/19/23
	Firm's address ▶ 21700 OXNARD ST. STE 300 WOODLAND HILLS, CA 91367	Check if self-employed <input type="checkbox"/> PTIN P00545829
		Firm's EIN ▶ 91-0189318 Phone no. 818-577-1900

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 917,420,233. including grants of \$ 862,766,108. ) (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 2022, 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 \$ 297,710,556. including grants of \$ 292,752,261. ) (Revenue \$ 0. ) DISEASE PREVENTION AND TREATMENT - TO ALLEVIATE THE DISEASE BURDEN IN RESOURCE CONSTRAINED COMMUNITIES AROUND THE WORLD, DIRECT RELIEF SUPPORTS A GLOBAL NETWORK OF LOCALLY-RUN HEALTH FACILITIES WITH THE MEDICINES, MEDICAL SUPPLIES, AND FUNDING. IN THE FISCAL YEAR 2022, 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 \$ 1,025,110,911. including grants of \$ 849,925,681. ) (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.) (Expenses \$ 3,900,806. including grants of \$ 3,900,808. ) (Revenue \$ 0. )

4e Total program service expenses 2,244,142,506.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions and 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 16; 1b Enter the number of voting members included... 16; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, AL, AK, AR, CO, CT, FL, GA, HI, IL, KS, KY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DIRECT RELIEF, JONATHAN STEINER - 805-964-4767 6100 WALLACE BECKNELL ROAD, SANTA BARBARA, CA 93117

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS TIGHE CHIEF EXECUTIVE OFFICER	40.00 5.00			X				501,663.	0.	55,073.
(2) BHUPI SINGH EXECUTIVE VP, SENIOR ADVISOR	40.00 5.00			X				425,715.	0.	28,666.
(3) DAWN LONG SENIOR VP, COO	40.00 5.00			X				342,260.	0.	24,415.
(4) ADAN GROUMAN DIRECTOR, IT	40.00 0.00					X		269,475.	0.	25,301.
(5) JONATHAN STEINER VP OF FINANCE, CFO	40.00 5.00			X				260,154.	0.	26,617.
(6) DONALD ROANE VP OF CORPORATE ENGAGEMENT	40.00 0.00					X		231,675.	0.	50,338.
(7) HEATHER BENNETT VP OF PARTNERSHIPS & PHILANTHROPY	40.00 0.00					X		239,615.	0.	20,843.
(8) ANDREW SCHROEDER VP OF RESEARCH & ANALYSIS	40.00 0.00					X		210,116.	0.	29,780.
(9) DOUG FROELICH VP OF OPERATIONS	40.00 0.00					X		197,972.	0.	35,947.
(10) PAMELA GANN CHAIR	10.00 1.00	X		X				0.	0.	0.
(11) MARK LINEHAN VICE CHAIR	5.00 1.00	X		X				0.	0.	0.
(12) BYRON SCOTT, MD TREASURER/COMMITTEE CHAIR	5.00 1.00	X		X				0.	0.	0.
(13) SIRI MARSHALL SECRETARY/COMMITTEE CHAIR	5.00 1.00	X		X				0.	0.	0.
(14) THOMAS STURGESS ASST TREASURER/COMMITTEE CHAIR	5.00 1.00	X		X				0.	0.	0.
(15) JANE OLSON ASST SECRETARY/COMMITTEE CHAIR	5.00 1.00	X		X				0.	0.	0.
(16) EVAN MARWELL COMMITTEE CHAIR	5.00 1.00	X						0.	0.	0.
(17) HARRY MCMAHON COMMITTEE CHAIR	5.00 1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES SELBERT COMMITTEE CHAIR	5.00 1.00	X						0.	0.	0.
(19) STEVE WEINTRAUB COMMITTEE CHAIR	5.00 1.00	X						0.	0.	0.
(20) MARY DWYER DIRECTOR	2.00 1.00	X						0.	0.	0.
(21) STAYCE D. HARRIS DIRECTOR	2.00 1.00	X						0.	0.	0.
(22) JAMES MCGONIGLE DIRECTOR	2.00 1.00	X						0.	0.	0.
(23) ANNALISA PIZZARELLO DIRECTOR	2.00 1.00	X						0.	0.	0.
(24) JAMIE RUFFING, PHD DIRECTOR	2.00 1.00	X						0.	0.	0.
(25) TIM WERTNER DIRECTOR	2.00 1.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,678,645.	0.	296,980.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,678,645.	0.	296,980.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **39**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
IRW CONCIERGE SERVICES, LUIS VIGOREAUX AVE, #1353 PMB 721, GUAYNABO, PUERTO RICO	LEGAL SERVICES	470,786.
GLOBAL EMERG RELIEF RECOVERY RECON 126 N. WASHINGTON ST., WINCHESTER, VA 22601	LABOR - CONSTRUCTION	329,708.
CROWE LLP PO BOX 51660, LOS ANGELES, CA 90051	REPLENISHMENT PROGRAM AUDITS	186,000.
IHEARTMEDIA PO BOX 406372, ATLANTA, GA 30384	MEDIA SERVICES - RADIO	185,350.
MICROSOFT PO BOX 842103, DALLAS, TX 75284	SAP HOSTING SERVICES	157,041.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **14**

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>	3,590,990.			
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	2,214,234,804.			
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,047,633,706.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		2,217,825,794.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		310,742.		310,742.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	1,655,747.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	0.			
<b>d</b>	Net gain or (loss) .....		0.				
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		2,218,136,536.	0.	0.	310,742.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	239,458,539.	239,458,539.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	19,500.	19,500.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	1,769,866,819.	1,769,866,819.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,789,135.	670,675.	793,174.	325,286.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	11,367,373.	7,769,105.	1,989,286.	1,608,982.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	473,595.	328,923.	75,326.	69,346.
<b>9</b> Other employee benefits .....	1,354,944.	997,010.	157,960.	199,974.
<b>10</b> Payroll taxes .....	845,128.	554,525.	165,551.	125,052.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	28,415.	1,294.	27,121.	
<b>c</b> Accounting .....	152,403.	20,220.	128,753.	3,430.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,312,500.	4,554,756.	545,599.	212,145.
<b>12</b> Advertising and promotion .....	391,068.	159,317.	105,185.	126,566.
<b>13</b> Office expenses .....	170,490.	111,275.	36,825.	22,390.
<b>14</b> Information technology .....	414,514.	306,774.	30,598.	77,142.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	823,204.	751,604.	44,254.	27,346.
<b>17</b> Travel .....	354,754.	306,421.	40,833.	7,500.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	138,098.	71,588.	52,890.	13,620.
<b>20</b> Interest .....	221,044.	206,662.	8,344.	6,038.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,433,638.	1,321,154.	65,567.	46,917.
<b>23</b> Insurance .....	936,614.	468,954.	352,600.	115,060.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> INVENTORY ADJ-SEE SCH O	199,765,711.	199,765,711.		
<b>b</b> FREIGHT & TRANSPORT.	13,814,161.	13,814,161.		
<b>c</b> SUPPLIES	1,187,058.	1,062,218.	91,026.	33,814.
<b>d</b> DUES AND SUBSCRIPTIONS	753,644.	377,749.	140,104.	235,791.
<b>e</b> All other expenses	2,192,724.	1,177,552.	1,009,204.	5,968.
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,253,265,073.	2,244,142,506.	5,860,200.	3,262,367.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,183,054.	<b>1</b>	8,017,704.
	<b>2</b> Savings and temporary cash investments .....	179,236,886.	<b>2</b>	225,620,451.
	<b>3</b> Pledges and grants receivable, net .....	6,502,578.	<b>3</b>	9,172,237.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	800,264.	<b>7</b>	890,174.
	<b>8</b> Inventories for sale or use .....	747,666,649.	<b>8</b>	656,509,104.
	<b>9</b> Prepaid expenses and deferred charges .....	8,043,498.	<b>9</b>	8,384,796.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 50,656,309.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 11,076,271.	40,495,402.	<b>10c</b> 39,580,038.
	<b>11</b> Investments - publicly traded securities .....	0.	<b>11</b>	79,000.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,788,874.	<b>15</b>	10,000,742.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	992,717,205.	<b>16</b>	958,254,246.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	9,624,181.	<b>17</b>	6,314,228.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	8,203,752.	<b>25</b>	12,359,265.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	17,827,933.	<b>26</b>	18,673,493.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	826,526,765.	<b>27</b>	757,271,709.
	<b>28</b> Net assets with donor restrictions .....	148,362,507.	<b>28</b>	182,309,044.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	974,889,272.	<b>32</b>	939,580,753.
<b>33</b> Total liabilities and net assets/fund balances .....	992,717,205.	<b>33</b>	958,254,246.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,218,136,536.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,253,265,073.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-35,128,537.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	974,889,272.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-224,225.
<b>6</b>	Donated services and use of facilities	<b>6</b>	5,052.
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	39,191.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	939,580,753.

**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  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
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  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? .....  
If the organization 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? .....
- 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 .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2021)



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1231064403.	1432612920.	1998070429.	1927017337.	2217825794.	8806590883.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1231064403.	1432612920.	1998070429.	1927017337.	2217825794.	8806590883.
<b>5</b> 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) .....						4725780482.
<b>6 Public support.</b> Subtract line 5 from line 4.						4080810401.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	1231064403.	1432612920.	1998070429.	1927017337.	2217825794.	8806590883.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	489,967.	1,420,677.	1,274,067.	56,035.	310,742.	3,551,488.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	5,060.					5,060.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						8810147431.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	46.32 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	45.21 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check 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), 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 ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ 646,929,961.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ 222,684,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ 186,403,517.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 140,765,339.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 122,975,621.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ 89,436,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>DIRECT RELIEF</b>	<b>Employer identification number</b>  95-1831116
--------------------------------------------------	---------------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 51,973,795.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 53,834,802.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PHARMACEUTICALS, MEDICAL SUPPLIES _____ _____ _____	\$ 646,727,029.	07/01/21
2	PHARMACEUTICALS, MEDICAL EQUIPMENT _____ _____ _____	\$ 219,541,035.	07/01/21
3	PHARMACEUTICALS _____ _____ _____	\$ 186,403,517.	07/07/21
4	PHARMACEUTICALS _____ _____ _____	\$ 140,179,195.	07/06/21
5	PHARMACEUTICALS, MEDICAL SUPPLIES _____ _____ _____	\$ 122,975,621.	07/02/21
6	PHARMACEUTICALS _____ _____ _____	\$ 89,235,271.	07/01/21

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL EQUIPMENT _____ _____ _____	\$ 51,973,795.	11/01/21
8	PHARMACEUTICALS, MEDICAL SUPPLIES _____ _____ _____	\$ 53,834,802.	07/16/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization	Employer identification number  95-1831116
----------------------	--------------------------------------------------

DIRECT RELIEF

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public exhibition. 1b: Reporting on revenue and assets for public exhibition. 2: Reporting on revenue and assets for financial gain.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	62,341,309.	34,600,273.	36,975,634.	27,758,883.	28,521,747.
b Contributions	15,081.	21,313,784.	6,680,042.	8,302,822.	384,988.
c Net investment earnings, gains, and losses	-82,761.	10,021,573.	821,558.	2,236,006.	2,233,294.
d Grants or scholarships	3,571,490.	3,208,883.	2,687,197.	1,099,626.	3,177,271.
e Other expenditures for facilities and programs			6,919,743.		
f Administrative expenses		385,438.	270,021.	222,451.	203,875.
g End of year balance	58,702,139.	62,341,309.	34,600,273.	36,975,634.	27,758,883.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  100 %
  - b Permanent endowment  .0000 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  | X   |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,705,985.		8,705,985.
b Buildings		32,241,977.	3,159,159.	29,082,818.
c Leasehold improvements				
d Equipment		3,863,958.	2,963,002.	900,956.
e Other		5,844,389.	4,954,110.	890,279.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				39,580,038.

**Part VII Investments - Other Securities.**

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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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	9,729,564.
(3) ACCRUED PAYROLL EXPENSES	2,629,701.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,359,265.

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,221,023,125.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-224,225.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	3,130,314.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,906,089.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,218,117,036.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	19,500.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	19,500.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,218,136,536.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,256,331,645.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	3,086,072.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,086,072.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	2,253,245,573.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	19,500.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	19,500.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,253,265,073.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION MAINTAINS CUSTODY OF

THE BOARD RESTRICTED INVESTMENT FUND (BRIF), WHICH IS A BOARD DESIGNATED

ENDOWMENT. DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTING

ORGANIZATION 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, 2022, 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

**Part XIII** Supplemental Information (continued)

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, 2022 AND 2021

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, 2022 AND 2021.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY REIMBURSEMENT 19,500.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY REIMBURSEMENT 19,500.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING		1,411,674.
EAST ASIA AND THE PACIFIC			GRANTMAKING		145,712.
EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING		13,669,800.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING		56,000.
NORTH AMERICA (CANADA AND MEXICO)			GRANTMAKING		690,000.
RUSSIA AND NEIGHBORING STATES			GRANTMAKING		400,000.
SOUTH AMERICA			GRANTMAKING		50,000.
SOUTH ASIA			GRANTMAKING		3,594,618.
<b>3 a</b> Subtotal .....	0	0			20,017,804.
<b>b</b> Total from continuation sheets to Part I .....	0	0			1804295074.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			1824312878.

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			GRANTMAKING		1,135,027.
NORTH AMERICA (CANADA AND MEXICO)	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN MEXICO	3,080.
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN AFRICA	77,659.
SOUTH AMERICA		1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN SOUTH AMERICA	25,886.
CENTRAL AMERICA AND THE CARIBBEAN		3	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE BAHAMAS AND HAITI	141,082.
SOUTH ASIA		1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN INDIA	44,962.
EUROPE (INCLUDING ICELAND AND GREENLAND)		1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE BALKANS	89,826.
EAST ASIA AND THE PACIFIC	1	2	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN ASEAN REGION	99,572.
RUSSIA AND NEIGHBORING STATES		1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN UKRAINE	7,766.
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	113,920,158.
<b>Totals</b> .....					

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	124,322,074.
EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	34,859,888.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	137,533,899.
NORTH AMERICA (CANADA AND MEXICO)			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	5,395,985.
RUSSIA AND NEIGHBORING STATES			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	432,983,331.
SOUTH AMERICA			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	163,026,145.
SOUTH ASIA			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	426,847,589.
SUB-SAHARAN AFRICA			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	363,503,423.
NORTH AMERICA (CANADA AND MEXICO)			INVESTMENTS		266,262.
SUB-SAHARAN AFRICA			INVESTMENTS		11,460.
<b>Totals</b> .....					1804295074.

**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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE RELIEF & RECOVERY	460,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN		0.		81,403.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		82,998.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		86,025.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		94,730.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		103,680.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		135,339.	PHARMACEUTICALS, OTHER, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		136,011.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ► 246

3 Enter total number of other organizations or entities ..... ► 190

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		136,578.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		162,491.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		168,215.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		168,641.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		175,200.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		186,735.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		189,191.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		207,740.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		212,157.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		218,794.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		263,728.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		271,541.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		71,098.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		284,732.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		65,844.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		50,614.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5,015.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,441.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,660.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		8,793.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		10,418.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		11,714.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		14,132.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		18,466.	MEDICAL SUPPLIES	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		26,408.	OTHER	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		26,408.	OTHER	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		26,408.	OTHER	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		26,514.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		26,585.	MEDICAL SUPPLIES	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		26,649.	OTHER, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		28,431.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		28,814.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		30,451.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		33,693.	OTHER, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		43,395.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		56,859.	EQUIPMENT	PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		357,784.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		244,595.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		401,130.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,016,261.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,166,131.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		389,205.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,307,620.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		3,231,963.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		3,481,112.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		3,625,851.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		3,753,345.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		3,811,651.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,862,984.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5,859,864.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		9,750,222.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		12,259,378.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		23,696,105.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN	TAKEDA POST-TRIAL ACCESS PROGRAM	6,674.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE RELIEF & RECOVERY	50,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE RELIEF & RECOVERY	95,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE RELIEF & RECOVERY	150,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE RELIEF & RECOVERY	200,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE RELIEF & RECOVERY	450,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,969,238.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,774,895.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,170,582.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,398,762.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		452,937.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		472,640.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		524,575.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		634,032.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,445,850.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		675,184.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		751,569.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		769,544.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		779,048.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		637,588.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		941,603.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,002,237.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,063,132.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,139,454.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,190,726.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,223,625.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,226,650.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,311,366.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,354,727.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		779,253.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		EAST ASIA AND THE PACIFIC		0.		475,267.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		456,974.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		EAST ASIA AND THE PACIFIC		0.		417,718.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		369,805.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		17,553.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		130,333.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		EAST ASIA AND THE PACIFIC		0.		34,643.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC		0.		33,795.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		797,469.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		358,889.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		EAST ASIA AND THE PACIFIC		0.		812,264.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC	PHILIPPINES DISASTER RELIEF & RECOVERY	32,586.	WIRE	0.		
		EAST ASIA AND THE PACIFIC		0.		2,043,607.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		EAST ASIA AND THE PACIFIC	FACEBOOK CRISIS RESPONSE MAPPING	53,600.	WIRE	0.		
		EAST ASIA AND THE PACIFIC		0.		1,797,290.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC	AUSTRALIA WILDFIRES RELIEF & RECOVERY	19,526.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	PHILIPPINES DISASTER RELIEF & RECOVERY	15,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	PHILIPPINES DISASTER RELIEF & RECOVERY	25,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC		0.		44,744,418.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		12,325,651.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		3,087,020.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		2,323,840.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		54,095,540.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		209,813.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		647,830.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		381,716.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		308,879.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		229,777.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		183,047.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		27,381.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		68,244.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		51,929.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		27,956.	OTHER, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		1,115,677.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		19,864.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		172,989.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		12,179,784.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		18,435.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)	FISTULA REPAIR PROGRAM	31,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		19,216,567.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID19 RELIEF & RECOVERY	152,800.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	UKRAINE CRISIS RELIEF & RECOVERY	10,000,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	UKRAINE CRISIS RELIEF & RECOVERY	750,000.	WIRE	0.		

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	UKRAINE CRISIS RELIEF & RECOVERY	500,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	UKRAINE CRISIS RELIEF & RECOVERY	350,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	UKRAINE CRISIS RELIEF & RECOVERY	583,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID19 RELIEF & RECOVERY	260,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	VASELINE HEALING PROJECT	253,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CITY CANCER CHALLENGE PROGRAM	200,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	UKRAINE CRISIS RELIEF & RECOVERY	140,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	UKRAINE CRISIS RELIEF & RECOVERY	100,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	COVID19 RELIEF & RECOVERY	50,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	UKRAINE CRISIS RELIEF & RECOVERY	300,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA		0.		257,028.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		453,314.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		424,923.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		409,584.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		321,698.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		213,706.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		69,488.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		122,536.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA		0.		118,165.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		86,748.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		75,363.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		71,374.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		532,088.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		34,136.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		185,251.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		543,036.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		1,695,361.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA		0.		849,532.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA	REFUGEE ASSISTANCE	50,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	TAKEDA CAP PROJECT	6,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA		0.		573,341.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		24,034,664.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		17,817,017.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		16,665,395.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		34,492,425.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		7,813,043.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA		0.		4,136,240.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		4,093,788.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		3,831,984.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		1,897,763.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		1,628,679.	PHARMACEUTICALS, OTHER, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		14,086,228.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		36,425.	EQUIPMENT	PURCHASED PRICE
		NORTH AMERICA	GENERAL EMERGENCY PREP & RESPONSE	50,000.	WIRE	0.		
		NORTH AMERICA		0.		3,938,687.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA		0.		738,492.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.		358,200.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.		151,065.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.		70,611.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.		43,402.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.		29,833.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA (CANADA AND MEXICO)	EQUIPMENT	0.		23,724.	EQUIPMENT	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA (CANADA AND MEXICO)	SUPPORT OF RELATED PARTY ORGANIZATION IN MEXICO	690,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES	UKRAINE CRISIS RELIEF & RECOVERY	250,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES		0.		6,256.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		19,810.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		70,080.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		175,527.	PHARMACEUTICALS, OTHER	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		218,506.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		514,307.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES		0.		713,718.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		1,483,997.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		2,315,759.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES		0.		2,497,148.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		3,885,643.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES		0.		983,189.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES		0.		6,367,390.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES	UKRAINE CRISIS RELIEF & RECOVERY	150,000.	WIRE	0.		
		RUSSIA AND NEIGHBORING STATES		0.		5,695,940.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		42,512,656.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		38,934,873.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES		0.		32,268,179.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES		0.		239,822,172.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES		0.		13,312,278.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		9,683,370.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES		0.		8,417,698.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		6,393,552.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES		0.		16,691,283.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		717,070.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		15,416.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		56,192.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		57,326.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		109,884.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		196,344.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		247,823.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		273,749.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		537,408.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		1,251,119.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		8,479,093.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		4,336,974.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	FACEBOOK CRISIS RESPONSE MAPPING	50,000.	WIRE	0.		
		SOUTH AMERICA		0.		27,946,505.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		25,099,468.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		19,091,660.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		50,688,107.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		2,017,324.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		4,924,132.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		4,671,191.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		12,309,364.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		318,031.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		202,335.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		208,347.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		235,347.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		257,754.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		277,373.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		285,263.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		326,126.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		540,229.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		400,266.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		417,282.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		456,809.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		187,349.	OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		570,444.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		572,530.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		652,253.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		680,166.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		326,126.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		183,362.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		111,753.	EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		169,792.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		6,087.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		11,550.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		13,721.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		14,828.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		21,220.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		25,602.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		26,000.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		SOUTH ASIA		0.		30,067.	EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		32,490.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		55,291.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		67,575.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		73,724.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		88,907.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		98,237.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		760,296.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		146,873.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		148,797.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		175,322.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		815,316.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		17,433.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,124,784.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		14,059,605.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		15,966,221.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		19,007,406.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		19,891,053.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		30,791,997.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		187,734,724.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	7,495.	WIRE	0.		
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	15,000.	WIRE	0.		
		SOUTH ASIA		0.		12,925,036.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA	VASELINE HEALING PROJECT	35,000.	WIRE	0.		
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	85,001.	WIRE	0.		
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	275,500.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	298,623.	WIRE	0.		
		SOUTH ASIA	CHAL FOUNDATION PAKISTAN	430,000.	WIRE	0.		
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	540,000.	WIRE	0.		
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	575,000.	WIRE	0.		
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	1,000,000.	WIRE	0.		
		SOUTH ASIA		0.		940,263.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA	MURSHID HOSPITAL SUPPORT	83,000.	WIRE	0.		
		SOUTH ASIA		0.		12,164,740.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	250,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		11,404,444.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,140,444.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		12,164,740.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,446,690.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,962,421.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		1,967,473.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		2,280,889.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		2,445,947.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		2,548,628.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		2,652,255.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		2,223,998.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		4,561,777.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		4,900,751.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		5,322,074.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		6,826,632.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		6,842,666.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		7,602,962.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		11,369,965.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		4,214,684.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		8,354,046.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		100,661.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		96,025.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		96,025.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		96,025.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		73,580.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		76,922.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		69,618.	MEDICAL SUPPLIES	PURCHASED PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		59,467.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		125,256.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		58,271.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		86,008.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		139,333.	EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		389,108.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		212,425.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		227,813.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		233,586.	MEDICAL SUPPLIES	PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		285,431.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		292,612.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		326,164.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		331,760.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		373,593.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		411,862.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		480,000.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		567,359.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		597,324.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		52,539.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		166,333.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		49,701.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		11,713.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		36,746.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		5,564.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		5,672.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		5,776.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		5,788.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		5,887.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		6,935.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		7,267.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		8,497.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		10,106.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		624,496.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		11,830.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		12,174.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		14,853.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		15,390.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		15,398.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		16,106.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		17,550.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		21,663.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		23,547.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		23,610.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		23,661.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		23,719.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		23,790.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		25,382.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		30,143.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		34,575.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		34,941.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		38,515.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		709,382.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		2,342,696.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		904,826.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		4,303,604.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		5,374,157.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		5,663,690.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		6,009,877.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		6,306,145.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		6,521,430.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		7,136,590.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		7,928,731.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		8,188,916.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		9,442,179.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		10,708,350.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		5,523.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		4,187,212.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		15,718,149.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		28,406,198.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		44,057,962.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		81,272,768.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA	SUPPORT OF RELATED PARTY ORGANIZATION IN SOUTH AFRICA	45,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	GHANA MENTAL HEALTH PROGRAM	18,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	VASELINE HEALING PROJECT	22,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	COVID19 RELIEF & RECOVERY	48,730.	WIRE	0.		
		SUB-SAHARAN AFRICA	COVID19 RELIEF & RECOVERY	85,647.	WIRE	0.		
		SUB-SAHARAN AFRICA	COVID19 RELIEF & RECOVERY	86,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	COVID19 RELIEF & RECOVERY	100,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	COVID19 RELIEF & RECOVERY	108,650.	WIRE	0.		
		SUB-SAHARAN AFRICA	REFUGEE ASSISTANCE	621,000.	WIRE	0.		
		SUB-SAHARAN AFRICA		0.		24,915,978.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		3,795,914.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		3,768,497.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		3,635,743.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		906,558.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		931,681.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		955,606.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		974,703.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		981,216.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		1,045,990.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		1,080,297.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		1,118,612.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		1,265,996.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		1,315,495.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		1,419,927.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		1,435,664.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		1,588,182.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		1,628,798.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		1,682,041.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		1,689,503.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		2,006,548.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		2,184,954.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		2,445,947.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		2,534,871.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		2,739,172.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		2,789,331.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		3,105,981.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		3,468,225.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		3,490,155.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		3,526,431.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		3,625,333.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		711,312.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		12,334,281.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  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.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

DIRECT RELIEF

**Employer identification number**

95-1831116

**Part I General Information on Grants and Assistance**

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

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

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
1ST CHOICE HEALTHCARE 1300 CREASON ROAD CORNING, AR 72422	71-0715998	501(C)(3)	0.	259,219.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
A PROMISE TO HELP 516 TUSCALOOSA AVENUE SW BIRMINGHAM, AL 35211	47-1137244	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
A PROMISE TO HELP 516 TUSCALOOSA AVENUE SW BIRMINGHAM, AL 35211	47-1137244	501(C)(3)	0.	9,195.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
A+ COUNSELING CENTER AND A+ HEALTH CENTER - 10351 SOUTHERN MARYLAND BLVD. - DUNKIRK, MD 20754	59-3812335	501(C)(3)	0.	129,800.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AARON E. HENRY COMMUNITY HEALTH SER - 510 HWY 322 POST OFFICE DRAWER 1216 - CLARKSDALE, MS 38614	64-0624495	501(C)(3)	240,000.	0.			ABBVIE HEALTH EQUITY
ABCLINIC FAMILY CARES, INC. 110 INDUSTRIAL PARKWAY SARALAND, AL 36571	81-2703805	501(C)(3)	0.	8,896.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1,202.

**3** Enter total number of other organizations listed in the line 1 table ▶ 8.

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

**Schedule I (Form 990) 2021**

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABINGTON- JEFFERSON HEALTH THE ABINGTON OB/GYN CENTER - 1200 OLD YORK ROAD - ABINGTON, PA 19001	23-1352152	501(C)(3)	0.	40,717.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACACIA MEDICAL MISSION 1781 E. AMMANN RD BULVERDE, TX 78163	90-0401594	501(C)(3)	0.	660,060.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS CARROLL 10 DISTILLERY DRIVE, STE 200 WESTMINISTER, MD 21157	20-2146701	501(C)(3)	0.	25,106.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS HEALTH LOUISIANA ST. CHARLES COMMUNITY HEALTH CENTER - 843 MILLING AVENUE - LULING, LA 70070	47-0852944	501(C)(3)	0.	7,152.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP ASPIRE AMERICAN DIABETES ASSOCIATION - 809 FIVE-POINTS ROAD - RUSH, NY 14543	13-1623888	501(C)(3)	0.	8,644.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP COURAGE AMERICAN DIABETES ASSOCIATION - 134 CAMP SOLES LANE - ROCKWOOD, PA 15557	13-1623888	501(C)(3)	0.	5,452.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP DISCOVERY AMERICAN DIABETES ASSOCIATION - 7285 W 132ND STREET - OVERLAND PARK, KS 66213	13-1623888	501(C)(3)	0.	7,543.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP EDI AMERICAN DIABETES ASSOCIATION - 13528 STATE HWY AA - POTOSI, MO 63664	13-1623888	501(C)(3)	0.	9,452.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP FREEDOM AMERICAN DIABETES ASSOCIATION - 150 MONUMENT ROAD - BALA CYNWYD, PA 19004	13-1623888	501(C)(3)	0.	8,662.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADA CAMP GRANADA AMERICAN DIABETES ASSOCIATION - 55 E. MONROE STREET - CHICAGO, IL 60603	13-1623888	501(C)(3)	0.	6,908.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP ICANDO AMERICAN DIABETES ASSOCIATION - 986 W. ATHERTON - TAYLORSVILLE, UT 84123	13-1623888	501(C)(3)	0.	6,353.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP JOHN WARVEL AMERICAN DIABETES ASSOCIATION - 8604 ALLISONVILLE ROAD - INDIANAPOLIS, IN 46250	13-1623888	501(C)(3)	0.	8,777.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP MAVERICK AMERICAN DIABETES ASSOCIATION - 8000 WEST 78TH ST. SUITE 175 - EDINA, MN 55439	13-1623888	501(C)(3)	0.	8,107.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP MIDICHA AMERICAN DIABETES ASSOCIATION YMCA CAMP COPNECONIC - 10407 NORTH FENTON ROAD - FENTON, MI 48430	13-1623888	501(C)(3)	0.	19,568.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP PLANET D AMERICAN DIABETES ASSOCIATION - 7285 W 132ND STREET - OVERLAND PARK, KS 66213	44-0605373	501(C)(3)	0.	9,841.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP TRIANGLE D AMERICAN DIABETES ASSOCIATION - 32405 N. HWY 12 - INGLESIDE, IL 60041	13-1623888	501(C)(3)	0.	5,390.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP WANA KURA AMERICAN DIABETES ASSOCIATION - 6065 COZZENS STREET - SAN DIEGO, CA 92122	13-1623888	501(C)(3)	0.	7,416.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADAMS COMPASSIONATE HEALTHCARE 4431 BROOKFIELD CORPORATE DRIVE CHANTILLY, VA 20151	46-1959130	501(C)(3)	0.	25,020.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADELANTE HEALTHCARE, INC 3033 N. CENTRAL AVENUE PHOENIX, AZ 85012	86-0377821	501(C)(3)	0.	18,890.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADVENTHEALTH WATERMAN COMMUNITY CLINIC - 2300 KURT STREET - EUSTIS, FL 32726	59-3140669	501(C)(3)	0.	22,244.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)	0.	2,925,662.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AGAPE COMMUNITY HEALTH CENTER, INC 1680 DUNN AVE SUITE #35 JACKSONVILLE, FL 32218	16-1660966	501(C)(3)	0.	176,658.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AGHABY COMPREHENSIVE COMMUNITY HEALTH CENTER - 349 W. COMPTON BLVD - COMPTON, CA 90220	46-2637814	501(C)(3)	0.	35,091.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AHS FAMILY HEALTH CENTER 2424 W. PETERSON AVENUE CHICAGO, IL 60659	01-0567661	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
ALABAMA APPLESEED CENTER FOR LAW & JUSTICE - 400 SOUTH UNION ST. - MONTGOMERY, AL 36104	06-1647437	501(C)(3)	210,000.	0.			FUND FOR HEALTH EQUITY
ALABAMA STATEWIDE AREA HEALTH EDUCA - 930 20TH STREET S - BIRMINGHAM, AL 35205	63-6005396	501(C)(3)	225,000.	0.			FUND FOR HEALTH EQUITY
ALAMEDA COUNTY HEALTH CARE 384 14TH STREET OAKLAND, CA 94612	94-6000501	ALAMEDA COUNTY	0.	12,226.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA NATIVE HERITAGE CENTER 8800 HERITAGE CENTER DRIVE ANCHORAGE, AK 99504	92-0127531	501(C)(3)	198,588.	0.			FUND FOR HEALTH EQUITY
ALASKA NATIVE TRIBAL HEALTH 4000 AMBASSADOR DRIVE ANCHORAGE, AK 99508-5909	92-0162721	501(C)(3)	300,000.	0.			COVID19-US
ALASKA PACIFIC UNIVERSITY 4101 UNIVERSITY DR ANCHORAGE, AK 99508	92-0023588	501(C)(3)	228,615.	0.			FUND FOR HEALTH EQUITY
ALBEMARLE HOSPITAL FOUNDATION DBA COMMUNITY CARE CLINIC - 918 GREENLEAF STREET - ELIZABETH CITY, NC 27909	43-2031990	501(C)(3)	0.	169,912.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALBRECHT FREE CLINIC 908 WASHINGTON STREET WEST BEND, WI 53095	39-1839654	501(C)(3)	0.	33,256.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALCORN STATE UNIVERSITY FAMILY CLINIC - 15 CAMPUS DRIVE - NATCHEZ, MS 39120	64-0538018	501(C)(3)	0.	46,983.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALCORN STATE UNIVERSITY FOUNDATION 1000 ASU DRIVE #810 LORMAN, MS 39096	64-0538018	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
ALL FOR HEALTH, HEALTH FOR ALL 519 EAST BROADWAY BLVD. GLENDALE, CA 91205	95-4773684	501(C)(3)	0.	76,640.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALL NATIONS HEALTH CENTER 830 W CENTRAL AVE MISSOULA, MT 59801	81-0330646	501(C)(3)	0.	90,712.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE MEDICAL CENTER 1381 UNIVERSITY AVE HEALDSBURG, CA 95488	94-2308748	501(C)(3)	0.	8,029.	ESTIMATED WHOLESALE PRICE, PURCHASED	OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALL-INCLUSIVE COMMUNITY HEALTH CENTER - 1311 NORTH SAN FERNANDO BLVD - BURBANK, CA 91504	27-4198722	501(C)(3)	0.	6,250.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALPHA OMEGA ALLIANCE INC DBA RIVIERA BEACH INTEGRATED CARE - 31 W 20TH STREET - RIVIERA BEACH, FL 33404	42-1615117	501(C)(3)	0.	182,501.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALTAMED HEALTH SERVICES CORP. 2040 CAMFIELD AVENUE COMMERCE, CA 90040	95-2810095	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
ALTAMED HEALTH SERVICES CORPORATION - 2040 CAMFIELD AVENUE - LOS ANGELES, CA 90040	95-2810095	501(C)(3)	0.	38,828.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALTURA CENTERS FOR HEALTH 1201 N CHERRY STREET TULARE, CA 93274	77-0465378	501(C)(3)	0.	6,668.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN RED CROSS IN-KIND DONATIONS TEAM - 431 18TH STREET NW - WASHINGTON, DC 20006	53-0196605	501(C)(3)	0.	18,760.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMISTAD COMMUNITY HEALTH CENTER 1533 SOUTH BROWNLEE AVENUE CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	0.	149,364.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMPLA HEALTH 935 MARKET STREET YUBA CITY, CA 95991	94-2210447	501(C)(3)	226,310.	0.			POWER FOR HEALTH-CA, POWER FOR HEALTH-UNRESTRICTED

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMPLA HEALTH DEL NORTE CLINICS, INC - 935 MARKET STREET - YUBA CITY, CA 95991-4210	94-2210447	501(C)(3)	0.	31,525.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANDERSON FREE CLINIC 414 N. FANT STREET ANDERSON, SC 29621	57-0787584	501(C)(3)	0.	318,694.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANN SILVERMAN COMMUNITY HEALTH CLINIC - 595 W. STATE STREET - DOYLESTOWN, PA 18901	23-2892823	501(C)(3)	0.	22,260.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTLERS FIRST BAPTIST CHURCH FREE CLINIC - 208 NE B STREET - ANTLERS, OK 74523	73-1092316	501(C)(3)	0.	173,592.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
APNI INC. PO BOX 21280 SAN JUAN, PR 00928	66-0376145	501(C)(3)	250,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
ARCARE P.O. BOX 497 AUGUSTA, AR 72006	58-1666179	501(C)(3)	50,000.	0.			GENERAL U.S. EMERGENCY PREP & RESPONSE
ARCARE PO BOX 497 AUGUSTA, AR 72006	58-1666179	501(C)(3)	0.	27,297.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARKANSAS HARM REDUCTION PROJECT 4301 WEST MARKHAM SLOT 641 LITTLE ROCK, AR 72205	83-3867162	501(C)(3)	0.	8,007.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARLINGTON FREE CLINIC PHARMACY 2921 S. 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)	0.	667,276.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARROYO VISTA FAMILY HEALTH CENTER 6000 N. FIGUEROA STREET LOS ANGELES, CA 90042	95-3514918	501(C)(3)	0.	10,771.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET #3 BANDERA, TX 78003	77-0697361	501(C)(3)	0.	170,126.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN AMERICAN HEALTH COALITION DBA HOPE CLINIC - 7001 CORPORATE DRIVE - HOUSTON, TX 77036	31-1756818	501(C)(3)	0.	34,177.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN HEALTH SERVICES 101 8TH STREET, SUITE 100 OAKLAND, CA 94670	94-2235908	501(C)(3)	360,000.	0.			FUND FOR HEALTH EQUITY, ADDRESS MICRONUTRIENT DEF AWARDS BAYER
ASIAN HUMAN SERVICES FAMILY HEALTH CENTER - 2424 W. PETERSON AVENUE - CHICAGO, IL 60659	01-0567661	501(C)(3)	0.	275,646.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN PACIFIC HEALTH CARE VENTURE, INC - 1530 HILLHURST AVENUE - LOS ANGELES, CA 90027	95-4177752	501(C)(3)	0.	266,645.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN SERVICES IN ACTION, INC. 370 E MARKET STREET AKRON, OH 44304	34-1798850	501(C)(3)	224,000.	0.			FUND FOR HEALTH EQUITY
ASOCIACION DE SALUD PRIMARIA DE PUERTO RICO, INC. - EDIFICIO ALIANZA #400 - RIO PIEDRAS, PR 00927	66-0419912	501(C)(3)	0.	70,574.	PURCHASED PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASOCIACION PUERTORRIQUENA DIABETES 1608 CALLE BORI EDIF. RIO PIEDRAS, PR 00927	66-0442165	501(C)(3)	62,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS, BAXTER INNOVATION AWARDS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASYLUM-SEEKERS SHELTER HEALTH PROGRAM - 4902 PACIFIC HIGHWAY - SAN DIEGO, CA 92110	95-6006144	501(C)(3)	0.	108,975.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BANDON COAST COMMUNITY HEALTH CENTER - 1010 SE FIRST - BANDON, OR 97411	94-3455260	501(C)(3)	0.	9,301.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE AVENUE NEW ORLEANS, LA 70117	45-3792193	501(C)(3)	30,000.	0.			COVID19-ABBOTT
BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE NEW ORLEANS, LA 70117	45-3792193	501(C)(3)	0.	130,018.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BARNABAS HEALTH SERVICES 1303 JASMINE STREET FERNANDINA BEACH, FL 32034	59-2920275	501(C)(3)	0.	116,491.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BARRIER ISLANDS FREE MEDICAL CLINIC - 3226 MAYBANK HIGHWAY, #C - JOHNS ISLAND, SC 29455	20-5628911	501(C)(3)	0.	170,359.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER - 43322 GINGHAM AVE. - LANCASTER, CA 93535	27-3261289	501(C)(3)	0.	199,539.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BASIC HEALTH INTERNATIONAL 6425 LIVING PLACE PITTSBURGH, PA 15206	20-3408717	501(C)(3)	121,350.	0.			GENERAL HEALTHCARE PROVIDER SUPPORT
BATON ROUGE PRIMARY CARE COLLABORATIVE JEWEL NEWMAN COMMUNITY CENTER - 2013 CENTRAL ROAD, SUITE B - BATON ROUGE, LA	41-2114148	501(C)(3)	0.	51,896.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEACON CHARITABLE PHARMACY 408 9TH ST SW CANTON, OH 44707	20-0797475	501(C)(3)	0.	19,231.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEACON CHRISTIAN COMMUNITY HEALTH CENTER - 2079 FOREST AVENUE - STATEN ISLAND, NY 10303	02-0703686	501(C)(3)	0.	28,216.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEAUFORT COUNTY SYRINGE EXCHANGE PROGRAM - 1436 HIGHLAND DRIVE - WASHINGTON, NC 27889	56-6001521	BEAUFORT COUNTY	0.	12,960.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEAUFORT-JASPER HAMPTON COMPREHENSIVE HEALTH SERVICES BJHCHS CHELSEA - 719 OKATIE HWY - OKATIE, SC 29909	57-0523586	501(C)(3)	0.	10,315.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BECKLEY HEALTH RIGHT 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501(C)(3)	0.	28,561.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEDFORD STUYVESANT FAMILY HEALTH CENTER - 1456 FULTON STREET - BROOKLYN, NY 11216	11-2412205	501(C)(3)	0.	17,412.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEE BUSY WELLNESS CENTER 8785 WEST BELLFORT STREET HOUSTON, TX 77031	27-0653014	501(C)(3)	0.	411,523.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEEBE MEMORIAL CME CATHEDRAL 3900 TELEGRAPH AVENUE OAKLAND, CA 94609	94-1752395		12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
BEHAVIORAL HEALTH SERVICES FAMILY HEALTH CENTER PACIFICA HOUSE - 2501 W. EL SEGUNDO BLVD. - HAWTHORNE, CA 90250	95-2838006	501(C)(3)	0.	38,462.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELINGTON COMMUNITY MEDICAL SERVICES ASSOCIATION - 70 NORTH STURMER STREET - BELINGTON, WV 26250	23-7310126	501(C)(3)	0.	15,197.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BERGEN VOLUNTEER MEDICAL INITIATIVE - 75 ESSEX STREET, SUITE 100 - HACKENSACK, NJ 07601	20-2633437	501(C)(3)	234,100.	0.			FUND FOR HEALTH EQUITY
BERGEN VOLUNTEER MEDICAL INITIATIVE, INC. - 75 ESSEX STREET - HACKENSACK, NJ 07601	20-2633437	501(C)(3)	0.	58,961.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETANCES HEALTH 280 HENRY STREET NEW YORK, NY 10002-4618	13-2697725	501(C)(3)	0.	259,438.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHENY BAPTIST CHURCH 460 MARCUS GARVEY BLVD BROOKLYN, NY 11216	11-2341436	501(C)(3)	12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
BETHESDA COMMUNITY CLINIC 111 MOUNTAIN BROOK DRIVE CANTON, GA 30115	27-4923001	501(C)(3)	0.	516,739.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA FREE HEALTH CLINIC OF DIBERVILLE - 6912 N WASHINGTON AVENE - OCEAN SPRINGS, MS 39564	27-3534168	501(C)(3)	0.	11,737.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA HEALTH CLINIC 409 W. FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)	0.	978,730.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEVERLYCARE 101 EAST BEVERLY BLVD. MONTEBELLO, CA 90640	47-1545656	501(C)(3)	0.	6,550.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BETHEL 204 AUBURN AVE ATLANTA, GA 30303	58-1035682		12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
BIG SPRINGS MEDICAL ASSOCIATION DBA MISSOURI HIGHLANDS HEALTH CARE - 110 SOUTH SECOND STREET - ELLINGTON, MO 63638	43-1068291	501(C)(3)	0.	524,777.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLACK RIVER HEALTH SERVICES, INC. DBA BLACK RIVER FAMILY PRACTICE - 301 S. CAMPBELL STREET - BURGAW, NC 28425	23-7356223	501(C)(3)	0.	106,752.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLAND COUNTY MEDICAL CLINIC, INC 12301 GRAPEFIELD RD BASTIAN, VA 24314	54-1074890	501(C)(3)	0.	48,804.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLUE RIDGE COMMUNITY HEALTH SERVICES, INC. - 2579 CHIMNEY ROCK RD - HENDERSONVILLE, NC 28792	56-0794933	501(C)(3)	0.	28,075.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLUE RIDGE MEDICAL CENTER PHARMACY 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922	54-1222147	501(C)(3)	0.	9,722.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOND COMMUNITY HEALTH CENTER YOURX PHARMACY @ BONDCHC - 1720 SOUTH GADSDEN STREET - TALLAHASSEE, FL 32301	59-2426414	501(C)(3)	0.	299,949.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOONE FREE MEDICAL CLINIC 703 ARDEN STREET BOONE, IA 50036	42-1428706	501(C)(3)	0.	59,791.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BORINQUEN HEALTH CARE CENTER, INC. 3601 N FEDERAL HWY MIAMI, FL 33137-3795	59-1417397	501(C)(3)	0.	261,787.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOUNDARY REGIONAL COMMUNITY HEALTH CENTER DBA KANIKSU HEALTH SERVICES - 810 N. SIXTH AVE - SANDPOINT, ID 83864	04-3634356	501(C)(3)	0.	8,057.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOYS & GIRLS CLUB OF THE NORTHERN PO BOX 309 LAME DEER, MT 59043	36-3945776	501(C)(3)	50,000.	0.			COVID19-US
BOYS & GIRLS CLUB OF THE NORTHERN CHEYENNE NATION - 634 CHEYENNE AVENUE - LAME DEER, MT 59043	36-3945776	501(C)(3)	0.	16,551.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRADLEY FREE CLINIC OF ROANOKE VALLEY INC PHARMACY - 1240 THIRD STREET, SW - ROANOKE, VA 24016	23-7380491	501(C)(3)	0.	227,504.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BREAD OF HEALING CLINIC 1821 NORTH 16TH STREET MILWAUKEE, WI 53205	81-0669867	501(C)(3)	0.	330,610.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRIDGES TO HEALTH 119 SOUTH WASHINGTON STREET MARION, IN 46952	20-5405181	501(C)(3)	0.	71,288.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROAD STREET CLINIC FOUNDATION 534 NORTH 35TH STREET MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)	0.	37,519.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROTHER BILL'S HELPING HAND COMMUNITY CLINIC - 3906 N. WESTMORELAND RD. - DALLAS, TX 75212	75-6027740	501(C)(3)	0.	389,824.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROWARD COMMUNITY & FAMILY HEALTH CENTER - 5010 HOLLYWOOD BLVD - HOLLYWOOD, FL 33021	59-3489664	501(C)(3)	0.	11,052.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWNSVILLE COMMUNITY HEALTH CENTER - 191 EAST PRICE ROAD - BROWNSVILLE, TX 78521	74-2176836	501(C)(3)	0.	9,522.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROWNSVILLE MULTI-SERVICE 592 ROCKAWAY AVENUE BROOKLYN, NY 11212	11-2544630	501(C)(3)	0.	27,984.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BULLHOOK COMMUNITY HEALTH CENTER INC. - 521 4TH ST - HAVRE, MT 59501	20-5970239	501(C)(3)	0.	13,476.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
C. W. WILLIAMS COMMUNITY HEALTH CENTER PHARMACY - 5800 OLD PINEVILLE ROAD - CHARLOTTE, NC 28217	56-1262478	501(C)(3)	0.	29,696.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
C.A.R.E. CLINIC 906 COLLEGE AVE, DOOR #1 RED WING, MN 55066	27-0540451	501(C)(3)	0.	428,234.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CABELL-HUNTINGTON HEALTH DEPARTMENT - 703 7TH AVE - HUNTINGTON, WV 25701	55-0400653	CABELL COUNTY	0.	67,366.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CABIN CREEK HEALTH SYSTEMS 104 ALEX LANE CHARLESTON, WV 25304	55-0709223	501(C)(3)	0.	724,931.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CABRINI CLINIC 1234 PORTER ST DETROIT, MI 48226	38-3129349	501(C)(3)	0.	41,644.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CACTUS HEALTH SERVICES, INC. 700 N. MAIN ST. FORT STOCKTON, TX 79735	16-1663081	501(C)(3)	0.	227,826.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMARENA HEALTH 730 N. I STREET MADERA, CA 93637	94-2503904	501(C)(3)	50,000.	0.			ADDRESS MICRONUTRIENT DEF AWARDS BAYER
CAMELBACK FAMILY PLANNING 4141 N 32ND ST, STE 105 PHOENIX, AZ 85018	86-0937180		0.	110,420.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMILLUS HEALTH CONCERN 336 NW 5TH ST. MIAMI, FL 33128	65-0063921	501(C)(3)	0.	53,761.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP ADAM FISHER 8001 M W RICKENBAKER ROAD SUMMERTON, SC 29148	54-2101275	501(C)(3)	0.	19,879.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP CONRAD-CHINNOCK 4700 JENKS LAKE ROAD, EAST ANGELUS OAKS, CA 92305	95-3897543	501(C)(3)	0.	57,058.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP FREEDOM SOUTH TEXAS JUVENILE DIABETES ASSOCIATION - 3601 WEST ALBERTA RD. - EDINBURG, TX 78539	45-3645389	501(C)(3)	0.	18,706.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP GILBERT 1315 S. CLIFF AVENUE SIOUX FALLS, SD 57105	20-8521374	501(C)(3)	0.	5,630.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HERTKO HOLLOW 501 GRAND AVE DES MOINES, IA 50309	76-0717999	501(C)(3)	0.	10,898.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOPEWELL 24 CR 231 OXFORD, MS 38655	23-6393377	501(C)(3)	0.	13,270.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP KUDZU 5885 GLENRIDGE DRIVE ATLANTA, GA 30328	58-2449646	501(C)(3)	0.	103,754.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SWEET ESCAPE 1120 15TH STREET, BLDG. 1014 (DUGAS AUGUSTA, GA 30912	47-1776514	501(C)(3)	0.	9,147.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP VALOR UTAH HEMOPHILIA FOUNDATION CAMP WAPITI - 772 EAST 3300 SOUTH - SALT LAKE CITY, UT 84106	87-6127162	501(C)(3)	0.	32,900.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMUY HEALTH SERVICES, INC PO BOX 660 CAMUY, PR 00627	66-0428652	501(C)(3)	220,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
CAMUY HEALTH SERVICES, INC. AVENUE MUNOZ RIVERA #63 CAMUY, PR 00627	66-0428652	501(C)(3)	0.	7,770.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CANYONLANDS HEALTHCARE 827 VISTA AVENUE PAGE, AZ 86040	86-0350153	501(C)(3)	0.	51,615.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPE FEAR CLINIC, INC 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)	0.	609,116.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPITAL CITY RESCUE MISSION FREE 259 SOUTH PEARL STREET ALBANY, NY 12202	56-2663290	501(C)(3)	0.	46,965.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPITOL CITY FAMILY HEALTH CENTER DBA CARESOUTH MEDICAL & DENTAL - 3140 FLORIDA STREET - BATON ROUGE, LA 70806	72-1395500	501(C)(3)	0.	14,917.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARACOLE, INC. 4138 HAMILTON AVENUE CINCINNATI, OH 45208	31-1210524	501(C)(3)	0.	26,012.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARBON MEDICAL SERVICE ASSOCIATION EAST CARBON CLINIC - 331 HIGHWAY 123 - SUNNYSIDE, UT 84520	87-0217443	501(C)(3)	0.	17,012.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE BEYOND THE BOULEVARD 530 QUINDARO BLVD KANSAS CITY, KS 66101	83-1122028	501(C)(3)	0.	347,008.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE FOR THE HOMELESS 30 EAST 33RD STREET - 5TH FLOOR NEW YORK, NY 10016-5337	13-3666994	501(C)(3)	47,017.	0.			INCREASING IMMUNITY AWARDS - CVS
CARE FOR THE HOMELESS 30 EAST 33RD STREET - FIFTH FLOOR NEW YORK, NY 10016	13-3666994	501(C)(3)	0.	26,292.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE HARBOR 18436 HAWTHORNE BLVD. TORRANCE, CA 90504	27-2984870	501(C)(3)	0.	12,389.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE RESOURCE 3510 BISCAYNE BLVD., 2ND FLOOR MIAMI, FL 33137	59-2564198	501(C)(3)	0.	43,537.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARESOUTH CAROLINA, INC. 201 SOUTH 5TH STREET HARTSVILLE, SC 29550	57-0664826	501(C)(3)	0.	12,479.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARIDAD CENTER 8645 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33472	65-0149423	501(C)(3)	0.	93,953.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARING COMMUNITY CLINIC 200 DOCTORS DRIVE, STE L JACKSONVILLE, NC 28546	56-1705813	501(C)(3)	0.	52,202.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAROLINA FAMILY HEALTH CENTERS WILSON COMMUNITY HEALTH CENTER - 303 EAST GREEN STREET - WILSON, NC 27893	58-2079819	501(C)(3)	0.	41,470.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CASA EL BUEN SAMARITANO 14060 DUBLIN STREET HOUSTON, TX 77085	37-1546805	501(C)(3)	0.	27,726.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATAHOULA PARISH HOSPITAL DISTRICT NO. 2 - 307 CHISUM STREET - SICILY ISLAND, LA 71368	72-0838896	501(C)(3)	0.	15,829.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE. NE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)	0.	95,924.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHOLIC DIOCESE OF LITTLE ROCK WESTSIDE FREE MEDICAL CLINIC - 2500 N. TYLER STREET - LITTLE ROCK, AR 72207	71-0236871	501(C)(3)	0.	30,203.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CBV MANAGEMENT INC CARRETERA 159 KM 13.9 COROZAL, PR 00783	66-0864150	501(C)(3)	0.	64,619.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CCI HEALTH & WELLNESS SERVICES 8630 FENTON STREET SILVER SPRING, MD 20910	52-0988386	501(C)(3)	0.	908,432.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENLA MEDICATION ACCESS PROGRAM CMAP - 1101 4TH STREET, SUITE 203 - ALEXANDRIA, LA 71301	02-0751416	501(C)(3)	0.	414,969.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET, SW ATLANTA, GA 30312	58-2212203	501(C)(3)	180,000.	0.			FUND FOR HEALTH EQUITY
CENTER FOR EMPOWERED POLITICS EDUCATION FUND - 1042 GRANT AVE - SAN FRANCISCO, CA 94113	84-3636499	501(C)(3)	500,000.	0.			COVID19-US
CENTER FOR FAMILY HEALTH AND EDUCATION - 8727 VAN NUYS BOULEVARD - PANORAMA CITY, CA 91402	27-0224623	501(C)(3)	0.	581,016.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTER FOR HAITIAN STUDIES, INC 8260 NE 2ND AVE MIAMI, FL 33138	65-0136723	501(C)(3)	0.	28,777.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTER FOR HEALING AND HOPE 400 W LINCOLN AVE. GOSHEN, IN 46526	02-0560511	501(C)(3)	0.	105,000.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL CITY INTEGRATED HEALTH 10 PETERBORO DETROIT, MI 48201	38-1986574	501(C)(3)	200,000.	0.			LILLY HEALTH EQUITY
CENTRAL FLORIDA HEALTH CARE 1129 NORTH MISSOURI AVENUE LAKELAND, FL 33805	59-1404594	501(C)(3)	0.	11,378.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL LOUISIANA AIDS SUPPORT SERVICES - 1785 JACKSON STREET - ALEXANDRIA, LA 71301	72-1097079	501(C)(3)	0.	74,355.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL MISSOURI DIABETIC CHILDREN'S CAMP HICKORY HILL - 2800 ROYAL OAK COURT - COLUMBIA, MO 65203	43-0983917	501(C)(3)	0.	9,238.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL MS HEALTH SERVICE, INC. 1134 WINTER STREET JACKSON, MS 39204	64-0426295	501(C)(3)	0.	278,494.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL OHIO DIABETES ASSOCIATION LIFECARE ALLIANCE CAMP HAMWI - 1100 DENNISON AVE - COLUMBUS, OH 43201	31-6054100	501(C)(3)	0.	28,290.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL VIRGINIA HEALTH SERVICES INC PHARMACY - 25892 JAMES MADISON HIGHWAY - NEW CANTON, VA 23123	54-0887287	501(C)(3)	0.	8,269.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE STATE COLLEGE, PA 16803	25-1897969	501(C)(3)	0.	132,774.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO DE SALUD DE LARES, INC PO BOX 379 LARES, PR 00669	66-0426506	501(C)(3)	115,966.	0.			ABBVIE PR MOBILE HEALTH
CENTRO DE SALUD FAMILIAR DR JULIO DR JULIO PALMIERI FERRI, INC - MORSE ST. #46 VALENTINA CORNER - ARROYO, PR 00714	66-0496484	501(C)(3)	100,000.	0.			ABBVIE PR MOBILE HEALTH
CENTRO DE SERVICIOS PRIMARIOS - PATILLAS - PO BOX 697 - PATILLAS, PR 00723	66-0430826	501(C)(3)	305,000.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT, ABBVIE PR MOBILE HEALTH, ABBVIE PR MEDICALLY FRAGILE
CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC. - 99 CALLE GUILLERMO RIEFKOHL STREET - PATILLAS, PR 00723	66-0430826	501(C)(3)	0.	18,874.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO HISPANO DE EAST TENNESSEE 2455 SUTHERLAND AVE KNOXVILLE, TN 37919	20-3415545	501(C)(3)	186,000.	0.			LILLY HEALTH EQUITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO MEDICO COMMUNITY CLINIC 1303 W SIXTH STREET CORONA, CA 92882	33-0986880	501(C)(3)	0.	100,871.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO SALUD FAMILIAR DR. JULIO PALMIERI FERRI, INC. - MORSE STREET #46 VALENTINA CORNER - ARROYO, PR 00714	66-0496484	501(C)(3)	0.	16,241.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO SAN VICENTE 8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501(C)(3)	200,000.	0.			LILLY NAVIGATOR GRANT, FUND FOR HEALTH EQUITY
CENTRO SAN VICENTE 8061 ALAMEDA AVENUE EL PASO, TX 79915	74-2505561	501(C)(3)	0.	194,514.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTROMED SOUTH PARK CLINIC PHARMACY - 6315 SOUTH ZARZAMORA - SAN ANTONIO, TX 78211	74-1787031	501(C)(3)	0.	17,679.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTROS DE SALUD DE LARES, INC. CARRETERA 111 KM 33.2 LARES, PR 00669	66-0426506	501(C)(3)	0.	30,987.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHARIS HEALTH CENTER 2620 NORTH MT. JULIET RD. MT. JULIET, TN 37122	35-2298919	501(C)(3)	0.	380,458.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHARITABLE PHARMACY OF CENTRAL OHIO - 200 EAST LIVINGSTON AVENUE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	830,744.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHARITABLE PHARMACY OF HOPE CLINIC OF ROSS COUNTY, INC. - 610 CENTRAL CENTER - CHILLICOTHE, OH 45601	45-2390821	501(C)(3)	0.	108,058.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARLES B. WANG COMMUNITY HEALTH CENTER INC - 268 CANAL STREET - NEW YORK, NY 10013	13-2739694	501(C)(3)	120,000.	0.			FUND FOR HEALTH EQUITY
CHATHAM CARES COMMUNITY PHARMACY 127 EAST RALEIGH STREET SILVER CITY, NC 27344	41-2170926	501(C)(3)	0.	54,489.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHERRY STREET SERVICES, INC 100 CHERRY STREET SE GRAND RAPIDS, MI 49503	38-2853534	501(C)(3)	0.	5,641.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHEYENNE RIVER YOUTH PROJECT PO BOX 410 EAGLE BUTTE, SD 57625	46-0423106	501(C)(3)	50,000.	0.			COVID19-US
CHICAGO FAMILY HEALTH CENTER 9119 S. EXCHANGE AVE CHICAGO, IL 60617	36-2893854	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
CHICAGO HISPANIC HEALTH COALITION UIC IMHR (MC 762) 1819 W POLK ST, S CHICAGO, IL 60612	36-4193052	501(C)(3)	164,000.	0.			FUND FOR HEALTH EQUITY
CHICAGO HISPANIC HEALTH COALITION 1819 W POLK STREET CHICAGO, IL 60612	36-4193052	501(C)(3)	0.	12,581.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHILDREN & COMMUNITY HEALTH CENTER OF MCKINNEY DBA COMMUNITY HEALTH CLINIC OF MC - 4510 MEDICAL CENTER DRIVE, SUITE 20 - MCKINNEY, TX	20-0637782	501(C)(3)	0.	7,637.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHILDREN'S DIABETES CAMP OF CENTRAL TEXAS CAMP BLUEBONNET - 19051 FM 2484 - KILLEEN, TX 76542	90-0137641	501(C)(3)	0.	5,399.	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S VILLAGE 2001 18TH STREET SW BIRMINGHAM AL, AL 35211	63-6061834	501(C)(3)	0.	8,445.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHILDREN'S VILLAGE 2001 18TH STREET SW BIRMINGHAM, AL 35211	63-6061834	501(C)(3)	175,000.	0.			FUND FOR HEALTH EQUITY
CHIPPEWA VALLEY FREE CLINIC 1030 OAK RIDGE DRIVE EAU CLAIRE, WI 54701	39-1840231	501(C)(3)	0.	24,743.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHOICE HEALTH NETWORK HARM REDUCTION PROGRAM - 900 EAST HILL AVENUE SUITE #285 - KNOXVILLE, TN 37915	62-1698383	501(C)(3)	0.	56,073.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHOTA COMMUNITY HEALTH SERVICES 4798 NEW HIGHWAY 68 MADISONVILLE, TN 37354	68-0560048	501(C)(3)	0.	7,634.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIS DUDLEY FOUNDATION CHRIS DUDLEY BASKETBALL CAMP - 6191 WITZEL ROAD SE - SALEM, OR 97317	80-0276022	501(C)(3)	0.	6,417.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST CLINIC 25722 KINGSLAND BLVD., SUITE 101 KATY, TX 77494	90-0789318	501(C)(3)	0.	782,395.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN CHAPEL TEMPLE OF FAITH 14120 NOEL ROAD DALLAS, TX 75254	75-1577592		12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
CHRISTOPHER RURAL HEALTH PLANNING CORPORATION - 4241 HIGHWAY 14 WEST - CHRISTOPHER, IL 62822	37-1041283	501(C)(3)	0.	12,579.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITRUS HEALTH NETWORK, INC. 4175 W 20TH AVE HIALEAH, FL 33012-5874	59-1865751	501(C)(3)	0.	120,531.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY OF NEW ORLEANS 1300 PERDIDO STREET NEW ORLEANS, LA 70112	72-6000969	CITY OF NEW ORLE	0.	17,179.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY ON A HILL HEALTH CLINIC 100 S. PINE STREET ZEELAND, MI 49464	20-3901260	501(C)(3)	0.	92,240.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLACKAMAS VOLUNTEERS IN MEDICINE 1001 MOLALLA AVE OREGON CITY, OR 97045	37-1621141	501(C)(3)	0.	108,936.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLAIBORNE COUNTY FAMILY HEALTH CENTER - 2045 HIGHWAY 61 NORTH - PORT GIBSON, MS 39150	64-0651149	501(C)(3)	0.	207,643.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLARKSTON COMMUNITY HEALTH CENTER, INC. - 3700 MARKET STREET - CLARKSTON, GA 30021	46-1402143	501(C)(3)	0.	148,836.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLEARWATER FREE CLINIC 1218 COURT STREET CLEARWATER, FL 33756	59-1852871	501(C)(3)	0.	232,914.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA DE SALUD DEL VALLE DE SALINAS - 440 AIRPORT BLVD - SALINAS, CA 93905	94-2652757	501(C)(3)	0.	7,940.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA ESPERANZA 60 VALLEY STREET PROVIDENCE, RI 02909	26-1714340	501(C)(3)	0.	903,372.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLINICA MSR. OSCAR A ROMERO 123 S ALVARADO STREET LOS ANGELES, CA 90057	95-3881333	501(C)(3)	0.	22,312.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICAS DEL CAMINO REAL, INC. 200 SOUTH WELLS ROAD VENTURA, CA 93004	95-2977147	501(C)(3)	0.	32,284.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL BEND WELLNESS FOUNDATION 2882 HOLLY ROAD CORPUS CHRISTI, TX 78415	74-2429518	501(C)(3)	0.	9,631.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL COMMUNITY HEALTH 106 SHOPPERS WAY BRUNSWICK, GA 31525	46-1859206	501(C)(3)	0.	454,155.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL FAMILY HEALTH CENTER 1025 A DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)	0.	44,269.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL HEALTH & WELLNESS 9850 EMMETT F. LOWRY EXPY, SUITE TEXAS CITY, TX 77591	74-1665318		0.	12,177.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL VOLUNTEERS IN MEDICINE 730 LACEY ROAD FORKED RIVER, NJ 08731	27-3491473	501(C)(3)	0.	105,876.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLUMBIA COUNTY VOLUNTEERS IN MEDICINE CLINIC - 310 EAST THIRD STREET - MIFFLINVILLE, PA 18631	20-5695518	501(C)(3)	0.	44,291.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMM HEALTH & SOCIAL SERV CTR, INC 5635 WEST FORT STREET DETROIT, MI 48043	38-3094394	501(C)(3)	103,587.	0.			FUND FOR HEALTH EQUITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONSENSE CHILDBIRTH 213 S. DILLARD ST STE 340 WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
COMMONSENSE CHILDBIRTH SUITE 340 WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	0.	36,276.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMONSHARE HDH RETAIL PHARMACY 1602 SKIPWITH DR RICHMOND, VA 23229	84-2490661	501(C)(3)	0.	12,867.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNIHEALTH SERVICES 518 DURHAM STREET BASTROP, LA 71220	82-0579411	501(C)(3)	0.	27,960.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SERVICE AGENCY INC., DBA CAREVIDE - 4500 WESLEY STREET - GREENVILLE, TX 75401	75-1528614	501(C)(3)	0.	10,208.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMITTEE OF PIKE COUNTY VALLEY VIEW HEALTH CENTERS - 227 VALLEY VIEW DRIVE - WAVERLY, OH 45690	31-0718042	501(C)(3)	0.	58,515.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION CORPORATION OF SOUTH TEXAS ALICE HEALTH CENTER - 700 FLOURNEY ROAD, SUITE 2A - ALICE, TX 78332	74-1679824	501(C)(3)	0.	509,518.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CENTER 2135 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27101	58-1403699	501(C)(3)	0.	1,433,155.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC OF DARE 425 W HEALTH CENTER DR NAGS HEAD, NC 27959	20-2230717	501(C)(3)	0.	123,504.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	0.	156,211.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC OF ROWAN COUNTY - 315G MOCKSVILLE AVENUE - SALISBURY, NC 28144	56-1964773	501(C)(3)	0.	239,145.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF SHELBYVILLE AND BEDFORD COUNTY - 200 DOVER STREET, SUITE 202 - SHELBYVILLE, TN 37160	34-1974609	501(C)(3)	0.	26,027.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CONNECTIONS FREE CLINIC 101 E. FOUNTAIN STREET DODGEVILLE, WI 53533	72-1619112	501(C)(3)	0.	45,427.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY FAMILY CLINIC 2100 ALAN STREET IDAHO FALLS, ID 83404	82-0299736	501(C)(3)	0.	32,854.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY FIRST HEALTH CENTERS 555 ST. CLAIR RIVER DRIVE ALGONAC, MI 48001	38-2080825	501(C)(3)	0.	21,019.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	0.	149,863.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH 2611 W. CHICAGO AVE CHICAGO, IL 60622	36-3831793	501(C)(3)	50,000.	0.			BAXTER INNOVATION AWARDS
COMMUNITY HEALTH & EMERGENCY SERVICES, INC - 13245 KESSLER RD - CAIRO, IL 62914	37-1100482	501(C)(3)	0.	358,601.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH ALLIANCE 1055 S. WELLS AVENUE RENO, NV 89502	88-0293149	501(C)(3)	0.	15,090.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH AND DENTAL CARE INC - 351 W. SCHUYLKILL ROAD - POTTSTOWN, PA 19465	20-2764402	501(C)(3)	0.	31,248.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH AND SOCIAL SERVICES CENTER - CHASS - 5635 WEST FORT STREET - DETROIT, MI 48209	38-3094394	501(C)(3)	0.	23,301.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE CLINIC 900 N FRANKLIN AVENUE NORMAL, IL 61761	37-1316328	501(C)(3)	0.	52,129.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE SYSTEMS 116 SMITH STREET TENNILLE, GA 31089	58-2001101	501(C)(3)	0.	14,297.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE, INC. 1510 EAST RUSHOLME STREET DAVENPORT, IA 52803	42-1060724	501(C)(3)	0.	71,663.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 606 N. MINNESOTA AVENUE, SUITE 1 HASTINGS, NE 68901	47-0378779	501(C)(3)	0.	35,299.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER OF CENTRAL WYOMING - 5000 BLACKMORE ROAD - CASPER, WY 82609	83-0326307	501(C)(3)	0.	13,975.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER OF RICHMOND - 235 PORT RICHMOND AVENUE - STATEN ISLAND, NY 10302	51-0567466	501(C)(3)	0.	13,177.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS - 3011 N. MICHIGAN - PITTSBURG, KS 66762	75-3002264	501(C)(3)	0.	252,888.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER OF WEST PALM BEACH - 5205 GREENWOOD AVENUE - WEST PALM BEACH, FL 33407	26-3611337	501(C)(3)	0.	150,473.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF AMERICA - 517 MAIN STREET - LIVINGSTON, CA 95334	82-1948361	501(C)(3)	0.	149,055.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF PINELLAS AT JRC - EVARA HEALTH - 1344 22ND ST. SOUTH - ST. PETERSBURG, FL 33712	59-2097521	501(C)(3)	0.	46,691.	ESTIMATED WHOLESAL PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS - 1918 CHURCH STREET - GONZALES, TX 78629	74-1548089	501(C)(3)	0.	101,408.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST - 150 TEJAS PLACE - NIPOMO, CA 93444	95-3253302	501(C)(3)	0.	44,962.	ESTIMATED WHOLESAL PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS, INC. MARY MAHONEY MEMORIAL HEALTH CENTER - 12716 NE 36TH STREET - OKLAHOMA CITY, OK 73084	73-0930123	501(C)(3)	0.	90,238.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC OF BUTLER COUNTY - 103 BONNIE DRIVE - BUTLER, PA 16002	20-4852135	501(C)(3)	0.	99,297.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC, INC. 1113 WOODLAND DRIVE ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)	0.	190,488.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH DEVELOPMENT 200 S EVANS UVALDE, TX 78801	74-2269739	501(C)(3)	120,000.	0.			GENERAL U.S. EMERGENCY PREP & RESPONSE
COMMUNITY HEALTH FOUNDATION OF PR MARGINAL SANTA CRUZ C-17 BAYAMON, PR 00961	66-0749601	501(C)(3)	0.	54,893.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH NORTHWEST FLORIDA 2315 WEST JACKSON STREET PENSACOLA, FL 32505	59-3105246	501(C)(3)	0.	9,292.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH OF EAST TENNESSEE, INC. - 130 INDEPENDENCE LN. - LAFOLLETTE, TN 37766	58-1470587	501(C)(3)	0.	837,176.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH OF SOUTH FLORIDA 10300 SW 216TH STREET MIAMI, FL 33190	59-1372690	501(C)(3)	0.	34,591.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH PARTNERS 112 WEST LEWIS STREET LIVINGSTON, MT 59047	84-1420492	501(C)(3)	0.	38,609.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SERVICES OF UNION COUNTY - 1338-C EAST SUNSET DRIVE - MONROE, NC 28112	46-0495947	501(C)(3)	0.	12,290.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SYSTEMS, INC. DBA ACCESS HEALTH - 252 RURAL ACRES DRIVE - BECKLEY, WV 25801	55-0490878	501(C)(3)	0.	14,306.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTHCARE NETWORK 60 MADISON AVENUE 5TH FLOOR NEW YORK, NY 10010	13-3083068	501(C)(3)	0.	7,235.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTHCARE NETWORK, INC. 60 MADISON AVENUE FLOOR 5 NEW YORK, NY 10010-1600	13-3083068	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)	0.	31,807.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HELPING HANDS CLINIC 34- C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501(C)(3)	0.	144,873.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MEDICAL CENTERS 7210 MURRAY DRIVE STOCKTON, CA 95210	94-2437106	501(C)(3)	0.	12,946.	ESTIMATED WHOLESAL PRICE, PURCHASED	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY - 110 C EAST DEKALB STREET - CAMDEN, SC 29020	57-1074191	501(C)(3)	0.	8,738.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MEDICAL WELLNESS CENTERS USA - 1360 E. ANAHEIM STREET - LONG BEACH, CA 90813	45-2424322	501(C)(3)	0.	257,631.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MEDICINE PHARMACY 423 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501(C)(3)	0.	64,255.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY OF HOPE 4 ATLANTIC STREET SW WASHINGTON, DC 20032	52-1184749	501(C)(3)	0.	99,969.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY OF HOPE HEALTH SERVICES 4 ATLANTIC STREET, SW WASHINGTON, DC 20032	52-1184749	501(C)(3)	250,000.	0.			ABBVIE HEALTH EQUITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD MEMONONEE FALLS, WI 53051	39-1743056	501(C)(3)	0.	240,115.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)	0.	114,817.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITYHEALTH 2611 W. CHICAGO AVENUE CHICAGO, IL 60622	36-3831793	501(C)(3)	0.	3,559,282.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY-UNIVERSITY HEALTH CARE CENTER UNIVERSITY OF MINNESOTA - 2001 BLOOMINGTON AVENUE - MINNEAPOLIS, MN 55404	41-6007513	501(C)(3)	0.	9,740.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSION HEALTH TOLEDO 1638 BROADWAY ST TOLEDO, OH 43609	47-3197108	501(C)(3)	0.	9,072.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSIONATE CARE OF SHELBY COUNTY - 124 NORTH OHIO AVENUE - SIDNEY, OH 45365	20-8479583	501(C)(3)	0.	263,129.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMUNIDADES LATINAS UNIDAS EN SERVI - 797 EAST 7TH STREET - ST PAUL, MN 55106	41-1386986	501(C)(3)	50,000.	0.			COVID19-US
COMUNILIFE, INC. 462 7TH AVENUE, 3RD FLOOR NEW YORK, NY 10018	13-3530299	501(C)(3)	77,900.	0.			FUND FOR HEALTH EQUITY
CONCILIO DE SALUD INTEGRAL DE LOIZA - CARRETERA 187, INTERSECCION 188 - LOIZA, PR 00772	66-0314649	501(C)(3)	62,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONCILIO DE SALUD INTEGRAL DE LOIZA, INC - CARR. 187, INTERSECCION 188 - LOIZA, PR 00772	23-7259899	501(C)(3)	0.	17,759.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CONGRESO DE LATINOS UNIDOS, INC. 216 WEST SOMERSET STREET PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
CONGRESO DE LATINOS UNIDOS, INC. 216 WEST SOMERSET STREET PHILADELPHIA, PA 19133	23-2051143	501(C)(3)	50,000.	0.			COVID19-US
CONSEJO RENAL DE PUERTO RICO PO BOX 10542 SAN JUAN, PR 00922	66-0408212	501(C)(3)	150,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
CONSUELO FOUNDATION 110 NORTH HOTEL STREET HONOLULU, HI 96817	99-0266163	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
CO-OP CITY BAPTIST CHURCH 135 EINSTEIN LOOP RM 50 NEW YORK, NY 10475	13-2912993	501(C)(3)	10,000.	0.			INCREASING IMMUNITY AWARDS - CVS
COOPERATIVE CHRISTIAN MINISTRIES AND CLINIC - 133 ARBOR STREET - HOT SPRINGS, AR 71901	62-1671396	501(C)(3)	0.	33,022.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORNELL SCOTT-HILL HEALTH CORPORATION - 400-428 COLUMBUS AVE - NEW HAVEN, CT 06519	06-0870990	501(C)(3)	0.	59,764.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORNERSTONE CARE, INC. 7 GLASSWORKS ROAD GREENSBORO, PA 15338	25-1346194	501(C)(3)	0.	11,108.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORPORACIN LA FONDITA DE JESS 704 CALLE MONSERRATE ESQ. FERNANDEZ SAN JUAN, PR 00907	66-0426787	501(C)(3)	0.	31,969.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORPORACION DE SERVICIOS MEDICOS PRIMARIOS Y PREVENCIÓN DE HATILLO, INC. - CARR. #2 KM86.6 INTERIOR, MARGINAL - HATILLO, PR 00659	66-0427194	501(C)(3)	0.	79,400.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORPORACION EL PUNTO EN LA MONTANA PO BOX 30183 SAN JUAN, PR 00929	66-0714669	501(C)(3)	175,000.	0.			PUERTO RICO, ABBVIE PR MEDICALLY FRAGILE POPULATIONS
CORPORACION LA FONDITA DE JESUS PO BOX 19384 SAN JUAN, PR 00910	66-0426787	501(C)(3)	225,000.	0.			ABBVIE PR MOBILE HEALTH
CORPORACION SANOS PO BOX 1025 CAGUAS, PR 00726	66-0671421	501(C)(3)	75,000.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT
CORPORACION SANOS AVE. RAFAEL CORDERO, ESQUINA TROCHE CAGUAS, PR 00725	66-0671421	501(C)(3)	0.	46,763.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORPUS CHRISTI METRO MINISTRIES INC. - 1919 LEOPARD ST - CORPUS CHRISTI, TX 78408	74-2247261	501(C)(3)	0.	80,621.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COSSAO CORPORACION DE SERVICIOS DE SALUD DESARROLLO SOCIOECONOMICO EL OTOAO - CENTRO COMMUNCAL RD 134 KM. 39.6 - BARRIO MAMEYES UTUADO,	66-0812599	501(C)(3)	271,250.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT
COSSMA, INC. AVE. EL JIBARO CARR. 172 KM 13.3 CIDRA, PR 00739	66-0434923	501(C)(3)	0.	299,397.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COSTA SALUD COMM HEALTH CTR PO BOX 638 RINCON, PR 00677	66-0428488	501(C)(3)	220,000.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT, ABBVIE PR MOBILE HEALTH
COSTA SALUD COMMUNITY HEALTH CENTERS RINCN - CALLE MUNOZ RIVERA #28 - RINCON, PR 00677	66-0428488	501(C)(3)	0.	15,616.	ESTIMATED WHOLESAL PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COUNTRY DOCTOR COMMUNITY HEALTH CENTERS - 2101 EAST YESLER WAY - SEATTLE, WA 98122	23-7100868	501(C)(3)	0.	11,004.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COUNTY OF MONTEREY HEALTH DEPARTMENT CLINIC SERVICES - 1615 BUNKER HILL WAY - SALINAS, CA 93906	94-6000524	501(C)(3)	0.	139,023.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COUNTY OF SANTA CRUZ HEALTH SERVICES - 115A CORAL ST. - SANTA CRUZ, CA 95060	94-6000534	501(C)(3)	0.	8,819.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COVE HOUSE FREE CLINIC 108 EAST HALSTEAD STREET COPPERAS COVE, TX 76522	74-2764062	501(C)(3)	0.	839,094.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COVENANT COMMUNITY CARE, INC. 559 W GRAND BLVD DETROIT, MI 48216	38-3533998	501(C)(3)	0.	462,684.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COWETA SAMARITAN CLINIC 137 JACKSON STREET NEWNAN, GA 30263	80-0518912	501(C)(3)	0.	37,980.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COWLITZ FAMILY HEALTH CENTER 1057 12TH AVENUE LONGVIEW, WA 98632	91-0896241	501(C)(3)	0.	9,917.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRAVEN COUNTY HEALTH DEPARTMENT 2818 NEUSE BOULEVARD NEW BERN, NC 28560	56-2002666	501(C)(3)	0.	7,833.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CRESCENTCARE HOLDINGS 1631 ELYSIAN FIELDS AVE NEW ORLEANS, LA 70117	82-1082057	501(C)(3)	642,200.	0.			POWER FOR HEALTH-LA, MS
CRISIS CONTROL MINISTRY 200 E 10TH ST WINSTON SALEM, NC 27101	23-7348168	501(C)(3)	0.	7,699.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSS AND CROWN CLINIC 1008 NORTH MCKINLEY STREET OKLAHOMA CITY, OK 73106	73-1608071	501(C)(3)	0.	16,881.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSSINGS COMMUNITY CLINIC 10255 NORTH PENN AVENUE OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)	0.	8,820.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSSINGS COMMUNITY CLINIC INC. DBA GOOD SHEPHERD MINISTRIES OF OK, INC - 222 NW 12TH ST - OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)	0.	262,571.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSSOVER HEALTHCARE MINISTRY 8600 QUIOCCASIN RD RICHMOND, VA 23229	54-1371067	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
CROSS-OVER HEALTHCARE MINISTRY 108 COWARDIN AVENUE RICHMOND, VA 23224	54-1371067	501(C)(3)	0.	54,833.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CSUSM SCHOOL OF NURSING STUDENT HEALTHCARE PROJECT - 1249 E. OHIO AVENUE - ESCONDIDO, CA 92027	80-0390564	501(C)(3)	0.	9,363.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTIVA LA SALUD P.O. BOX 6003 FRESNO, CA 93703	84-3696370	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
CURTIS V. COOPER PRIMARY HEALTH 106 E BROAD ST SAVANNAH, GA 31401	58-1136296	501(C)(3)	0.	256,332.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DANIEL CHAPEL AMEZ 15250 THIRD AVENUE PHOENIX, IL 60426	36-2903948	501(C)(3)	12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
DATA FOR INDIGENOUS JUSTICE 9205 COMMONS PL ANCHORAGE, AK 99502	85-0771076	501(C)(3)	75,000.	0.			FUND FOR HEALTH EQUITY
DAVID RAINES COMMUNITY HEALTH CENTERS SHREVEPORT PHARMACY - 1625 DAVID RAINES ROAD - SHREVEPORT, LA 71107	58-2000630	501(C)(3)	0.	174,609.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DBA VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC VOLUNTEERS IN MEDICINE ALLIANCE - 21297 OLEAN BLVD UNIT B - PORT CHARLOTTE, FL	65-0958642	501(C)(3)	0.	291,138.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DELAWARE VALLEY COMMUNITY HEALTH 1412 FAIRMOUNT AVENUE PHILADELPHIA, PA 19130	23-2077750	501(C)(3)	50,000.	0.			ABBVIE HEALTH EQUITY
DENVER INDIAN HEALTH AND FAMILY SERVICES, INC. - 2880 W. HOLDEN PLACE - DENVER, CO 80204	84-0724261	501(C)(3)	0.	23,933.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DESERT AIDS PROJECT 1695 N. SUNRISE WAY PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	0.	74,441.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESERT STAR INST. FOR FAMILY PLANNING - 5501 NORTH 19TH AVENUE - PHOENIX, AZ 85015	82-1523284	501(C)(3)	0.	27,464.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES ASSOCIATION OF PIERCE COUNTY PANTHER DAY CAMP - 2423 - 172ND PLACE SE - BOTHELL, WA 98012	91-1192064	501(C)(3)	0.	7,022.	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES FOUNDATION OF THE HIGH PLAINS CAMP NEW DAY - 1400 COULTER STREET - AMARILLO, TX 79106	47-1596568	501(C)(3)	0.	7,063.	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIRECT RELIEF FOUNDATION 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	20-5983698	501(C)(3)	3,881,308.	0.			INTERCOMPANY TRANSFER OF FUNDS
DIRNE HEALTH CENTERS INC DBA HERITAGE HEALTH - PO BOX 1387 - HAYDEN, ID 83835	94-3036820	501(C)(3)	0.	8,290.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DISTRICT OF COLUMBIA PRIMARY CARE ASSOCIATION - 1620 I STREET, NW, SUITE 300 - WASHINGTON, DC 20005	52-1999196	501(C)(3)	461,450.	0.			COVID19-US
DIVERSITY HEALTH CENTER, INC. 213 NORTH MCDONALD STREET LUDOWICI, GA 31316	20-5746618	501(C)(3)	0.	9,654.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOCTORS CARE 609 W LITTLETON BLVD LITTLETON, CO 80120	84-1150815	501(C)(3)	0.	6,628.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOWNTOWN CLINIC 611 S. 2ND ST. LARAMIE, WY 82070	83-0326354	501(C)(3)	0.	16,620.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DR. GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVENUE - PONTIAC, MI 48341	32-0015321	501(C)(3)	0.	91,043.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO DRIVE COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)	0.	292,324.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DUPAGE HEALTH COALITION 511 THORNHILL DRIVE SUITE C CAROL STREAM, IL 60188	36-4448208	501(C)(3)	125,000.	0.			FUND FOR HEALTH EQUITY
DUPAGE HEALTH COALITION 511 THORNHILL DRIVE, SUITE C CAROL STREAM, IL 60188	36-4448208	501(C)(3)	0.	5,058.	ESTIMATED WHOLESAL PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST CENTRAL MS HEALTH CARE, INC. 1490 HIGHWAY 487 SEBASTOPOL, MS 39359	64-0610471	501(C)(3)	0.	111,771.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST GEORGIA HEALTHCARE, INC. 215 NORTH COLEMAN STREET SWAINSBORO, GA 30401	58-2001607	501(C)(3)	0.	14,403.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST TEXAS COMMUNITY HEALTH SERVICES - 1401 S. UNIVERSITY DRIVE - NACOGDOCHES, TX 75963	75-2184369	501(C)(3)	0.	42,451.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST VALLEY COMMUNITY HEALTH CENTER - 420 S. GLENDORA AVE - WEST COVINA, CA 91790	23-7068586	501(C)(3)	0.	6,269.	ESTIMATED WHOLESAL PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL CENTRO DE CORAZON 7037 CAPITOL STREET SUITE N100 HOUSTON, TX 77011	76-0442781	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO DE CORAZON 7037 CAPITOL STREET, STE. N100 HOUSTON, TX 77011	76-0442781	501(C)(3)	0.	151,619.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL CENTRO HISPANO, INC 2000 CHAPEL HILL ROAD, SUITE 26A DURHAM, NC 27707	56-2011661	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
EL DORADO COUNTY COMMUNITY HEALTH CENTER - 4327 GOLDEN CENTER DRIVE - PLACERVILLE, CA 95667	42-1533531	501(C)(3)	0.	48,999.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL HOGAR GUEST HOUSE CLINIC 600 BERECUT DRIVE SACRAMENTO, CA 95811	68-0032730	501(C)(3)	0.	7,767.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL MILAGRO CLINIC 901 EAST VERMONT AVENUE MCALLEN, TX 78503	74-2784427	501(C)(3)	0.	10,583.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE ARLETA, CA 91331	95-2662606	501(C)(3)	0.	529,954.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ELLIS COUNTY COALITION FOR HEALTH OPTION DBA HOPE CLINIC - 411 E. JEFFERSON STREET - WAXAHACHIE, TX 75165	75-2813621	501(C)(3)	0.	102,378.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
END OVERDOSE 1055 E COLORADO BLVD #5006 PASADENA, CA 91101	83-0696963	501(C)(3)	0.	47,586.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ENLACE CHICAGO 2759 S. HARDING AVE CHICAGO, IL 60623	36-3727669	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIC B. CHANDLER HEALTH CENTER 277 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-3273811	501(C)(3)	0.	25,312.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ETOWAH BAPTIST CHARITY PHARMACY 18901 E. ETOWAH ROAD NOBLE, OK 73068	73-1637078	501(C)(3)	0.	8,331.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD, STE. E EUNICE, LA 70535	27-0213992	501(C)(3)	0.	467,131.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EXCELTH, INC. 1515 POYDRAS STREET NEW ORLEANS, LA 70112	72-1193464	501(C)(3)	0.	584,242.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EXTRA BASES PO BOX 4996 AGUADILLA, PR 00605	66-0594469	501(C)(3)	25,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
FAIRVIEW COMMUNITY HEALTH CENTER 225 NATCHEZ TRACE AVENUE BOWLING GREEN, KY 42103	61-1386859	501(C)(3)	0.	467,161.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAITH COMMUNITY HEALTH 610 S SIXTH STREET BRANSON, MO 65616	94-3467834	501(C)(3)	0.	59,025.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAITH COMMUNITY HEALTH CTR INC 610 S 6TH ST BRANSON, MO 65616	94-3467834	501(C)(3)	46,399.	0.			BAXTER INNOVATION AWARDS
FAITH FAMILY MEDICAL CLINIC 326 21ST AVENUE NORTH NASHVILLE, TN 37203	62-1816811	501(C)(3)	0.	913,398.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES TOGETHER OF ORANGE COUNTY 661 W. 1ST ST. #G TUSTIN, CA 92780	20-0310654	501(C)(3)	0.	51,815.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY CARE HEALTH CENTER 401 HOLLY HILLS AVENUE ST. LOUIS, MO 63111	23-7076112	501(C)(3)	0.	29,276.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY CHRISTIAN HEALTH CENTER 31 W 155TH ST. HARVEY, IL 60426	36-4346917	501(C)(3)	151,000.	0.			FUND FOR HEALTH EQUITY
FAMILY CHRISTIAN HEALTH CENTER 31 W 155TH ST. HARVEY, IL 60426	36-4346917	501(C)(3)	50,000.	0.			COVID19-US
FAMILY CHRISTIAN HEALTH CENTER 31 WEST 155TH STREET HARVEY, IL 60473	36-4346917	501(C)(3)	0.	15,648.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES BELL GARDENS FAMILY MEDICAL CE - 6501 SOUTH GARFIELD AVENUE - BELL GARDENS, CA	95-1641454	501(C)(3)	0.	20,260.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CARE, INC 340 SOUTHWEST BOULEVARD KANSAS CITY, KS 66103	48-1067752	501(C)(3)	0.	142,193.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTER OF CLARK COUNTY DBA FAMILY HEALTH CENTERS OF SOUTHERN INDIA - 1319 DUNCAN AVENUE - JEFFERSONVILLE, IN 47130	35-1842342	501(C)(3)	0.	28,818.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTERS 716 S. FIRST AVENUE OKANOGAN, WA 98840	91-1275011	501(C)(3)	0.	14,295.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY SAN DIEGO, CA 92102-4541	95-2833205	501(C)(3)	300,000.	0.			FUND FOR HEALTH EQUITY, ADDRESS MICRONUTRIENT DEF AWARDS BAYER
FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA - 2232 GRAND AVENUE PHARMACY - FORT MYERS, FL 33901	59-1741273	501(C)(3)	0.	25,733.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH PARTNERSHIP 401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)	0.	21,845.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH SERVICES ADMINISTRATION - 794 EASTLAND DR - TWIN FALLS, ID 83301	82-0371093	501(C)(3)	0.	342,940.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH SERVICES OF DARKE COUNTY - 5735 MEEKER ROAD - GREENVILLE, OH 45331	34-1119524	501(C)(3)	0.	14,708.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTHCARE 25 NORTH 100 EAST ST. GEORGE, UT 84770	35-2163112	501(C)(3)	0.	5,804.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FARGO CASS PUBLIC HEALTH FAMILY PLANNING CLINIC - 1240 25TH ST S - FARGO, ND 58103	45-6002069	501(C)(3)	0.	20,466.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAYETTE CARE CLINIC 1260 HIGHWAY 54 W FAYETTEVILLE, GA 30214	20-0314897	501(C)(3)	0.	73,021.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FEATHER RIVER TRIBAL HEALTH, INC. 2145 5TH AVENUE OROVILLE, CA 95965	68-0440292	501(C)(3)	0.	22,377.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEED MY SHEEP FREE CHILDREN'S CLINIC - 116 W AVENUE G - TEMPLE, TX 76504	46-3436384	501(C)(3)	0.	70,903.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FEMHEALTH USA INC DBA CARAFEM 1001 CONNECTICUT AVENUE NW WASHINGTON, DC 20036	46-4144274	501(C)(3)	0.	25,732.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FERNCARE FREE CLINIC, INC. 751 E. NINE MILE ROAD FERNDALE, MI 48220	32-0246843	501(C)(3)	0.	15,925.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FETTER HEALTH CARE NETWORK 51 NASSAU STREET CHARLESTON, SC 29403	57-0604703	501(C)(3)	0.	486,022.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FINDLEY FOUNDATION INC THE FINDLEY FOUNDATION - 10721 W. CAPITOL DRIVE, STE 21 - WAUWATOSA, WI 53222	82-3097119	501(C)(3)	0.	333,925.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST ALASKANS INSTITUTE 606 E STREET SET 200 ANCHORAGE, AK 99501	92-0174854	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
FIRST AME 2270 S HARVARD BLVD LOS ANGELES, CA 90018	95-6142291	501(C)(3)	12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
FIRST BAPTIST MEDICAL/DENTAL CLINIC - 1607 CHERRY STREET - VICKSBURG, MS 39181	64-0334158	501(C)(3)	0.	58,270.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST CHOICE HEALTH CENTERS, INC. 94 CONNECTICUT BLVD EAST HARTFORD, CT 06108	06-1416492	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHOICE PRIMARY CARE 400 POPLAR STREET MACON, GA 31201	20-4391090	501(C)(3)	0.	45,968.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST COAST BLACK NURSES ASSOC. PO BOX 40575 JACKSONVILLE, FL 32203	59-3740867	501(C)(3)	75,000.	0.			FUND FOR HEALTH EQUITY
FIRST REFUGE MINISTRIES MEDICAL CLINIC FIRST BAPTIST DENTON MINISTRY CENTER - 1701 BROADWAY STREET - DENTON, TX 76201	45-5606427	501(C)(3)	0.	14,758.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST RESPONSE EMERGENCY MEDICAL SERVICES - JUAN J. OSUNA ST. 785 - SAN JUAN, PR 00922	66-0489666	501(C)(3)	350,000.	0.			ABBVIE PR EMERGENCY PREP & RESP
FIRST RESPONSE EMERGENCY MEDICAL SERVICES - URB. LOS MONTES, PALOMA ST. 462 - DORADO, PR 00646	66-0489666	501(C)(3)	0.	12,205.	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FISH RIVER RURAL HEALTH 12 BOLDOC AVENUE - MEDICAL FORT KENT, ME 04743	01-0452749	501(C)(3)	0.	25,191.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIVE RIVERS HEALTH CENTERS 921 S EDWIN C. MOSES BLVD. DAYTON, OH 45417	45-0914398	501(C)(3)	0.	26,659.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLAGLER COUNTY FREE CLINIC 703 E. MOODY BLVD. BUNNELL, FL 32110	20-5036975	501(C)(3)	0.	236,760.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLATHEAD CITY, COUNTY PHD FLATHEAD FAMILY PLANNING - 1035 1ST AVE W - KALISPELL, MT 59901	81-6001361	501(C)(3)	0.	48,218.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLINT HILLS COMMUNITY CLINIC 401 HOUSTON ST. MANHATTAN, KS 66502	20-2306015	501(C)(3)	0.	9,759.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLORIDA CAMP FOR CHILDREN AND YOUTH WITH DIABETES - CMS BUILDING A - GAINESVILLE, FL 32608	23-7098099	501(C)(3)	0.	19,009.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLORIDA COMMUNITY HEALTH CENTERS 4450 SOUTH TIFFANY DRIVE WEST PALM BEACH, FL 33407	59-1671640	501(C)(3)	0.	6,353.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLORIDA COUNCIL OF PRIMARY CARE 2340 HANSEN LANE TALLAHASSEE, FL 32301	59-2559163	501(C)(3)	60,488.	0.			HURRICANE MICHAEL
FLOYD ROGERS DIABETIC FOUNDATION CAMP FLOYD ROGERS - 7205 WEST CENTER ROAD - OMAHA, NE 68124	47-0592289	501(C)(3)	0.	6,314.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FOOD WELL ALLIANCE 970 JEFFERSON STREET NW SUITE 2 ATLANTA, GA 30318	47-4363668	501(C)(3)	107,000.	0.			FUND FOR HEALTH EQUITY
FOREMOST FAMILY HEALTH CENTERS 2922 - B MARTIN LUTHER KING BLVD DALLAS, TX 75215	75-2098992	501(C)(3)	30,000.	0.			COVID19-ABBOTT
FOREMOST FAMILY HEALTH CENTERS 2922 - B MARTIN LUTHER KING BLVD DALLAS, TX 75215	75-2098992	501(C)(3)	0.	113,697.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FORT BEND FAMILY HEALTH CENTER ACCESSHEALTH - 400 AUSTIN STREET - RICHMOND, TX 77469	74-1951476	501(C)(3)	0.	493,787.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION FOR CHILDREN AND YOUTH WITH DIABETES FCYD CAMP UTADA - 1995 WEST 9000 SOUTH - WEST JORDAN, UT 84088	87-0642251	501(C)(3)	0.	27,317.	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRANKLIN COUNTY COMMUNITY CARE 506 TEXAS STATE HIGHWAY 37 MOUNT VERNON, TX 75457	35-2593143	501(C)(3)	0.	768,172.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF CENTRAL VIRGINIA INC PHARMACY - 1016 MAIN STREET - LYNCHBURG, VA 24504	54-1420756	501(C)(3)	0.	18,576.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF FRANKLIN COUNTY BERNARD HEALTHCARE CLINIC PHARMACY - 1171 FRANKLIN STREET - ROCKY MOUNT, VA 24151	54-1634138	501(C)(3)	0.	47,509.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF MERIDIAN, INC. 4707 POPLAR SPRINGS DRIVE MERIDIAN, MS 39305	45-5309446	501(C)(3)	0.	351,238.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF ROCKINGHAM COUNTY 315 S. MAIN STREET REIDSVILLE, NC 27320	56-2003143	501(C)(3)	0.	43,798.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF ROME 3 PROFESSIONAL COURT SW ROME, GA 30165	20-5296305	501(C)(3)	0.	580,086.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF SIMI VALLEY 2003 ROYAL AVE SIMI VALLEY, CA 93065	23-7108154	501(C)(3)	0.	124,270.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF THE TWIN COUNTIES 140 LARKSPUR LANE SUITE C GALAX, VA 24333	54-1632194	501(C)(3)	0.	6,979.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	0.	300,154.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINICS OF IOWA PO BOX 12099 DES MOINES, IA 50312	42-1428706	501(C)(3)	0.	8,657.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF DARLINGTON COUNTY - 203 GROVE STREET - DARLINGTON, SC 29532	58-2445265	501(C)(3)	0.	16,228.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF OAK RIDGE, INC. - 116 EAST DIVISION ROAD - OAK RIDGE, TN 37830	90-0715369	501(C)(3)	0.	85,898.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF THE OZARKS 400 SOUTH SUNSHINE STREET BRANSON, MO 65616	73-1524435	501(C)(3)	0.	369,927.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREEDOM TEMPLE COGIC 1459 WEST 74TH STREET CHICAGO, IL 60636	36-3206669	501(C)(3)	12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
FRESNO COUNTY DEPARTMENT OF PUBLIC HEALTH - 1221 FULTON STREET - FRESNO, CA 93721	94-6000512	501(C)(3)	0.	11,033.	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRIENDS IN NEED HEALTH CENTER, INC. - 1105 WEST STONE DRIVE - KINGSPORT, TN 37660	62-1541637	501(C)(3)	0.	63,276.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRIENDS OF REFUGEES 3701 COLLEGE AVE CLARKSTON, GA 30021	20-1989492	501(C)(3)	120,000.	0.			FUND FOR HEALTH EQUITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP WEST BAPTIST CHURCH 2020 WEST WHEATLAND ROAD DALLAS, TX 75232	75-2226280		12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
FUND FOR ARMENIAN RELIEF 630 SECOND AVENUE NEW YORK, NY 10016	13-3706646	501(C)(3)	50,000.	0.			COVID19-GLOBAL (INCL US)
FUNDACION ATENCION ATENCION 267 SIERRA MORENA, PMB 316 SAN JUAN, PR 00926	66-0812537	501(C)(3)	180,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
FUNDACION CAP INC. PO BOX 10807 SAN JUAN, PR 00922	66-0826249	501(C)(3)	100,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
FUNDACION CENTRO PEDIATRICO DE DIABETES - C/O MARIANA BENITEZ, 260 CONVENTO S - SANTURCE, PR 00912	66-0597488	501(C)(3)	75,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
FUNDACION HOSPITAL PEDIATRICO, INC. - PO BOX 10728 - SAN JUAN, PR 00922	66-0817091	501(C)(3)	1,263,050.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT, ABBVIE PR MEDICALLY FRAGILE POPULATIONS
FUNDACION YO NO ME QUITO PO BOX 190816 SAN JUAN, PR 00919	66-0853785	501(C)(3)	25,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
G A CARMICHAEL FHC 1668 WEST PEACE STREET CANTON, MS 39046	64-0580940	501(C)(3)	0.	10,029.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GAIN, INC GREATER ACCESS TO THOSE IN NEED - 712 W 3RD STREET - LITTLE ROCK, AR 72201	71-0763418	501(C)(3)	0.	116,176.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALES CREEK CAMP FOUNDATION 6950 SW HAMPTON STREET TIGARD, OR 97223	93-6010464	501(C)(3)	0.	11,477.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GARFIELD HEALTH CENTER 701 S. ATLANTIC BLVD. #100 MONTEREY PARK, CA 91754	76-0733752	501(C)(3)	0.	10,907.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GENERATIONS FAMILY HEALTH CENTER 40 MANSFIELD AVENUE WILLIMANTIC, CT 06226	22-3158253	501(C)(3)	0.	21,968.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GENESIS COMMUNITY CLINIC 215 WEST 35TH STREET GARDEN CITY, ID 83714	82-0505073	501(C)(3)	0.	34,517.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GENESIS COMMUNITY HEALTH INC. 639 EAST OCEAN AVENUE BOYNTON BEACH, FL 33435	80-0374741	501(C)(3)	0.	31,861.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GENESIS FAMILY HEALTH 224 N. TAYLOR AVE., #1 GARDEN CITY, KS 67846	48-1049519	501(C)(3)	0.	82,778.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GENESIS HEALTH SERVICES, INC. 707 7TH STREET W PALMETTO, FL 34221	65-0478868	501(C)(3)	0.	109,566.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GEORGIA OVERDOSE PREVENTION 345 CREEKSTONE RIDGE WOODSTOCK, GA 30188	58-2227958	501(C)(3)	0.	15,213.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GET UP PROJECT DBA HOPE MEDICAL CLINIC - 8101 CAMERON ROAD - AUSTIN, TX 78754	45-4931906	501(C)(3)	0.	55,037.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLTREK, INC 1800 WYOMING AVE WASHINGTON, DC 20009	06-1811886	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
GOOD HEALTH CLINIC 91555 OVERSEAS HIGHWAY, #2 TAVERNIER, FL 33070	04-3745805	501(C)(3)	0.	22,629.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEIGHBOR HOUSE 627 EAST 1ST STREET DAYTON, OH 45402	31-1374154	501(C)(3)	0.	49,107.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEWS CARE CENTER 7855 SW 104TH STREET MIAMI, FL 33156	59-0914210	501(C)(3)	0.	752,384.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)	0.	245,059.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEWS HEALTH CLINIC 2716 EAST WASHINGTON STREET INDIANAPOLIS, IN 46201	35-0999233	501(C)(3)	0.	13,607.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH, AR 72901	71-0863639	501(C)(3)	0.	814,817.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC 3880 WATERMELON ROAD, SUITE A TUSCALOOSA, AL 35473	63-1199900	501(C)(3)	0.	140,258.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC 4435 GULF BREEZE PARKWAY GULF BREEZE, FL 32563	59-3690750	501(C)(3)	0.	94,043.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN CLINIC OF WEST VOLUSIA COUNTY - 136 EAST PLYMOUTH AVENUE - DELAND, FL 32724	30-0408193	501(C)(3)	0.	20,263.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH AND WELLNESS CENTER - 175 SAMARITAN DRIVE - JASPER, GA 30143	58-2576315	501(C)(3)	0.	14,810.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH CENTER, INC. 1015 DONALD LEE HOLLOWELL PARKWAY N ATLANTA, GA 30318	58-2373395	501(C)(3)	180,000.	0.			ABBVIE HEALTH EQUITY
GOOD SAMARITAN HEALTH CLINIC OF PASCO - 5334 ASPEN STREET - NEW PORT RICHEY, FL 34652	59-3072334	501(C)(3)	0.	88,718.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH SERVICES 1422 E 71ST ST SUITE B TULSA, OK 74136	73-1559561	501(C)(3)	0.	27,136.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN PHARMACY 2502 NO. TAMIAMI TRAIL NOKOMIS, FL 34275	26-2295558	501(C)(3)	0.	16,550.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN SHELTER ADMINISTRATION - 245 E. INGER DRIVE, #103B - SANTA MARIA, CA 93458	77-0133375	501(C)(3)	0.	22,096.	ESTIMATED WHOLESALE PRICE, PURCHASED	OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD CLINIC 6392 MURPHY DRIVE MORROW, GA 30260	58-2578581	501(C)(3)	0.	41,511.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD FREE MEDICAL CLINIC 307 NORTH BROAD STREET CLINTON, SC 29325	57-0996466	501(C)(3)	0.	23,957.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SHEPHERD MEDICAL AND DENTAL FOUNDATION - 20 12TH AVE. NW - ARDMORE, OK 73401	73-1509801	501(C)(3)	0.	11,297.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOSHEN MEDICAL CENTER INC. 412 SW CENTER STREET, PO BOX 187 FAISON, NC 28341	56-1209062	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY, LILLY HEALTH EQUITY
GRACE BAPTIST CHURCH 52 SOUTH 6TH AVENUE MOUNT VERNON, NY 10550	13-6017526		12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
GRACE CLINIC 800 W CANAL DRIVE KENNEWICK, WA 99336	77-0592408	501(C)(3)	0.	34,660.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE COMMUNITY HEALTH CENTER 1019 CUMBERLAND FALLS HWY CORBIN, KY 40701	26-1779437	501(C)(3)	0.	59,031.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE HEALTHCARE SERVICES CORP DBA GRACE PHARMACY - 1329 SW 16TH STREET - GAINESVILLE, FL 32610	81-4300044	501(C)(3)	0.	85,158.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE HOUSE MINISTRIES 4309 DEBARDELEBEN AVENUE FAIRFIELD, AL 35064	57-0903169	501(C)(3)	50,000.	0.			FUND FOR HEALTH EQUITY
GRACE MEDICAL HOME 1417 E. CONDCORD ST. ORLANDO, FL 32803	26-1817966	501(C)(3)	0.	633,539.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE OUTREACH TO HEALTH COMMUNITY CLINIC - 837 EAST WALNUT STREET - GRAPEVINE, TX 76051	75-2195702	501(C)(3)	0.	63,895.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANT PARK CLINIC 1340 BOULEVARD SE ATLANTA, GA 30315	58-1577640	501(C)(3)	0.	29,865.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREAT SALT PLAINS HEALTH CENTER, INC. - 405 S. OKLAHOMA AVE - CHEROKEE, OK 73728	20-8787477	501(C)(3)	0.	18,400.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER GREENWOOD UNITED MINISTRY FREE MEDICAL CLINIC - 1404 EDGEFIELD STREET - GREENWOOD, SC 29646	57-1012393	501(C)(3)	0.	13,332.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER HARTFORD HARM REDUCTION COALITION INC. - 28 GRAND ST. - HARTFORD, CT 06106	47-4312705	501(C)(3)	0.	61,298.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER HICKORY COOPERATIVE COMMUNITY HEALTH CENTER - 31 1ST AVENUE SE - HICKORY, NC 28602	56-0934855	501(C)(3)	0.	147,281.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER KILLEEN FREE CLINIC 718 N. 2ND STREET, STE. A KILLEEN, TX 76541	74-2724725	501(C)(3)	0.	963,108.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER MERIDIAN HEALTH CLINIC INC. - 2701 DAVIS STREET - MERIDIAN, MS 39301	64-0732893	501(C)(3)	0.	8,238.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER - 4379 RIDGEWOOD CENTER DRIVE - WOODBRIDGE, VA 22192	83-0435138	501(C)(3)	0.	17,746.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREENE COUNTY HEALTH CARE 7 PROFESSIONAL DRIVE SNOW HILL, NC 28580	56-0992353	501(C)(3)	0.	169,803.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501(C)(3)	0.	754,410.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUADALUPE CLINIC 940 S. ST. FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)	0.	721,821.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUILFORD COUNTY SOLUTION TO THE OPIOID PROBLEM (GCSTOP) - 1601 WALKER AVE - GREENSBORO, NC 27403	56-6001468	501(C)(3)	0.	25,556.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GULF COAST HEALTH CENTER 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	0.	65,421.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HAND IN HAND MANO EN MANO 4 MAPLE ST MILBRIDGE, ME 04658	01-0836208	501(C)(3)	0.	5,430.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HANDS OF GRACE MEDICAL CLINIC 203 TWISTED LAUREL LANE BONAIRE, GA 31005	83-4709039	501(C)(3)	0.	296,177.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HANDS OF HOPE CLINIC 1010 HOSPITAL DRIVE, BLDG B STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)	0.	59,227.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HANDS OF HOPE MEDICAL CLINIC 320 WEST MAPLE STREET YADKINVILLE, NC 27055	27-5569145	501(C)(3)	0.	428,675.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HANNIBAL FREE CLINIC 160 PROGRESS ROAD HANNIBAL, MO 63401	14-1979983	501(C)(3)	0.	62,039.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAPPY VALLEY MEDICAL CENTER WEST CALDWELL HEALTH COUNCIL, INC. - 4330 COLLETTSVILLE ROAD - COLLETTSVILLE, NC 28611	59-1756933	501(C)(3)	0.	26,894.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARBOR HEALTH SERVICES 735 ATTUCKS LANE HYANNIS, MA 02601	23-7100550	501(C)(3)	0.	71,172.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARDEMAN COUNTY 629 NUCKOLLS RD BOLIVAR, TN 38008	58-1995646	501(C)(3)	0.	348,154.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARDIN COUNTY REGIONAL HEALTH CENTER - 765 FLORENCE ROAD - SAVANNAH, TN 38372	58-2053386	501(C)(3)	0.	302,251.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARM REDUCTION COALITION 1460 MISSION STREET SAN FRANCISCO, CA 94103	94-3204958	501(C)(3)	0.	38,270.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARM REDUCTION OHIO 935 RIVER ROAD SUITE G GRANVILLE, OH 43023	82-5110907	501(C)(3)	0.	27,492.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARM REDUCTION SERVICES 2800 STOCKTON BLVD SACRAMENTO, CA 95817	68-0300656	501(C)(3)	0.	130,952.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARMONY HEALTH CLINIC VOLUNTEERS IN MEDICINE - 201 EAST ROOSEVELT ROAD - LITTLE ROCK, AR 72206	20-5691313	501(C)(3)	0.	97,032.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARNEY COUNTY HEALTH DEPARTMENT 420 NORTH FAIRVIEW AVENUE BURNS, OR 97720	93-6002296	501(C)(3)	0.	29,437.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII H.O.M.E. PROJECT 651 ILALO STREET HONOLULU, HI 96813	99-0085260	501(C)(3)	0.	82,903.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEAL THE CITY FREE CLINIC 609 S CAROLINA AMARILLO, TX 79106	46-5694050	501(C)(3)	0.	71,385.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALING COMMUNITY CENTER 3915 CASCADE RD ATLANTA, GA 30331	26-3990559	501(C)(3)	0.	387,642.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	62-1677000	501(C)(3)	0.	23,298.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALING HANDS MINISTRIES 8515 GREENVILLE AVENUE, SUITE N-112 DALLAS, TX 75243	65-1259379		50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
HEALING HANDS MINISTRIES 8515 GREENVILLE AVE. N-112 DALLAS, TX 75243	65-1259379	501(C)(3)	0.	49,661.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH ACCESS FOR ALL 1919 WEST 7TH ST 2ND FLOOR LOS ANGELES, CA 90057	46-2972741	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
HEALTH ACCESS FOR ALL INC. DBA ANGELES COMMUNITY HEALTH CENTER - 1919 W 7TH STREET - LOS ANGELES, CA 90057	46-2972741	501(C)(3)	0.	219,328.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH ACCESS, INC. 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)	0.	247,736.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH ALLIANCE FOR THE UNINSURED 3000 UNITED FOUNDERS BLVD OKLAHOMA CITY, OK 73112	26-1789292	501(C)(3)	50,000.	0.			STRENGTHEN REPRODUCTIVE HLTH AWARD BAYER
HEALTH ALLIANCE FOR THE UNINSURED 3000 UNITED FOUNDERS BLVD OKLAHOMA CITY, OK 73112	26-1789292	501(C)(3)	0.	46,210.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH AND HOPE CLINIC, INC. 1718 EAST OLIVE ROAD PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	254,920.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH BRIGADE 1010 N. THOMPSON STREET RICHMOND, VA 23230	54-0927792	501(C)(3)	250,000.	0.			ABBVIE HEALTH EQUITY
HEALTH BRIGADE 1010 N. THOMPSON STREET RICHMOND, VA 23230	54-0927792	501(C)(3)	0.	323,466.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE CENTER FOR THE HOMELESS DBA ORANGE BLOSSOM FAMILY HEALTH CE - 232 NORTH ORANGE BLOSSOM TRAIL - ORLANDO, FL 32805	59-3185020	501(C)(3)	30,000.	0.			COVID19-ABBOTT
HEALTH CARE CENTER FOR THE HOMELESS DBA ORANGE BLOSSOM FAMILY HEALTH CENTER - 232 NORTH ORANGE BLOSSOM TRAIL - ORLANDO, FL 32805	59-3185020	501(C)(3)	0.	303,931.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CENTER OF SOUTHEAST TEXAS 307 N. WILLIAM BARNETT AVE CLEVELAND, TX 77327	56-2508501	501(C)(3)	0.	298,240.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH FOR ALL 3030 EAST 29TH STREET, SUITE 111 BRYAN, TX 77802	74-2624477	501(C)(3)	0.	33,408.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH HELP DBA WHITE HOUSE CLINICS - 1010 MAIN STREET SOUTH - MCKEE, KY 40447	61-0843731	501(C)(3)	0.	14,168.	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH MINISTRIES CLINIC 720 MEDICAL CENTER DR. NEWTON, KS 67114	48-1091875	501(C)(3)	0.	55,841.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH OUTREACH PREVENTION EDUCATION, INC (H.O.P.E.) - 3540 E 31ST STREET, STE 3 - TULSA, OK 74135	73-1537952	501(C)(3)	58,000.	0.			FUND FOR HEALTH EQUITY
HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501(C)(3)	0.	366,509.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS OF WESTERN OHIO 441 EAST 8TH STREET LIMA, OH 45804	56-2330309	501(C)(3)	0.	59,838.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERSHIP CLINIC 405 S. CLAIREBORNE ROAD OLATHE, KS 66062	48-1115529	501(C)(3)	0.	12,602.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PROMED FOUNDATION, INC. AVE. BORINQUEN #2020 SANTURCE, PR 00915	66-0437924	501(C)(3)	0.	18,536.	ESTIMATED WHOLESAL PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PROMOTION DISEASE PREVENTION (HPDP) FORT PECK TRIBES - 417 13TH AVE EAST - POPLAR, MT 59255	81-0292623		0.	73,314.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE MOORESVILLE, NC 28115	20-1020941	501(C)(3)	0.	295,746.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH SERVICE ALLIANCE 13193 CENTRAL AVENUE CHINO, CA 91710	13-4257391	501(C)(3)	0.	10,159.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH SERVICES INC. 1845 CHERRY STREET MONTGOMERY, AL 36107	63-0568762	501(C)(3)	0.	888,087.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH SERVICES OF NORTH TEXAS 4401 N. INTERSTATE 35E, SUITE 312 DENTON, TX 76207	75-2252866	501(C)(3)	0.	120,274.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH WEST - LAVA CLINIC 85 SOUTH 5TH WEST LAVA HOT SPRINGS, ID 83246	82-0324100	501(C)(3)	0.	83,813.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA COLLIER HEALTH SERVICES - 1454 MADISON AVENUE - IMMOKALEE, FL 34142	59-1741277	501(C)(3)	0.	574,120.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHLINK DENTAL CENTER, INC 1775 STREET ROAD SOUTHAMPTON, PA 18966	23-2998708	501(C)(3)	0.	8,902.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHNET OF ROCK COUNTY, INC. 113 S FRANKLIN STREET JANESVILLE, WI 53548	39-1778804	501(C)(3)	0.	118,756.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHNET, INC. 3403 E. RAYMOND ST. INDIANAPOLIS, IN 46203	35-1579827	501(C)(3)	270,000.	0.			HELPING BUILD HEALTHY COMM AWARDS - BD
HEALTHPOINT 955 POWELL AVE SW RENTON, WA 98057	91-0884412	501(C)(3)	0.	12,467.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHQUEST OF UNION COUNTY 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)	0.	29,134.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHREACH COMMUNITY HEALTH CENTERS - 10 WATER ST SUITE 305 - WATERVILLE, ME 04901	01-6023664	501(C)(3)	0.	33,692.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHRIGHT 360/HAIGHT ASHBURY FREE CLINIC MISSION STREET - ADMINISTRATION - 1735 MISSION STREET - SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	0.	68,745.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHWORKS 2508 E. FOX FARM ROAD #1B CHEYENNE, WY 82007	87-0718984	501(C)(3)	0.	176,771.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHWORKS FOR NORTH VIRGINIA 163 FORT EVANS ROAD LEESBURG, VA 20176	20-2379419	501(C)(3)	0.	49,739.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHY MOTHERS HEALTHY BABIES COAL - 245 N KUKUI STREET, SUITE 102A - HONOLULU, HI 96817	99-0299264	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
HEALTHY MOTHERS HEALTHY BABIES COALITION OF HAWAII - 245 N KUKUI ST #102A - HONOLULU, HI 96817	99-0299264	501(C)(3)	0.	60,172.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART AND SOUL CLINIC 17338 WESTFIELD PARK ROAD, SUITE #1 WESTFIELD, IN 46074	80-0390182	501(C)(3)	0.	6,527.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART OF KANSAS FAMILY HEALTHCARE INC - 1905 19TH STREET - GREAT BEND, KS 67530	48-1165405	501(C)(3)	0.	8,050.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEART OF OHIO FAMILY HEALTH CENTER 5000 EAST MAIN STREET WHITEHALL, OH 43213	38-3765547	501(C)(3)	0.	5,131.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEARTLAND HEALTH CENTERS 3048 N WILTON AVE, 2ND FLOOR CHICAGO, IL 60657	36-3843377	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
HEARTLAND MEDICAL CLINIC, INC. 1312 W 6TH STREET LAWRENCE, KS 66044	48-1221800	501(C)(3)	0.	47,613.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELPING HANDS CLINIC, INC. 810 HARPER AVE NW LENOIR, NC 28645	56-2076541	501(C)(3)	0.	29,283.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELPING HANDS HEALTH AND WELLNESS CENTER - 5100 KARL ROAD - COLUMBUS, OH 43229	20-5937457	501(C)(3)	0.	8,594.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELPING HANDS OF TENNESSEE 1408 NORTH HIGHLAND AVENUE JACKSON, TN 38301	81-1043752	501(C)(3)	50,000.	0.			GENERAL U.S. EMERGENCY PREP & RESPONSE
HENDERSON BEHAVIORAL HEALTH HILL PROGRAM - 4700 NORTH STATE ROAD 7 - LAUDERDALE LAKES, FL 33319	59-0711167	501(C)(3)	0.	40,173.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HERITAGE COMMUNITY CLINIC OHIO UNIVERSITY HERITAGE COLLEGE OF OSTEOPATHIC MEDICI - 1 OHIO UNIVERSITY - ATHENS, OH 45701	31-6402113	501(C)(3)	0.	13,052.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HERITAGE HEALTH PO BOX 1387 HAYDEN, ID 83835	94-3036820	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLAND MEDICAL CENTER 120 JACKSON RIVER RD. MONTEREY, VA 24465	54-1652356	501(C)(3)	0.	6,087.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HIGHLANDS HEALTH LAUREL HIGHLANDS FREE & CHARITABLE CLINIC - 315 LOCUST STREET - JOHNSTOWN, PA 15901	23-2922409	501(C)(3)	0.	126,140.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HILL COUNTRY HEALTH AND WELLNESS CENTER - 29632 HWY 299 EAST - ROUND MOUNTAIN, CA 96084	94-2831597	501(C)(3)	0.	6,247.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HILL COUNTRY MISSION FOR HEALTH 122 COMMERCE AVENUE BOERNE, TX 78006	48-1262832	501(C)(3)	0.	159,550.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HINDS MOBILE MD 8485 EAST MCDONALD DRIVE #214 SCOTTSDALE, AZ 85250	82-5152803	501(C)(3)	0.	7,997.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HIS BRANCHES, INC. 340 ARNETT BLVD. ROCHESTER, NY 14619	23-7060337	501(C)(3)	0.	33,226.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HISPANIC COMMUNITY SERVICES, INC. 211 VANDYNE STREET JONESBORO, AR 72401	68-0561016	501(C)(3)	0.	16,072.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HISPANIC COMMUNITY SERVICES, INC. D 211 VANDYNE ST. JONESBORO, AR 72401	68-0561016	501(C)(3)	162,839.	0.			FUND FOR HEALTH EQUITY
HISPANIC COMMUNITY SERVICES, INC. D 211 VANDYNE ST. JONESBORO, AR 72401	68-0561016	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC FEDERATION, INC. 55 EXCHANGE PLACE NEW YORK, NY 10005	13-3573852	501(C)(3)	50,000.	0.			COVID19-US
HISPANIC HEALTH COALITION OF GEORGI - 11175 CICERO DRIVE, SUITE 100 - ALPHARETTA, GA 30022	75-2995466	501(C)(3)	50,000.	0.			COVID19-US
HISPANIC HEALTH COALITION OF GEORGI - 11175 CICERO DRIVE, SUITE 100 - ALPHARETTA, GA 30022	75-2995466	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
HIV ALLIANCE 1195A CITY VIEW STREET EUGENE, OR 97402	93-0963546	501(C)(3)	0.	89,081.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HIV/AIDS ALLIANCE FOR REGION TWO 4550 NORTH BLVD SUITE 250 BATON ROUGE, LA 70806	72-1283359	501(C)(3)	0.	23,528.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOGAR DEL BUEN PASTOR 250 AVENIDA DE LA CONSTITUCION PUER SAN JUAN, PR 00901	66-0488299		0.	11,124.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOGAR DEL BUEN PASTOR INC 250 AVENIDA DE LA CONSTITUCION SAN JUAN, PR 00901	66-0488299	501(C)(3)	400,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
HOLLAND FREE HEALTH CLINIC 99 WEST 26TH STREET HOLLAND, MI 49423	30-0072620	501(C)(3)	0.	43,782.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOMESTEAD COMMUNITY HEALTH CENTER 151 NW 11 ST. HOMESTEAD, FL 33030	84-2514662	501(C)(3)	0.	5,162.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE CARE CLINIC 414 S COLUMBIA ST WENATCHEE, WA 98801	84-3948838	501(C)(3)	0.	6,828.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 518 HARRIET STREET YPSILANTI, MI 48197	38-2469007	501(C)(3)	0.	95,015.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515	56-2114681	501(C)(3)	0.	158,479.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 7001 CORPORATE, SUITE 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	50,000.	0.			SAFETY NET SUPPORT
HOPE CLINIC AND CARE CENTER 1814 APPLETON RD MENASHA, WI 54952	47-3031346	501(C)(3)	0.	593,452.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC FOR WOMEN 1602 21ST STREET GRANITE CITY, IL 62040	37-1017984		0.	6,638.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC OF MCKINNEY 103 E. LAMAR STREET MCKINNEY, TX 75069	81-3813928	501(C)(3)	0.	391,992.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE HEALTH CLINIC 1025 SANIBEL WAY, SUITE E LAGRANGE, KY 40031	45-2340606	501(C)(3)	0.	204,457.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	0.	202,688.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPELIGHT MEDICAL CLINIC 1351 COLLYER STREET LONGMONT, CO 80501	46-4657471	501(C)(3)	0.	45,691.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZON HEALTH CARE, INC. ADMINISTRATION - 109 NORTH MAIN STREET - HOWARD, SD 57349	46-0341255	501(C)(3)	0.	1,275,571.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZONS HEALTH COASTAL HORIZONS CENTER, INC. - 613 SHIPYARD BLVD - WILMINGTON, NC 28412	56-0950370	501(C)(3)	0.	37,766.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOSPITAL COMUNITARIO BUEN SAMARITANO, - CARR. EST. PR-460, KM. 0.2 - AGUADILLA, PR 00603	66-0571457	501(C)(3)	0.	89,218.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOSPITAL GENERAL DE CASTAER, INC. CARRETERA 135, KM. 4.5 CASTANER, PR 00631	66-0352014	501(C)(3)	0.	370,051.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOSPITAL GENERAL DE CASTANER PO BOX 1003 CASTANER, PR 00631-1003	66-0352014	501(C)(3)	245,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
HOT SPRINGS HEALTH PROGRAM 590 MEDICAL PARK DRIVE MARSHALL, NC 28753	56-0986537	501(C)(3)	0.	5,376.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HPM FOUNDATION HEALTHPRO MED 2020 AVE. BORINQUEN SAN JUAN, PR 00915	66-0437924	501(C)(3)	1,520,000.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT
HUDSON RIVER HEALTHCARE, INC. 1037 MAIN STREET PEEKSKILL, NY 10566-2913	13-2828349	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMBOLDT AREA CENTER FOR HARM REDUCTION - 5000 VALLEY WEST BLVD - ARCATA, CA 95521	47-2822261	501(C)(3)	0.	49,317.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HURTT FAMILY HEALTH CLINIC 1 HOPE DRIVE TUSTIN, CA 92782	33-0906866	501(C)(3)	50,000.	0.			COVID19-US
HYDE COUNTY HEALTH DEPARTMENT 1151 MAIN STREET SWAN QUARTER, NC 27885	56-6000308	501(C)(3)	0.	15,465.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HYNDMAN AREA HEALTH CENTER 104 RAILROAD STREET BEDFORD, PA 15522	25-1343824	501(C)(3)	0.	97,372.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ICNA RELIEF USA 1092 JOHNNIE DODDS BLVD MT PLEASANT, SC 29464	04-3810161	501(C)(3)	50,000.	0.			HURRICANE FLORENCE
ICNA RELIEF USA PROGRAMS INC DBA SHIFA FREE CLINIC - 1092 JOHNNIE DODDS BLVD, SUITE 108 - MOUNT PLEASANT, SC 29464	04-3810161	501(C)(3)	0.	289,274.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INCLUSIVCARE 4028 US HWY 90 AVONDALE, LA 70094	56-2439708	501(C)(3)	0.	241,794.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDIAN HEALTH BOARD OF MINNEAPOLIS, INC. - 1315 E. 24TH STREET - MINNEAPOLIS, MN 55404	41-0977740	501(C)(3)	0.	16,769.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDIANA UNIV CTR FOR GLOBAL HEALTH-AMPAT (AMPATH) - IU CENTER FOR GLOBAL HEALTH, 702 RO - INDIANAPOLIS, IN 46202	35-6018940	STATE OF INDIANA	50,000.	0.			COVID19-GLOBAL (INCL US)

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIGENOUS PEOPLES TASK FORCE 1335 E 23RD STREET MINNEAPOLIS, MN 55404	36-3617906	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
INHEALTH COMMUNITYFREE CLINIC 109 1/2 E BLUFF ST BOSCOBEL, WI 53805	33-1170597	501(C)(3)	0.	7,380.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INLAND BEHAVIORAL HEALTH SERVICES INC. - 1963 NORTH E STREET - SAN BERNARDINO, CA 92405	95-3246624	501(C)(3)	0.	24,258.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE NEW YORK, NY 10035	13-3273402	501(C)(3)	238,962.	0.			ABBVIE HEALTH EQUITY
INSTITUTO NUEVA ESCUELA INC 1101 ESQ. PONCE DE LEON PASEO DIEGO SAN JUAN, PR 00925	66-0725105	501(C)(3)	167,300.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
INTERCAMBIOS PUERTO RICO, INC. 165 CALLE DIEGO ZALDUONDO (ALTOS) FAJARDO, PR 00738	66-0731885	501(C)(3)	0.	17,385.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INTERFAITH CLINIC 2305 CHAMPAGNOLLE RD. EL DORADO, AR 71730	71-0236863	501(C)(3)	0.	111,568.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IOWA HARM REDUCTION COALITIONS 1216 2ND AVENUE SE CEDAR RAPIDS, IA 52403	82-1864287	501(C)(3)	0.	8,007.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IRONBOUND COMMUNITY HEALTH CENTER, INC. - 788 MOUNT PROSPECT AVENUE, FLOOR 2 - NEWARK, NJ 07104	85-0829120	501(C)(3)	0.	128,550.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ISLANDS COMMUNITY MEDICAL SERVICES 15 MEDICAL CENTER LOOP VINALHAVEN, ME 04863	01-6012835	501(C)(3)	0.	18,253.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ITHACA HEALTH ALLIANCE 521 WEST SENECA STREET ITHACA, NY 14850	90-0192978	501(C)(3)	0.	69,009.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
J.C. LEWIS HEALTH CARE CENTER 5 MALL ANNEX SAVANNAH, GA 31406	27-0380035	501(C)(3)	0.	121,384.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JACKSON FREE CLINIC FOR THE HOMELESS DBA JACKSON FREE CLINIC - 925 MARTIN LUTHER KING JR. DRIVE - JACKSON, MS 39203	64-0945749	501(C)(3)	0.	349,657.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JEFFERSON COMPREHENSIVE HEALTH CENTER, INC. - 405 MAIN STREET - FAYETTE, MS 39069	64-0667610	501(C)(3)	0.	1,313,676.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JESSIE TRICE COMMUNITY HEALTH 5607 N W 27TH AVE, SUITE 1 MIAMI, FL 33142	59-1235617	501(C)(3)	0.	7,287.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOHNSON CITY COMMUNITY HEALTH CENTER - 2151 CENTURY LANE - JOHNSON CITY, TN 37604	62-6021046	501(C)(3)	0.	58,484.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JTP PROFESSIONAL SERVICE CORPORATION - 7101 YORK AVENUE S - EDINA, MN 55435	85-0868142	501(C)(3)	0.	139,566.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JUNIPER HEALTH, INC. BREATHITT COUNTY FAMILY HEALTH CENTER - 1484 LAKESIDE DRIVE - JACKSON, KY 41339	04-3779582	501(C)(3)	0.	5,162.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JWCH INSTITUTE, INC. 5650 JILLSON STREET COMMERCE, CA 90040	95-2289916	501(C)(3)	0.	36,290.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501(C)(3)	0.	238,251.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KATAHDIN VALLEY HEALTH CENTER 30 HOULTON STREET PATTEN, ME 04765	23-7411014	501(C)(3)	0.	6,105.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KATHLEEN LUTON LAURA MARTINEZ 12320 PARKLAWN DRIVE ROCKVILLE, MD 20852	23-7022588	501(C)(3)	0.	27,503.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KATY TRAIL COMMUNITY HEALTH CENTER SEDALIA - 821 WESTWOOD DRIVE - SEDALIA, MO 65301	43-1879853	501(C)(3)	0.	25,426.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KEE CHA E NAR 230 KLAMATH BLVD., SUITE A KLAMATH, CA 95548	47-4098140	501(C)(3)	0.	5,658.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KEE CHAR E NAR 230 KLAMATH BLVD. KLAMATH, CA 95548	47-4098140	501(C)(3)	76,000.	0.			FUND FOR HEALTH EQUITY
KEYSTONE DIABETIC KIDS CAMP CAMP VICTORY - 58 CAMP VICTORY ROAD - MILLVILLE, PA 17846	23-2481065	501(C)(3)	0.	7,445.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KINSTON COMMUNITY HEALTH CENTER 324 N. QUEEN STREET KINSTON, NC 28501	56-1833275	501(C)(3)	0.	269,201.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KINTEGRA FAMILY MEDICINE - HUDSON 991 W. HUDSON BLVD GASTONIA, NC 28052	58-1958398	501(C)(3)	0.	1,152,298.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KNOX COUNTY HEALTH CLINIC 22 WHITE STREET SUITE 201 ROCKLAND, ME 04841	01-0528885	501(C)(3)	0.	134,942.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KNOX COUNTY HEALTH DEPARTMENT 140 DAMERON AVE KNOXVILLE, TN 37931	62-6007979	501(C)(3)	0.	117,567.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KOKUA KALIHI VALLEY COMPR. FAMILY 2239 N. SCHOOL STREET HONOLULU, HI 96819	99-0149797	501(C)(3)	50,000.	0.			COVID19-US
KOKUA KALIHI VALLEY COMPR. FAMILY 2239 N. SCHOOL STREET HONOLULU, HI 96819	99-0149797	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
KOKUA KALIHI VALLEY COMPREHENSIVE FAMILY SERVICES - 2239 N. SCHOOL STREET - HONOLULU, HI 96819	99-0149797	501(C)(3)	0.	5,910.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KONA COMMUNITY HOSPITAL 67-1019 HAUKAPILA STREET KEALAKEKUA, HI 96750	99-0233964	501(C)(3)	0.	17,000.	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KOREAN COMMUNITY SERVICES DBA KCS HEALTH CENTER - 7212 ORANGETHORPE AVE. SUITE 9A - BUENA PARK, CA 90621	95-3245254	501(C)(3)	0.	122,818.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KUALOA-HEEIA ECUMENICAL YOUTH PROJ 47-200 WAIHEE ROAD KANEEOHE, HI 96744	99-0118209	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KUKULU KUMUHANA O ANAHOLA P. O. BOX 30891 ANAHOLA, HI 96703	27-1707515	501(C)(3)	50,000.	0.			COVID19-US
LA CLINICA CRISTIANA 380 WILSON LAKE SHORES MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)	0.	198,375.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA CLINICA DEL PUEBLO 2831 15TH ST NW WASHINGTON, DC 20009	52-1942551	501(C)(3)	50,000.	0.			COVID19-US
LA COMUNIDAD HISPANA 731 W. CYPRESS STREET KENNETT SQUARE, PA 19348	23-2041915	501(C)(3)	0.	102,439.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA FAMILIA COUNSELING CENTER INC 5523-34TH STREET SACRAMENTO, CA 95820-4725	94-2270786	501(C)(3)	225,000.	0.			FUND FOR HEALTH EQUITY
LA PLAZITA INSTITUTE 831 ISLETA BLVD SW ALBUQUERQUE, NM 87105	26-2486467	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
LACKEY CLINIC PHARMACY 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	54-1850915	501(C)(3)	0.	45,329.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAHAI HEALTH 2152 NORTH 122ND STREET SEATTLE, WA 98133	33-1052418	501(C)(3)	0.	50,451.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE AREA FREE CLINIC 856 ARMOUR ROAD OCONOMOWOC, WI 53066	39-2006388	501(C)(3)	0.	5,441.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKE COUNTY FREE CLINIC 125 EAST ERIE STREET PAINESVILLE, OH 44077	34-1081191	501(C)(3)	0.	281,464.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE COUNTY TRIBAL HEALTH 925 BEVINS CT LAKEPORT, CA 95453	94-2847137	501(C)(3)	0.	17,308.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE HEALTH DISTRICT FUND NORTHEAST OHIO DRUG REPOSITORY PROGRAM - 7757 AUBURN ROAD UNIT 6 - PAINESVILLE, OH 44077	34-1598598	501(C)(3)	0.	37,677.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE NORMAN FREE CLINIC 14230 HUNTERS ROAD HUNTERSVILLE, NC 28078	04-3723062	501(C)(3)	0.	278,938.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKELAND VOLUNTEERS IN MEDICINE 600 W PEACHTREE ST LAKELAND, FL 33815	52-2351630	501(C)(3)	0.	40,350.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LANAI COMMUNITY HEALTH CENTER 333 SIXTH STREET LANAI CITY, HI 96763	20-2509287	501(C)(3)	0.	288,733.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LANCASTER HEALTH CENTER 304 NORTH WATER STREET LANCASTER, PA 17603	23-2160896	501(C)(3)	0.	25,701.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAS VEGAS RECOVERY CENTER 3321 N. BUFFALO DRIVE #200 LAS VEGAS, NV 89129	20-3380211	501(C)(3)	0.	8,007.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LASANTE HEALTH CENTER 672 PARKSIDE AVENUE BROOKLYN, NY 11226	46-4149537	501(C)(3)	0.	351,970.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LASSEN INDIAN HEALTH CENTER 795 JOAQUIN STREET SUSANVILLE, CA 96130	94-2165016		0.	8,288.	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LATIN AMERICAN YOUTH CENTER 1419 COLUMBIA ROAD, NW WASHINGTON, DC 20009	52-1023074	501(C)(3)	50,000.	0.			COVID19-US
LATINO POLICY FORUM 180 N MICHIGAN AVE STE 1250 CHICAGO, IL 60601	36-3676873	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
LAWTON COMMUNITY HEALTH CENTER 5404 SW LEE BOULEVARD LAWTON, OK 73505	26-0187688	501(C)(3)	0.	40,771.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LESTONNAC FREE CLINIC 1215 E. CHAPMAN AVENUE ORANGE, CA 92866	95-3499011	501(C)(3)	0.	129,043.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEWIS & CLARK BEHAVIORAL HEALTH SERVICES, INC. - 1028 WALNUT STREET - YANKTON, SD 57078	46-0309601	501(C)(3)	0.	32,566.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIFECARE FAMILY HEALTH AND DENTAL CENTER - 2725 LINCOLN ST E - CANTON 44707, OH 44707	34-1708901	501(C)(3)	0.	257,143.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIFECYCLES HEALTH SERVICES, INC. 433 NORTH 7TH STREET, FIRST FLOOR CAMDEN, NJ 08102	47-5438771	501(C)(3)	0.	14,548.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIFELONG MEDICAL CARE ADMINISTRATION - 2344 SIXTH STREET - BERKELEY, CA 94710	94-2502308	501(C)(3)	0.	306,119.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFESPRING COMMUNITY HEALTH 1042 E 3RD STREET, SUITE 300 CHATTANOOGA, TN 37404	27-3856741	501(C)(3)	0.	5,396.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIGHT OF THE WORLD CLINIC 5333 N. DIXIE HWY #201 OAKLAND PARK, FL 33334	65-0266070	501(C)(3)	0.	528,698.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIGHTHOUSE MEDICAL MINISTRIES 2801 S. ROBINSON AVENUE OKLAHOMA CITY, OK 73109	20-0503733	501(C)(3)	0.	464,375.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LITTLE HAVANA ACTIVITIES & NUTRITIO - 700 SW 8 STREET - MIAMI, FL 33130	23-7378008	501(C)(3)	150,000.	0.			FUND FOR HEALTH EQUITY
LITTLE HAVANA ACTIVITIES & NUTRITIO - 700 SW 8 STREET - MIAMI, FL 33130	23-7378008	501(C)(3)	50,000.	0.			COVID19-US
LLOYD F. MOSS FREE CLINIC PHARMACY 1301 SAM PERRY BLVD. STE 100 FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)	0.	492,988.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LONE STAR COMMUNITY HEALTH CENTER 605 S. CONROE MEDICAL DR. CONROE, TX 77304	30-0038860	501(C)(3)	0.	63,097.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LONG ISLAND FQHC HUDSON RIVER HEALTHCARE - 1600 STEWART AVENUE SUITE 300 - WESTBURY, NY 11590	27-0216316	501(C)(3)	0.	159,610.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LONG ISLAND SELECT HEALTHCARE, INC. - 159 CARLETON AVENUE - CENTRAL ISLIP, NY 11722	47-1001464	501(C)(3)	0.	18,426.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LONG VALLEY HEALTH CENTER 50 BRANSCOMB ROAD LAYTONVILLE, CA 95454	94-2536128	501(C)(3)	0.	5,689.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LORAIN COUNTY FREE CLINIC 5040 OBERLIN AVENUE LORAIN, OH 44053	34-1506180	501(C)(3)	0.	52,143.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOS ANGELES CHRISTIAN HEALTH CENTERS - 453 S. SPRING ST. - LOS ANGELES, CA 90013	95-4315734	501(C)(3)	0.	61,410.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOS ANGELES COMMUNITY CLINIC, INC. 1830 W. OLYMPIC BLVD. #124 LOS ANGELES, CA 90006	46-3963600	501(C)(3)	0.	54,523.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOS BARRIOS UNIDOS COMMUNITY CLINIC - 809 SINGLETON BLVD. - DALLAS, TX 75212	75-1378664	501(C)(3)	220,000.	0.			FUND FOR HEALTH EQUITY
LOS BARRIOS UNIDOS COMMUNITY CLINIC - 809 SINGLETON BLVD - DALLAS, TX 75212	75-1378664	501(C)(3)	0.	150,100.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOUISIANA LIONS CAMP 292 L BEAUFORD DRIVE ANACOCO, LA 71403	72-0544373	501(C)(3)	0.	7,935.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOVE IN ACTION OF THE TRI-CITIES 326 N FERRY STREET GRAND HAVEN, MI 49417	38-2856482	501(C)(3)	0.	22,923.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LSS HEALTH CENTER AT FAITH MISSION 245 N. GRANT AVE. COLUMBUS, OH 43215	31-4412586	501(C)(3)	0.	72,956.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUKE 52 CLINIC 9615 MAIN STREET WHITMORE LAKE, MI 48843	81-2779813	501(C)(3)	0.	129,041.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MABEL WADSWORTH CENTER 700 MOUNT HOPE AVENUE BANGOR, ME 04401	22-2667466	501(C)(3)	0.	13,283.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MACEDONIA BAPTIST CHURCH 1751 E 114TH ST LOS ANGELES, CA 90059	95-3913821		12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501(C)(3)	0.	30,547.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MAMOU HEALTH RESOURCES 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501(C)(3)	0.	29,904.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANNA MEDICAL CLINIC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)	0.	35,504.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANO EN MANO HAND IN HAND 4 MAPLE ST MILBRIDGE, ME 04658	01-0836208	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
MARIN COMMUNITY CLINIC 9 COMMERCIAL BLVD NOVATO, CA 94949	94-2237120	501(C)(3)	350,000.	0.			POWER FOR HEALTH-CA
MARJORIE WILSON 2717 W. BANNOCK ST. SUITE 100 BOISE, ID 83702	84-2505295	501(C)(3)	0.	16,014.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)	150,000.	0.			ABBVIE HEALTH EQUITY
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501(C)(3)	0.	789,384.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARTIN-TYRRELL-WASHINGTON DISTRICT HEALTH - 198 NC HWY 45 N - PLYMOUTH, NC 27962	56-1066387	WASHINGTON COUNT	0.	29,136.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARY'S CENTER FOR MATERNAL AND CHILD CARE, INC. - 2333 ONTARIO RD NW - WASHINGTON, DC, DC 20009	52-1594116	501(C)(3)	0.	30,920.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM MEDICAL CLINIC - 101 AVENUE F NORTH - BAY CITY, TX 77414	20-0537948	501(C)(3)	0.	19,850.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATTAWA COMMUNITY MEDICAL CLINIC 210 GOVERNMENT ROAD MATTAWA, WA 99349	91-1499763	501(C)(3)	0.	93,924.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATTHEW 25, INC. 413 EAST JEFFERSON BLVD. FORT WAYNE, IN 46802	35-1484951	501(C)(3)	0.	1,097,071.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MED CENTRO INC. 1034 HOSTOS AVENUE PONCE, PR 00716	66-0292961	501(C)(3)	700,000.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT, ABBVIE PR ENERGY PROJECTS
MED CENTRO, INC. 1034 HOSTOS AVENUE PONCE, PR 00716	66-0292961	501(C)(3)	0.	59,688.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MEDICAL ASSOCIATES PLUS 2467 GOLDEN CAMP ROAD AUGUSTA, GA 30906	31-1591242	501(C)(3)	0.	193,258.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL OUTREACH MINISTRIES 5741 CARMICHAEL PARKWAY MONTGOMERY, AL 36117	63-1204645	501(C)(3)	0.	65,801.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL SCIENCES CAMPUS UNIVERSITY OF PUERTO RICO   SAN JUAN - PASEO DR. JOSE CELSO BARBOSA - SAN JUAN, PR 00921	66-0433762	PUERTO RICO	0.	8,210.	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL SOCIETY OF MOBILE COUNTY 2701 AIRPORT BLVD. MOBILE, AL 36606	63-0435364	501(C)(3)	118,000.	0.			FUND FOR HEALTH EQUITY
MEDLINK GEORGIA, INC. 11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501(C)(3)	0.	16,485.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEL LEAMAN FREE CLINIC OF SMYTH COUNTY - 601 RADIO HILL ROAD - MARION, VA 24354	54-1993876	501(C)(3)	0.	9,314.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MENTAL WELLNESS CENTER 617 GARDEN STREET SANTA BARBARA, CA 93101	95-1962659	501(C)(3)	0.	7,911.	ESTIMATED WHOLESALE PRICE	OTHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)	0.	407,588.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY CLINIC OF FORT WORTH 775 WEST BOWIE ST FORT WORTH, TX 76110	45-3841621	501(C)(3)	0.	12,283.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HEALTH CENTER 700 OGLETHORPE AVENUE ATHENS, GA 30606	58-2603523	501(C)(3)	0.	527,591.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR. WAY S SEATTLE, WA 98118	91-1546525	501(C)(3)	0.	17,683.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)	0.	150,449.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 300 ARLINGTON DRIVE VIDALIA, GA 30474	27-1107136	501(C)(3)	0.	8,646.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY MEDICINE FREE CLINIC 500 S. COIT STREET FLORENCE, SC 29501	31-1693093	501(C)(3)	0.	6,858.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROPOLITAN COMMUNITY HEALTH SERVICES DBA AGAPE HEALTH SERVICES - 120 W. MARTIN LUTHER KING DRIVE - WASHINGTON, NC 27889	56-2143419	501(C)(3)	0.	10,568.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEXICAN AMERICAN OPPORTUNITY FOUNDA - 401 N GARFIELD AVE - MONTEBELLO, CA 90640	95-2594166	501(C)(3)	50,000.	0.			COVID19-US
MEXICAN AMERICAN OPPORTUNITY FOUNDA - 401 N GARFIELD AVE - MONTEBELLO, CA 90640	95-2594166	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
MIAMI BEACH COMMUNITY HEALTH CENTER - 710 ALTON ROAD - MIAMI BEACH, FL 33139	59-1829984	501(C)(3)	0.	1,144,115.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIAMI RESCUE MISSION CLINIC 2015 NW 1ST AVENUE MIAMI, FL 33127	45-1481860	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
MIAMI RESCUE MISSION CLINIC 2015 N.W. 1ST AVENUE MIAMI, FL 33127	45-1481860	501(C)(3)	0.	24,011.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MID DELTA HEALTH SYSTEMS 245 MADISON STREET CLARENDON, AR 72029	71-0638760	501(C)(3)	0.	68,646.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIGRANT HEALTH CENTER WESTERN REGION, INC. - CALLE RAMON E. BETANCES #491 SUR - MAYAGUEZ, PR 00680	66-0427801	501(C)(3)	0.	55,093.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIGRANT HEALTH CTR WESTERN REGION PO BOX 190 MAYAGUEZ, PR 00681	66-0427801	501(C)(3)	345,000.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT, ABBVIE PR MOBILE HEALTH, ABBVIE PR MEDICALLY FRAGILE
MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26505	31-1118673	501(C)(3)	0.	111,656.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MILWAUKEE HEALTH SERVICES, INC. 2555 N. MARTIN LUTHER KING DRIVE MILWAUKEE, WI 53212	39-1664109	501(C)(3)	0.	55,674.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH STREET ARLINGTON, TX 76010	75-2354962	501(C)(3)	0.	1,346,432.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION CITY COMMUNITY NETWORK, INC. - 15206 PARTHENIA STREET - NORTH HILLS, CA 91343	95-4226189	501(C)(3)	0.	161,109.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION EAST DALLAS 4550 GUS THOMASSON ROAD MESQUITE, TX 75150	72-2935803	501(C)(3)	0.	31,071.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION MEDICAL CLINIC 2125 E. LA SALLE STREET COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)	0.	32,263.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION OF MERCY - ARIZONA CLINICS 360 E. CORONADO ROAD, STE 160 PHOENIX, AZ 85004	86-0704883	501(C)(3)	0.	647,040.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION OF MERCY ADMINISTRATION MD/PA CLINICS - 103 WEST MIDDLE STREET - GETTYSBURG, PA 17325	86-0704883	501(C)(3)	0.	408,700.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSOURI INSTITUTE OF MENTAL HEALTH - 4633 WORLD PARKWAY CIRCLE - ST. LOUIS, MO 63134	43-6003859	501(C)(3)	0.	32,027.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOAB FREE HEALTH CLINIC 380 N 500 W MOAB, UT 84532	26-2082745	501(C)(3)	0.	28,427.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOLOKAI OHANA HEALTH CARE, INC. 30 OKI PLACE KAUNAKAKAI, HI 96748	51-0437659	501(C)(3)	0.	7,473.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MONTANA MIGRANT COUNCIL 3318 THIRD AVENUE N, STE. 200 BILLINGS, MT 59101	81-0350430	501(C)(3)	0.	66,994.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MONTANA YOUTH DIABETES ALLIANCE 6 THIRTEENTH AVENUE EAST POLSON, MT 59860	84-3705917	501(C)(3)	0.	5,360.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MORGAN COUNTY MEDICAL CENTER 224 OLD MILL ROAD WARTBURG, TN 37887	62-0913596	501(C)(3)	0.	280,406.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOROVIS COMMUNITY HEALTH CENTER PO BOX 518 MOROVIS, PR 00687	66-0480948	501(C)(3)	85,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
MOROVIS COMMUNITY HEALTH CENTER, INC. - CALLE PATRON #2 AVE. COROZAL Y PATR - MOROVIS, PR 00687	66-0480948	501(C)(3)	0.	64,918.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MORTON COMPREHENSIVE HEALTH SERVICE - P.O. BOX 481090 - TULSA, OK 74148	73-1177858	501(C)(3)	50,000.	0.			LILLY NAVIGATOR GRANT
MORTON COMPREHENSIVE HEALTH SERVICES - 1334 N LANSING AVE - TULSA, OK 74106	73-1177858	501(C)(3)	0.	46,197.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN FAMILY COMMUNITY HEALTH CENTER - 1905 BLAKE AVENUE SUITE 101 - GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	0.	7,777.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN HOME CHRISTIAN CLINIC 421 WEST WADE AVE MOUNTAIN HOME, AR 72653	71-0835511	501(C)(3)	0.	120,362.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN VALLEYS HEALTH CENTERS 554-850 MEDICAL CENTER DRIVE BIEBER, CA 96009	94-2533006	501(C)(3)	0.	20,794.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAINLANDS COMMUNITY 589 SOUTH STATE STREET PROVO, UT 84606	87-0515716	501(C)(3)	0.	13,414.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
M-POWER MINISTRIES 4022 FOURTH AVENUE SOUTH BIRMINGHAM, AL 35222	31-1639601	501(C)(3)	0.	61,422.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MT. ZION MISSIONARY BAPTIST CHURCH 1203 WILLOW STREET OAKLAND, CA 94607	95-0162894		12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
MYALLY HEALTH 4700 SOUTH WASHINGTON STREET GRAND FORKS, ND 58201	45-0342671	501(C)(3)	0.	152,328.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
N.E.W. COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301	39-1200636	501(C)(3)	0.	262,589.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ASSOCIATION OF CERTIFIED PROFESSIONAL MIDWIVES (NACPM) - 234 BANNING RD. - PUTNEY, VA 05346	04-3585032	501(C)(3)	50,000.	0.			SAFETY NET SUPPORT
NATIONAL BLACK NURSES ASSOC 8630 FENTON STREET, SUITE 910 SILVER SPRING, MD 20910	23-7194995	501(C)(3)	100,000.	0.			COVID19-US
NATIONAL BLACK NURSES ASSOC 8630 FENTON STREET, SUITE 910 SILVER SPRING, MD 20910	23-7194995	501(C)(3)	248,000.	0.			FUND FOR HEALTH EQUITY
NATIVE ACTION INC. 4805 24TH AVE #A MISSOULA, MT 59801	81-0450694	501(C)(3)	30,000.	0.			GENERAL U.S. EMERGENCY PREP & RESPONSE
NATIVE ACTION INC. 4805 24TH AVE #A MISSOULA, MT 59801	81-0450694	501(C)(3)	281,068.	0.			FUND FOR HEALTH EQUITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIVE AMERICAN DEVELOPMENT CORP 17 N 26TH ST BILLINGS, MT 59101	81-0512124	501(C)(3)	50,000.	0.			COVID19-US
NATIVE AMERICANS FOR COMMUNITY ACTION, INC. ADMINISTRATION - 1500 E CEDAR AVENUE - FLAGSTAFF, AZ 86004	86-0268489	501(C)(3)	0.	5,917.	ESTIMATED WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NAT'L ASSOC OF COMM. HEALTH CENTERS - 7501 WISCONSIN AVENUE, #1100W - BETHESDA, MD 20814	52-0939952	501(C)(3)	500,000.	0.			SAFETY NET SUPPORT
NAVAJO NATION DEPARTMENT OF HEALTH ADMINISTRATION BUILDING NO. 2 WINDOW ROCK, AZ 86515	86-0092335	NAVAJO NATION	0.	68,694.	ESTIMATED WHOLESALE PRICE	OTHER, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NC MEDASSIST 4428 TAGGART CREEK ROAD, SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)(3)	0.	16,543,590.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NCADA 9355 OLIVE BLVD ST. LOUIS, MO 63132	43-0827852	501(C)(3)	0.	15,000.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORCARE HEALTH 1200 12TH AVENUE, S, SUITE 901 SEATTLE, WA 98144	91-0893287	501(C)(3)	0.	5,479.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD CLINIC 1323 S. YAKIMA AVENUE TACOMA, WA 98405	91-1318144	501(C)(3)	0.	24,250.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD FREE HEALTH CLINIC 1520 VERNON STREET STOUGHTON, WI 53589	20-8566062	501(C)(3)	0.	5,633.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	0.	275,589.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH 617 SOUTH 8TH STREET NASHVILLE, TN 37206	62-1032792	501(C)(3)	0.	41,404.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH NAPLES, FL 34102	59-3546884	501(C)(3)	0.	461,337.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTHCARE ADMINISTRATION - 425 N. DATE STREET, SUITE 203 - ESCONDIDO, CA 92025	95-2796316	501(C)(3)	0.	5,004.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD MEDICAL CENTER, INC. 438 WEST BREVARD STREET TALLAHASSEE, FL 32301	23-7422549	501(C)(3)	0.	281,274.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD SERVICE ORGANIZATION TUMAINI CENTER - 3430 THIRD STREET - DETROIT, MI 48201	38-1561624	501(C)(3)	0.	66,675.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEOMED CENTER, INC. CARR. 941 SALIDA BO. JAGUAS GURABO, PR 00778	66-0485440	501(C)(3)	0.	24,209.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NETWORK MEDICAL 185 S. PATTERSON AVENUE #C SANTA BARBARA, CA 93111	77-0116381	501(C)(3)	0.	7,198.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEVADA DIABETES ASSOCIATION CAMP BUCK - 18 STEWART STREET - RENO, NV 89501	88-0386000	501(C)(3)	0.	22,208.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW BIRTH MISSIONARY BAPTIST 6400 WOODROW ROAD STONECREST, GA 30038	58-1711477		12,500.	0.			INCREASING IMMUNITY AWARDS - CVS
NEW HANOVER COMMUNITY HEALTH CENTER DBA MEDNORTH HEALTH CENTER - 925 NORTH 4TH ST - WILMINGTON, NC 28401	58-2003803	501(C)(3)	0.	60,221.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HEIGHTS CLINIC 8000 NE 58TH AVENUE VANCOUVER, WA 98665	91-2009672	501(C)(3)	0.	5,591.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HOPE CLINIC 201 WEST BOILING SPRING ROAD SOUTHPORT, NC 28461	31-1614379	501(C)(3)	0.	31,765.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HOPE SERVICES, INC. DBA HOPECARE CLINIC - 1302 WALL STREET - JEFFERSONVILLE, IN 47130	35-1022158	501(C)(3)	0.	46,099.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HORIZON FAMILY HEALTH SERVICES 975 W. FARIS ROAD GREENVILLE, SC 29605	57-0932597	501(C)(3)	0.	18,509.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW JERSEY HARM REDUCTION COALITION - 137 W. HANOVER STREET - TRENTON, NJ 08618	91-1435394	501(C)(3)	0.	16,653.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW LIFE COMMUNITY HEALTH CENTER 82-10 QUEENS BLVD ELMHURST, NY 11373	11-3204890	501(C)(3)	0.	16,813.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW SONG HEALTH CENTER DBA BOLINBROOK CHRISTIAN HEALTH CENTER - 151 EAST BRIARCLIFF ROAD - BOLINGBROOK, IL 60440	36-4401468	501(C)(3)	0.	611,519.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW VENTURE FUND 1828 L STREET NW, SUITE 300-A WASHINGTON, DC 20036	20-5806345	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501(C)(3)	0.	118,453.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEXT HARM REDUCTION 22 WEST 27TH STREET NEW YORK, NY 10001	83-1333112	501(C)(3)	0.	49,010.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC - 7761 GARDEN GROVE BLVD. - GARDEN GROVE, CA 92841	33-0477323	501(C)(3)	0.	38,180.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NKY HEALTH DEPARTMENT 8001 VETERANS MEMORIAL DR FLORENCE, KY 41042	61-1008505	STATE OF KENTUCK	0.	88,833.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NO AIDS TASK FORCE 1631 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117	72-1059635	501(C)(3)	0.	107,818.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NOELA COMMUNITY HEALTH CENTER 13085 CHEF MENTEUR HIGHWAY NEW ORLEANS, LA 70129	20-4929600	501(C)(3)	187,000.	0.			FUND FOR HEALTH EQUITY
NONPROFIT VILLAGE 15800 CRABBS BRANCH WAY, SUITE 300 ROCKVILLE, MD 20855	20-4264212	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
NORTH CENTRAL NURSING CLINICS, DBA FAMILY HEALTH CLINICS OF BURLINGTON, CARROLL - 901 PRINCE WILLIAM RD., SUITE A - DELPHI, IN	26-1553382	501(C)(3)	0.	1,384,367.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL TEXAS COMMUNITY HEALTHCARE CENTER - 200 MARTIN LUTHER KING JR BOULEVARD - WICHITA FALLS, TX 76301	75-2429644	501(C)(3)	0.	52,155.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH DALLAS SHARED MINISTRIES FREE MEDICAL CLINIC - 2875 MERRELL ROAD - DALLAS, TX 75229	75-1908563	501(C)(3)	0.	22,257.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH EAST MEDICAL SERVICES 1520 STOCKTON STREET SAN FRANCISCO, CA 94133	94-1722562	501(C)(3)	0.	12,640.	ESTIMATED WHOLESAL PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH HUDSON COMMUNITY ACTION CORPORATION - ADMINISTRATION - 800 31ST STREET - UNION CITY, NJ 07087	22-1818699	501(C)(3)	0.	204,273.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH JEFFERSON COUNTY CLINIC PHARMACY - 1295 PEARL STREET - BEAUMONT, TX 77701	74-6000291	501(C)(3)	0.	585,336.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH MIAMI BEACH MEDICAL CENTER MERCY MOBILE CLINIC - 13899 BISCAYNE BLVD. STE. 132 - NORTH MIAMI BEACH, FL 33181	65-1032266	501(C)(3)	0.	8,054.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH MISSISSIPPI PRIMARY HEALTH CARE INC. - 15921 BOUNDARY DRIVE - ASHLAND, MS 38603	64-0686443	501(C)(3)	0.	28,527.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST VALLEY HEALTH CORPORATION - 1172 NORTH MACLAY AVENUE - SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	270,000.	0.			HELPING BUILD HEALTHY COMM AWARDS - BD
NORTHERN NECK FREE HEALTH CLINIC PHARMACY - 51 WILLIAM B. GRAHAM COURT - KILMARNOCK, VA 22482	54-1679279	501(C)(3)	0.	40,308.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN NEVADA HOPES CLINIC 580 W. 5TH STREET RENO, NV 89503	86-0865357	501(C)(3)	0.	20,835.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHLAKES COMMUNITY CLINIC 7665 US HIGHWAY 2 IRON RIVER, WI 54847	35-2297925	501(C)(3)	0.	6,570.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHLAND COMMUNITY HEALTH CENTER ADMINISTRATION - 104 N. MAIN STREET - TURTLE LAKE, ND 58575	33-1029318	501(C)(3)	0.	242,683.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHSHORE HEALTH CENTER 6050 STERLING CREEK ROAD PORTAGE, IN 46368	35-2028588	501(C)(3)	0.	36,175.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST COMMUNITY HEALTH CENTER 320 E. 2ND ST. LIBBY, MT 59923	81-0542127	501(C)(3)	0.	10,275.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST MICHIGAN HEALTH SERVICES, INC. TRAVERSE CITY CLINIC - 10767 TRAVERSE HIGHWAY - TRAVERSE CITY, MI 49684-5549	38-1958790	501(C)(3)	0.	217,107.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORWALK COMMUNITY HEALTH CENTER 120 CONNECTICUT AVENUE NORWALK, CT 06854	06-1436620	501(C)(3)	0.	13,437.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NOVA SCRIPTSCENTRAL INC PHARMACY 6400 ARLINGTON BLVD. #120 FALLS CHURCH, VA 22042	65-1275162	501(C)(3)	0.	734,590.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NURSES GLOBAL OUTREACH ICT STREET TEAM - 402 N TOPEKA AVE - WICHITA, KS 67202	83-1687039	501(C)(3)	0.	81,397.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OASIS FREE CLINICS 66 BARIBEAU DRIVE, STE. 5B BRUNSWICK, ME 04011	01-0497587	501(C)(3)	0.	119,975.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OCCUPY MEDICAL 34248 GAROUTTE ROAD COTTAGE GROVE, OR 97424	46-0903989	501(C)(3)	0.	26,049.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ODA PRIMARY CARE HEALTH CENTER 74 WALLABOUT AVENUE BROOKLYN, NY 11249	11-2329960	501(C)(3)	0.	1,355,991.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ODYSSEY HOUSE COMMUNITY HEALTH CENTER - 1125 N. TONTI STREET - NEW ORLEANS, LA 70119	72-0743677	501(C)(3)	0.	74,607.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OHIO VALLEY HEALTH CENTER 423 SOUTH STREET STEBENVILLE, OH 43952	20-3924355	501(C)(3)	0.	27,253.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OHSU FAMILY MEDICINE AT RICHMOND 3930 SE DIVISION STREET PORTLAND, OR 97202	20-2222618	501(C)(3)	0.	6,250.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OLDE TOWNE MEDICAL AND DENTAL CENTER - 5249 OLDE TOWNE ROAD - WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	0.	49,366.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OLYMPIC PENINSULA COMMUNITY CLINIC 819 GEORGIANA STREET PORT ANGELES, WA 98362	01-0590704	501(C)(3)	0.	123,571.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OMNI FAMILY HEALTH 4900 CALIFORNIA AVENUE BAKERSFIELD, CA 93309	95-3218000	501(C)(3)	0.	173,310.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE COMMUNITY HEALTH 1500 21ST ST SACRAMENTO, CA 95811	68-0162903	501(C)(3)	0.	8,160.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONE HEALTH 501 MAIN STREET ASHLAND, MT 59003	27-3113428	501(C)(3)	0.	33,385.	ESTIMATED WHOLESALE PRICE, PURCHASED	OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONEWORLD COMMUNITY HEALTH CENTER 4920 SOUTH 30TH STREET, STE. 103 OMAHA, NE 68107	47-0548990	501(C)(3)	0.	603,900.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN AID ALLIANCE 715 RONAN STREET MISSOULA, MT 59801	36-3652244	501(C)(3)	0.	32,027.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577	20-3296577	501(C)(3)	0.	140,017.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN ARMS HEALTH CLINIC 3311 LITTLE RD ARLINGTON, TX 76016	45-0621201	501(C)(3)	0.	697,953.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR COMMUNITY HEALTH CENTERS - ADMINISTRATION - 1275 8TH STREET - ARCATA, CA 95521	95-2671433	501(C)(3)	0.	226,434.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH CENTER 151 NW 11 STREET HOMESTEAD, FL 33030	83-0375996	501(C)(3)	0.	833,420.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST OMAHA, NE 68110	47-0411375	501(C)(3)	0.	6,302.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR URBAN MINISTRIES OF WAKE COUNTY - 1390 CAPITAL BLVD - RALEIGH, NC 27603	58-1422700	501(C)(3)	0.	168,820.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPPORTUNITY CENTER FOR THE HOMELESS - 1208 MYRTLE AVENUE - EL PASO, TX 79901	74-2634199	501(C)(3)	240,600.	0.			FUND FOR HEALTH EQUITY
ORANGE COUNTY ASIAN AND PACIFIC ISLANDER COMMUNITY ALLIANCE, INC. - 12912 BROOKHURST STREET - GARDEN GROVE, CA 92840	91-2047245	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
ORANGE COUNTY FREE CLINIC 101 C WOODWARK STREET ORANGE, VA 22960	25-1922019	501(C)(3)	0.	74,586.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTLOOK HEALTH SERVICES 10510 SOUTH AVE W CHISAGO CITY, MN 55013	41-1707647	501(C)(3)	0.	10,151.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTREACH COMMUNITY HEALTH CENTERS 711 W. CAPITOL DRIVE MILWAUKEE, WI 53206	39-1353282	501(C)(3)	0.	161,623.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTREACH HEALTH SERVICES, INC. 130 NORTH HIGH STREET SHUBUTA, MS 39360	64-0736857	501(C)(3)	0.	194,935.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OXNARD FIREFIGHTERS FOUNDATION PO BOX 5503 OXNARD, CA 93031	45-5239547	501(C)(3)	265,000.	0.			GENERAL U.S. EMERGENCY PREP & RESPONSE, 2018 CALIFORNIA WILDFIRES, FLORIDA BUILDING COLLAPSE
OZANAM CHARITABLE PHARMACY 109 S. CEDAR STREET MOBILE, AL 36602	72-1386236	501(C)(3)	0.	250,392.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OZARK TRI-COUNTY HEALTH CARE CONSORTIUM DBA ACCESS FAMILY CARE - 475 NELSON AVENUE - NEOSHO, MO 64850	43-1752799	501(C)(3)	0.	5,106.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
P.S...TEST 555 E TACHEVAH SUITE 1E-201 PALM SPRINGS, CA 92262	84-2497311	501(C)(3)	0.	29,041.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PACE COMMUNITY ACTION AGENCY, INC. HEALTH CONNECTION - 525 N. 4TH STREET - VINCENNES, IN 47591	35-1120537	501(C)(3)	0.	37,191.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PACIFIC GARDEN MISSION 1458 S. CANAL STREET CHICAGO, IL 60607	36-2445391	501(C)(3)	0.	27,674.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)	0.	1,801,196.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PANCARE OF FLORIDA INC 403 EAST 11TH ST PANAMA CITY, FL 32401	91-2189932	501(C)(3)	0.	1,760,083.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARK DUVALLE COMMUNITY HEALTH CENTER - 3015 WILSON AVENUE - LOUISVILLE, KY 40211	61-0666209	501(C)(3)	0.	11,882.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARK STREET HEALTHSHARE, LLC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)	0.	31,972.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARKVIEW OUTREACH COMMUNITY 1205 DR. MARTIN LUTHER KING JR. WAY HAINES CITY, FL 33844	01-0790991	501(C)(3)	0.	183,946.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERS FOR HEALING 109 W. BLACKWELL STREET TULLAHOMA, TN 37388	62-1834800	501(C)(3)	0.	61,609.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP COMMUNITY HEALTH CENTER - 5471 WATERFORD LANE - APPLETON, WI 54913	20-2090446	501(C)(3)	0.	9,130.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP HEALTH CENTER 520 GRIFFIN AVE VALDOSTA, GA 31601	58-2405825	501(C)(3)	0.	68,441.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PASADENA HEALTH CENTER, INC. 908 SOUTHMORE STE. 100 PASADENA, TX 77502	20-0462905	501(C)(3)	0.	174,729.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PATHSTONE COMMUNITY DEVELOPMENT CORPORATION OF PUERTO RICO - 1235 PASEO LAS MONJITAS, URB LAS MO - PONCE, PA 00730	13-4215024	501(C)(3)	300,000.	0.			PUERTO RICO, PUERTO RICO EARTHQUAKE
PEDIATRIC AND FAMILY MEDICAL CENTER - 1530 S. OLIVE STREET - LOS ANGELES, CA 90015	95-1690966	501(C)(3)	100,000.	0.			INCREASING IMMUNITY AWARDS - CVS, ADDRESS MICRONUTRIENT DEF AWARDS BAYER
PEDIPLACE 502 S OLD ORCHARD SUITE 126 LEWISVILLE, TX 75067	75-2512752	501(C)(3)	0.	66,375.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENOBSCOT VALLEY HOSPITAL 7 TRANSALPINE ROAD LINCOLN, ME 04457	01-0545327	501(C)(3)	0.	5,333.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEOPLES CITY MISSION MEDICAL CLINIC - 401 NORTH 2ND STREET - LINCOLN, NE 68508	26-3819766	501(C)(3)	0.	30,063.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE'S HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84068	87-0638042	501(C)(3)	0.	1,978,669.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PERSON FAMILY MEDICAL CENTER 702 NORTH MAIN STREET ROXBORO, NC 27573	58-1387324	501(C)(3)	0.	15,860.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PHILANTHROPY NETWORK GREATER PHILAD - 230 S BROAD STREET - PHILADELPHIA, PA 19102-4121	23-2518417	501(C)(3)	50,000.	0.			COVID19-US
PHOENIX ALLIES FOR COMMUNITY HEALTH - 2902 W CLARENDON - PHOENIX, AZ 85017	46-0650798	501(C)(3)	0.	142,463.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PIEDMONT ACCESS TO HEALTH SERVICES, INC. - 705 MAIN STREET - DANVILLE, VA 24541	54-2026502	501(C)(3)	0.	167,989.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PLAN A HEALTH, INC 1454 MAIN STREET LOUISE, MS 39097	83-2144751	501(C)(3)	0.	141,301.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PLAN A HEALTH, INC. 1454 MAIN STREET LOUISE, MS 39097	83-2144751	501(C)(3)	50,000.	0.			STRENGTHEN REPRODUCTIVE HLTH AWARD BAYER
PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN ST - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	0.	7,134.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PLANNED PARENTHOOD INDIANA AND KENTUCKY - 200 S. MERIDIAN ST. SUITE 400 - INDIANAPOLIS, IN 46225	35-0874276	501(C)(3)	50,000.	0.			STRENGTHEN REPRODUCTIVE HLTH AWARD BAYER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD KEYSTONE 610 LOUIS DR. STE 300 WARMINSTER, PA 18974	23-2450112	501(C)(3)	0.	54,676.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PLANNED PARENTHOOD OF CALIFORNIA CENTRAL COAST - 518 GARDEN STREET - SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	67,032.	0.			POWER FOR HEALTH-CA
PLANNED PARENTHOOD OF GREATER OHIO 25350 ROCKSIDE ROAD BEDFORD HEIGHTS, OH 44146	34-1015976	501(C)(3)	0.	7,465.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PLANNED PARENTHOOD OF SOUTH, EAST, AND NORTH FLORIDA PEMBROKE PINES - 263 NORTH UNIVERSITY DRIVE - PEMBROKE PINES, FL 33024	59-1391115	501(C)(3)	0.	32,399.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PLANNED PARENTHOOD OF THE GULF COAST SPRING HEALTH CENTER - 4747 LOUETTA ROAD - SPRING, TX 77388	74-1100163	501(C)(3)	0.	128,381.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PLANNED PARENTHOOD SOUTH TEXAS BABCOCK - 2140 BABCOCK ROAD - SAN ANTONIO, TX 78229	20-2851515	501(C)(3)	0.	29,059.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PLANNED PARENTHOOD SOUTHEAST, INC. EAST ATLANTA VILLAGE HEALTH CENTER - 440 MORELAND AVENUE, SE - ATLANTA, GA 30316	58-6045874	501(C)(3)	0.	24,902.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
POCATELLO FREE CLINIC 1001 N. 7TH AVENUE SUITE 155 POCATELLO, ID 83201	82-0351133	501(C)(3)	0.	393,652.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
POINT WASHINGTON MEDICAL CLINIC 1290 N. CO. HWY 395 SANTA ROSA BEACH, FL 32459	83-1125021	501(C)(3)	0.	63,478.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PONCE MEDICAL SCHOOL FOUNDATION 388 DR. LUIS F. SALA STREET PONCE, PR 00716	66-0379122	501(C)(3)	0.	15,692.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
POR LOS NUESTROS CALLE JACARANDA #91 SAN JUAN, PR 00912	66-0776227	501(C)(3)	1,695,000.	0.			ABBVIE PR ENERGY PROJECTS
POR LOS NUESTROS, INC. 4 AVE. DE DIEGO SAN JUAN, PR 00927	66-0894050	501(C)(3)	0.	21,542.	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PORTLAND COMMUNITY FREE CLINIC 39 FOREST AVENUE PORTLAND, ME 04101	46-2965702	501(C)(3)	0.	17,001.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PORTLAND COMMUNITY HEALTH CENTER 180 PARK AVENUE PORTLAND, ME 04102	45-4960453	501(C)(3)	0.	138,242.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PORTSMOUTH COMMUNITY HEALTH CENTER, INC. DBA HAMPTON ROADS COMMUNITY HEALTH CENT - 3415 GRANBY STREET - NORFOLK, VA 23504	54-1626757	501(C)(3)	0.	39,902.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PREGNANCY HELP CENTER OF FORT WORTH - 7700 CAMP BOWIE BLVD. WEST - FORT WORTH, TX 76116	75-2125380	501(C)(3)	0.	7,782.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRESTON-TAYLOR COMMUNITY HEALTH CENTERS - 725 N. PIKE STREET - GRAFTON, WV 26354	55-0665614	501(C)(3)	0.	33,862.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRETERM 12000 SHAKER BLVD CLEVELAND, OH 44120	23-7314836	501(C)(3)	0.	12,835.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRIMARY CARE AT HOME, INC. 400 - 29TH STREET OAKLAND, CA 94609	47-5519154	501(C)(3)	0.	111,644.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY CARE OF SOUTHWEST GEORGIA 360 COLLEGE ST BLAKELY, GA 39823-2554	31-1840668	501(C)(3)	0.	30,789.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY HEALTH SERVICES CENTER 2913 BETIN AVENUE MONROE, LA 71201	72-1347028	501(C)(3)	0.	53,468.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROGRAM FOR HEALTH CARE TO UNDERSERVED POPULATIONS BIRMINGHAM FREE CLINIC - UPMC MONTEFIORE HOSPITAL - PITTSBURGH, PA 15213	23-2919472	501(C)(3)	0.	74,278.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT H.O.P.E. 519-525 WEST ST CAMDEN, NJ 08103	20-4133180	501(C)(3)	0.	128,401.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT HEALTH, INC. DBA LANGLEY HEALTH SERVICES - 1425 SOUTH US HWY 301 - SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	0.	8,815.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , OTHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT LAZARUS 5368 NC HWY 16 S MORAVIAN FALLS, NC 28654	56-2087110	501(C)(3)	0.	11,842.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROTEUS, INC. 1221 CENTER STREET DES MOINES, IA 50309	42-1186501	501(C)(3)	0.	6,055.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROTOTYPE HEALTH, INC. 2055 E SOUTHERN AVE MESA, AZ 85282	86-0975231	501(C)(3)	0.	246,279.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRYMED MEDICAL CARE, INC. CARRETERA 149, KM. 13.0 CIALES, PR 00638	66-0428120	501(C)(3)	0.	33,686.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUBLIC HEALTH SEATTLE & KING COUNTY - 401 5TH AVE SUITE 1000 - SEATTLE, WA 98104	91-6001327	501(C)(3)	0.	107,515.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUENTES DE SALUD 1700 SOUTH STREET PHILADELPHIA, PA 19146	26-1973303	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
PUERTO RICO DEPARTMENT OF HEALTH BO. MONACILLOS SAN JUAN, PR 00921-0619	66-0437470	501(C)(3)	0.	290,549.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUERTO RICO SALUD INC 560 AVE CONSTITUCIN SAN JUAN, PR 00917	85-3051049	501(C)(3)	0.	417,759.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PURDUE UNIVERSITY SPONSORED PROGRAM SERV - 23510 NETWORK PLACE - CHICAGO, IL 60673-1235	35-6005697		300,000.	0.			FUND FOR HEALTH EQUITY, ABBVIE HEALTH EQUITY
QC HARM REDUCTION 1600 2ND AVENUE ROCK ISLAND, IL 61201	47-2839109	501(C)(3)	0.	35,655.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
QUEENSCARE HEALTH CENTERS 950 SOUTH GRAND AVENUE LOS ANGELES, CA 90015	95-3702136	501(C)(3)	0.	51,387.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
R.E.A.C.H. OUT PROJECT 12 KEREMA AVENUE MILFORD, CT 06460	46-5541608	501(C)(3)	0.	16,014.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPHA CLINIC OF WEST GEORGIA 253 HIGHWAY 78 TEMPLE, GA 30179	27-1188932	501(C)(3)	0.	200,639.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPIDES PRIMARY HEALTH CARE CENTER 1217 WILLOW GLEN RIVER ROAD ALEXANDRIA, LA 71302	72-1252422	501(C)(3)	0.	208,766.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REACH OUT WORLDWIDE 700 S FLOWER STREET BURBANK, CA 91502	27-3237943	501(C)(3)	0.	5,545.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , OTHER, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RECOVERY CONSULTANTS OF ATLANTA, INC. - 4229 SNAPPINGER WOODS DRIVE - DECATUR, GA 30035	58-2480021	501(C)(3)	0.	23,011.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REDWOODS RURAL HEALTH CENTER INC. 101 WEST COAST ROAD REDWAY, CA 95560	94-2337367	501(C)(3)	0.	137,313.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REGENCE HEALTH NETWORK HOMELESS CLINIC - 713 N. TAYLOR - AMARILLO, TX 79107	75-1414940	501(C)(3)	0.	6,365.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RENEWED HOPE HEALTH CLINIC 894 MARSHALL ALLEGAN, MI 49010	16-1760734	501(C)(3)	0.	90,693.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RHODE ISLAND FREE CLINIC 655 BROAD ST PROVIDENCE, RI 02907	05-0501276	501(C)(3)	100,600.	0.			FUND FOR HEALTH EQUITY
RICHARD F. CLARKE HELP FREE CLINIC PHARMACY - 1320 LASALLE AVENUE - HAMPTON, VA 23669	54-1209213	501(C)(3)	0.	11,219.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RICHFORD HEALTH CENTER, INC. 44 MAIN STREET, SUITE 200 RICHFORD, VT 05476	03-0215982	501(C)(3)	0.	111,465.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RISING SUNS PHARMACY 16 WEST GREEN DRIVE ATHENS, OH 45701	84-2852530	501(C)(3)	0.	5,158.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RITESH SHAH CHARITABLE PHARMACY 224 SHREWSBURY AVE RED BANK, NJ 07701	87-2441191	501(C)(3)	0.	16,070.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RKM PRIMARY CARE 11990 JACKSON STREET CLINTON, LA 70722	72-1443732	501(C)(3)	0.	11,725.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANE COUNTY FAMILY HEALTH CARE 146 WILLIAMS DRIVE SPENCER, WV 25276	55-0627933	501(C)(3)	0.	91,849.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANOKE CHOWAN COMM HLTH CTR 120 HEALTH CENTER DRIVE AHOSKIE, NC 27910	42-1638714	501(C)(3)	200,000.	0.			ABBVIE HEALTH EQUITY
ROANOKE CHOWAN COMMUNITY HEALTH CENTER - 120 HEALTH CENTER ROAD - AHOSKIE, NC 27910	42-1638714	501(C)(3)	0.	37,039.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROBERT RUTLEDGE-SHRYOCK PORTLAND STREET MEDICINE - 2717 NE BROADWAY ST - PORTLAND, OR 97232	82-4209837	501(C)(3)	0.	17,572.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROBESON HEALTH CARE CORPORATION 60 COMMERCE PLAZA PEMBROKE, NC 28372	58-1622664	501(C)(3)	0.	11,590.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROLETTE COUNTY PUBLIC HEALTH DISTRICT - 114 3RD STREET NE - ROLLA, ND 58367	02-0761623	501(C)(3)	0.	11,336.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BOULEVARD OAKLAND, CA 94603	26-2583954	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
ROTACARE, INC. 875 JERUSALEM AVENUE UNIONDALE, NY 11553	11-3135331	501(C)(3)	0.	82,655.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RURAL ALLIANCE FOR BETTER HEALTH AKA MISSOURI COMMUNITY HEALTH CENTER - 1137 INDEPENDENCE DRIVE - WEST PLAINS, MO 65775	43-1932702	501(C)(3)	0.	6,759.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RURAL MEDICAL SERVICE, INC. NEWPORT - 207 MURRAY DRIVE - NEWPORT, TN 37821	62-1102683	501(C)(3)	0.	349,930.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RURAL PARISH CLINIC OF THE ARCHDIOCESE OF ST. LOUIS - 20 ARCHBISHOP MAY DRIVE - ST. LOUIS, MO 63108	84-3396327	501(C)(3)	0.	148,839.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTH'S PLACE CLINIC 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501(C)(3)	0.	26,265.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RWJBARNABAS HEALTH 95 OLD SHORT HILLS ROAD WEST ORANGE, NJ 07052	22-2405279	501(C)(3)	0.	34,000.	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501(C)(3)	0.	26,762.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR. BLD #8 ROUND ROCK, TX 78681	27-2901548	501(C)(3)	0.	46,248.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFE HARBOR FREE CLINIC 7209 265TH STREET NW STANWOOD, WA 98292	26-3825107	501(C)(3)	0.	20,262.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFER ALTERNATIVES THROUGH NETWORKING & EDUCATION (SANE) - CLINIC SITE - 2211 DEL PASO BLVD. - SACRAMENTO, CA 95815	94-3390723	501(C)(3)	0.	36,439.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SALINA FAMILY HEALTHCARE CENTER 651 E. PRESCOTT ROAD SALINA, KS 67401	48-0858197	501(C)(3)	0.	202,709.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SALUD INTEGRAL EN LA MONTANA PO BOX 515 NARANJITO, PR 00719	66-0329532	501(C)(3)	85,000.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT
SALUD INTEGRAL EN LA MONTANA CARR 164 BARRIO ACHIOTE SECTOR EL D NARANJITO, PR 00719	66-0329532	501(C)(3)	0.	60,485.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SALUD PARA LA GENTE 195 AVIATION WAY WATSONVILLE, CA 95076	94-2705747	501(C)(3)	0.	16,633.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITAN HEALTH CLINIC 303 DACUSVILLE HIGHWAY EASLEY, SC 29640	57-0947115	501(C)(3)	0.	25,251.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITAN HOUSE 114 FIFTH AVENUE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)	0.	330,519.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN REGIONAL HEALTH CLINIC 24 NORTH SPRIGG STREET CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)	0.	236,834.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITANS TOUCH CARE CENTER, INC 3015 HERRING AVE SEBRING, FL 33870	02-0773338	501(C)(3)	0.	59,101.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMUEL DIXON FAMILY HEALTH CENTER 25115 AVENUE STANFORD, SUITE A-104 VALENCIA, CA 91355	95-4278726	501(C)(3)	0.	21,288.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN DIEGO FAMILY CARE LINDA VISTA HEALTH CARE CENTER - 6973 LINDA VISTA ROAD - SAN DIEGO, CA 92111	95-2700856	501(C)(3)	0.	8,665.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	0.	244,630.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE CLINIC 2615 FANNIN STREET HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	458,149.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JUDAS COMMUNITY HEALTH CENTER, INC - 1080 NORTH WESTERN AVENUE - LOS ANGELES, CA 90029	81-3135863	501(C)(3)	0.	8,957.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN YSIDRO HEALTH 1601 PRECISION PARK LANE SAN DIEGO, CA 92173	95-2801772	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
SAN YSIDRO HEALTH CENTER 4004 BEYER BOULEVARD SAN YSIDRO, CA 92173	95-2801772	501(C)(3)	0.	16,745.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANDGAARD FOUNDATION 9655 MAROON CIR ENGLEWOOD, CO 80112	83-1476001	501(C)(3)	0.	33,131.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA BUCKET BRIGADE 224 SOUTH MILPAS SANTA BARBARA, CA 93103	85-1156413	501(C)(3)	50,000.	0.			CALIFORNIA WILDFIRES
SANTA BARBARA COUNTY EXECUTIVE OFFICE - 105 EAST ANAPAMU STREET, SUITE 3 - SANTA BARBARA, CA 93103	95-6002833	501(C)(3)	0.	751,749.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA COUNTY OFFICE OF EDUCATION - 4400 CATHEDRAL OAKS ROAD - SANTA BARBARA, CA 93160	95-6000940	501(C)(3)	0.	10,580.	ESTIMATED WHOLESALE PRICE, PURCHASED	OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA NEIGHBORHOOD CLINICS EASTSIDE NEIGHBORHOOD CLINIC - 915 N. MILPAS STREET - SANTA BARBARA, CA 93103	77-0496382	501(C)(3)	0.	179,067.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA UNIFIED SCHOOL DISTRICT - 720 SANTA BARBARA STREET - SANTA BARBARA, CA 93101	30-0690985	501(C)(3)	0.	17,431.	ESTIMATED WHOLESALE PRICE, PURCHASED	OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA CLARA COUNTY 725 E. SANTA CLARA STREET #202 SAN JOSE, CA 95112	94-6400533	SANTA CLARA COUN	0.	2,066,607.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA CRUZ BARRIOS UNIDOS 1817 SOQUEL AVENUE SANTA CRUZ, CA 95062	77-0333450	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
SANTA CRUZ COMMUNITY HEALTH CENTERS - 125 WATER STREET SUITE A2 - SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	0.	15,796.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA MARIA VALLEY YOUTH AND FAMILY CENTER - 105 N. LINCOLN STREET - SANTA MARIA, CA 93458	95-3144808	501(C)(3)	0.	11,952.	ESTIMATED WHOLESAL PRICE	OTHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAVIE HEALTH 1111 E. OCEAN AVENUE SUITE 2 LOMPOC, CA 93436	86-1668790	501(C)(3)	0.	7,031.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SB COUNTY SEARCH & RESCUE, INC 66 S SAN ANTONIO ROAD SANTA BARBARA, CA 93110	95-6193608	501(C)(3)	80,000.	0.			GENERAL LOCAL PROGRAM SUPPORT
SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD. LAURINBURG, NC 28352	20-2841940	501(C)(3)	0.	53,114.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SCRANTON PRIMARY HEALTH CARE CENTER - 959 WYOMING AVENUE - SCRANTON, PA 18509	23-2024511	501(C)(3)	0.	159,815.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEA MAR COMMUNITY HEALTH CENTERS 1040 SOUTH HENDERSON STREET SEATTLE, WA 98108	91-1020139	501(C)(3)	0.	17,513.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEATTLE INDIAN HEALTH BOARD 611 12TH AVENUE S SEATTLE, WA 98144	91-0869056	501(C)(3)	0.	12,188.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SECOND CHRISTIAN CHURCH PO BOX 1021 MAYFIELD, KY 42066	61-1338627	501(C)(3)	0.	12,808.	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SELF-HELP FOR THE ELDERLY 731 SANSOME ST, SUITE 100 SAN FRANCISCO, CA 94111	94-1750717	501(C)(3)	176,000.	0.			FUND FOR HEALTH EQUITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SELF-HELP FOR THE ELDERLY 731 SANSOME ST, SUITE 100 SAN FRANCISCO, CA 94111	94-1750717	501(C)(3)	25,000.	0.			COVID19-US
SEMO HEALTH NETWORK SOUTHEAST MISSOURI HEALTH NETWORK - 311 MAIN STREET - NEW MADRID, MO 63869	43-1253101	501(C)(3)	0.	392,090.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SERVE THE PEOPLE COMMUNITY HEALTH CENTER - 1206 E 17TH STREET SUITE 101 - SANTA ANA, CA 92701	27-0421556	501(C)(3)	0.	65,505.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SERVICIOS DE SALUD PRIMARIOS DE BARCELONETA D/B/A ATLANTIC MEDICAL CENTER - CARR. 2 1995 - BARCELONETA, PR 00617	66-0426667	501(C)(3)	0.	6,515.	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SETEBAID SERVICES, INC. 1157 WESTBRANCH HIGHWAY WINFIELD, PA 17889	23-2979076	501(C)(3)	0.	11,430.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHACKELFORD COUNTY COMMUNITY RESOURCE CENTER - 725 PATE STREET - ALBANY, TX 76430	75-2541970	501(C)(3)	0.	5,254.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHARE OUR SELVES CORPORATION 1550 SUPERIOR AVE COSTA MESA, CA 92627	95-3222316	501(C)(3)	270,000.	0.			HELPING BUILD HEALTHY COMM AWARDS - BD
SHARED HARVEST FOUNDATION 10000 WASHINGTON BLVD SUITE 600 CULVER CITY, CA 90232	32-0556686	501(C)(3)	270,000.	0.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	LILLY HEALTH EQUITY
SHARED HARVEST FOUNDATION 10000 WASHINGTON BLVD SUITE 600 CULVER CITY, CA 90232	32-0556686	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARED HARVEST FUND MYCOVIDMD 10000 WASHINGTON BLVD CULVER CITY, CA 90232	32-0556686		0.	7,609.	PURCHASED PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHAWANO AREA MATTHEW 25 INC. (SAM25) - 105 E. RICHMOND STREET - SHAWANO, WI 54166	46-5493989	501(C)(3)	0.	12,977.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEEP INC. HEALTH CARE CENTER MONROEVILLE ASSEMBLY OF GOD - 11817 FRANKSTOWN RD. - PENN HILLS, PA 15235	45-5532140	501(C)(3)	0.	11,022.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERD'S CLINIC, INC. 2800 KIRK AVENUE BALTIMORE, MD 21218	52-1739001	501(C)(3)	0.	26,642.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERD'S HOPE MEDICAL CENTER 2404 S. TYLER ST. LITTLE ROCK, AR 72204	20-8811505	501(C)(3)	30,000.	0.			SAFETY NET SUPPORT
SHEPHERD'S HOPE MEDICAL CENTER 2404 S. TYLER ST. LITTLE ROCK, AR 72204	20-8811505	501(C)(3)	0.	5,285.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERD'S HOPE, INC 455 9TH STREET WINTER GARDEN, FL 34787	59-3420727	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
SHERIDAN HEALTH CENTER 31 E. WHITNEY STREET SHERIDAN, WY 82801	20-1389307	501(C)(3)	0.	25,291.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHINGLETOWN MEDICAL CENTER 31292 ALPINE MEADOWS ROAD SHINGLETOWN, CA 96088	68-0063054	501(C)(3)	0.	61,059.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIERRA HEALTH CENTER - FULLERTON 501 S. BROOKHURST ROAD FULLERTON, CA 92833	95-3447973	501(C)(3)	0.	105,459.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)	0.	364,197.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SINCLAIR HEALTH CLINIC PHARMACY 301 N. CAMERON STREET, STE. #100 WINCHESTER, VA 22601	54-1373296	501(C)(3)	0.	223,384.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SISTERLOVE, INC. 3709 BAKERS FERRY ROAD, SW ATLANTA, GA 30331	58-2016070	501(C)(3)	225,000.	0.			FUND FOR HEALTH EQUITY
SITKA CONSERVATION SOCIETY PO BOX 6533 SITKA, AK 99835	92-0096633	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
SMOKY MOUNTAIN HARM REDUCTION 3261 GEORGIA ROAD FRANKLIN, NC 28734	84-3522087	501(C)(3)	0.	135,086.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SNAKE RIVER COMMUNITY CLINIC 215 TENTH STREET LEWISTON, ID 83501	31-1726460	501(C)(3)	0.	73,582.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOAR WV SOLUTIONS ORIENTED ADDICTION RESPONSE WEST VIRGINIA - 520 KANAWHA BLVD W - CHARLESTON, WV 25302	11-3660992	501(C)(3)	0.	8,007.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOCIAL WELFARE BOARD COUNTY OF BUCHANAN - 904 S. 10TH SUITE A - ST. JOSEPH, MO 64503-2405	44-6000455	501(C)(3)	20,000.	0.			LILLY NAVIGATOR GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIEDAD AMERICANA CONTRA EL CNCER 566 CALLE CABO ALVERIO URB. LA MERC SAN JUAN, PR 00918	66-0321594	501(C)(3)	230,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
SOCIEDAD PRO HOSPITAL DEL NINO PO BOX 2124 SAN JUAN, PR 00922-2124	66-0204707	501(C)(3)	55,000.	0.			ABBVIE PR INFRASTRUCTURE, EQUIPMENT
SOCIETY OF CRITICAL CARE MEDICINE 500 MIDWAY DRIVE MOUNT PROSPECT, IL 60056	23-7104387	501(C)(3)	750,000.	0.			UKRAINE CRISIS
SOCIETY OF ST. VINCENT DE PAUL DBA ST. VINCENT DE PAUL PHARMACY - 5750 PINELAND DRIVE, SUITE 280 - DALLAS, TX 75231	26-3273175	501(C)(3)	0.	3,503,042.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOLAR RESPONDER 902 BROADWAY NEW YORK, NY 10010	83-3822965	501(C)(3)	0.	8,413.	PURCHASED PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOLAR RESPONDERS 902 BROADWAY, FLOOR 6 NEW YORK, NY 10010	83-3822965	501(C)(3)	277,000.	0.			ABBVIE PR ENERGY PROJECTS, PUERTO RICO EARTHQUAKE
SONORAN PREVENTION WORKS 340 E DUNLAP AVE PHOENIX, AZ 85020	30-0760098	501(C)(3)	0.	176,149.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH BAY FAMILY HEALTH CARE 23430 HAWTHORNE BLVD., STE. 210 TORRANCE, CA 90505	23-7049937	501(C)(3)	0.	5,524.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH BROWARD COMMUNITY HEALTH SERVICES MEMORIAL HALLANDALE PHARMACY - 1750 E. HALLANDALE BEACH BLVD - HALLANDALE BEACH, FL	59-6014973	501(C)(3)	0.	1,037,474.	PURCHASED PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CENTRAL FAMILY HEALTH CENTER 4425 S. CENTRAL AVE. LOS ANGELES, CA 90011	95-3877793	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
SOUTH CENTRAL PRIMARY CARE CENTER 406 WEST 5TH STREET OCILLA, GA 31774	58-2019024	501(C)(3)	0.	38,618.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH COUNTY COMMUNITY CLINIC DBA INTERFAITH COMMUNITY CLINIC - 101 PINE MANOR DRIVE - OAK RIDGE NORTH, TX 77385	75-2634623	501(C)(3)	0.	33,966.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH PLAINS RURAL HEALTH 1000 FM 300, UNIT A LEVELLAND, TX 79336	75-2123252	501(C)(3)	0.	160,290.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST COMMUNITY HEALTH SYSTEMS 6351 MAIN STREET ZACHARY, LA 70791	72-1212880	501(C)(3)	0.	375,292.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST MS RURAL HEALTH INITIATIVE, INC. - 5488 US HWY 49 - HATTIESBURG, MS 39403	64-0625076	501(C)(3)	0.	455,542.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST, INC. 16 W. LONG STREET COLUMBUS, OH 43215	31-0940189	501(C)(3)	0.	67,759.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEASTERN DIABETES EDUCATION SERVICES CAMP SEALE HARRIS - 500 CHASE PARK SOUTH - BIRMINGHAM, AL 35244	63-1091899	501(C)(3)	0.	49,542.	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHERN TRINITY HEALTH CARE SERVICES - 321 VAN DUZEN ROAD - MAD RIVER, CA 95526	94-2507342	501(C)(3)	0.	13,631.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHLAND INTEGRATED SERVICES, INC. - 9862 CHAPMAN AVENUE - GARDEN GROVE, CA 92841	95-3403526	501(C)(3)	0.	31,939.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHWESTERN DIABETIC FOUNDATION CAMP SWEENEY - 10687 FM 678 - WHITESBORO, TX 76273	75-6002547	501(C)(3)	0.	153,468.	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SPACE COAST VOLUNTEERS IN MEDICINE 2555 JUDGE FRAN JAMIESON WAY VIERA, FL 32940	27-2135914	501(C)(3)	0.	105,199.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SPECTRA HEALTH 212 SOUTH 4TH STREET, STE 301 GRAND FORKS, ND 58201	27-0056777	501(C)(3)	0.	25,843.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SPRING BRANCH COMMUNITY HEALTH CENTER - 800 W. SAM HOUSTON PARKWAY S., SUIT - HOUSTON, TX 77042	30-0198705	501(C)(3)	0.	29,026.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SPRINGVALE HEALTH CENTERS 204 S BELLEVUE AVE DOVER, OH 44622	34-1135374	501(C)(3)	0.	7,075.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST GABRIEL COMMUNITY HEALTH CTR 5760 MONTICELLO STREET ST GABRIEL, LA 70776	72-1241592	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
ST THOMAS EAST END MEDICAL CENTER 4605 TUTU PARK MALL ST. THOMAS, VI 00802	66-0585077	501(C)(3)	0.	165,623.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. CLAIR COMMUNITY HEALTH CLINIC 205 EDWIN HOLLADAY PLACE PELL CITY, AL 35125	63-0570609	501(C)(3)	0.	33,601.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. CLARE MEDICAL OUTREACH 1407 YORK ROAD LUTHERVILLE, MD 21093	46-2097818	501(C)(3)	0.	209,653.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. GABRIEL EASTSIDE COMMUNITY HEALTH CENTER - 5760 MONTICELLO STREET - ST. GABRIEL, LA 70776	72-1241592	501(C)(3)	0.	1,086,559.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOHN'S WELL CHILD & FAMILY CENT - 808 W 58TH ST. - LOS ANGELES, CA 90037	95-4067758	501(C)(3)	35,000.	0.			INCREASING IMMUNITY AWARDS - CVS
ST. JOHN'S WELL CHILD AND FAMILY CENTERS - 808 WEST 58TH STREET - LOS ANGELES, CA 90037	95-4067758	501(C)(3)	0.	22,223.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOSEPH SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	80-0308973	501(C)(3)	0.	1,107,485.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOSEPH'S/CANDLER HEALTH SYSTEMS, INC. - 11705 MERCY BLVD. - SAVANNAH, GA 31419	58-2288758	501(C)(3)	0.	100,831.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JUDE NEIGHBORHOOD HEALTH CENTERS - 731 S. HIGHLAND AVE - FULLERTON, CA 92832	45-3977605	501(C)(3)	0.	7,212.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. LUKE COMMUNITY CLINIC 316 N ROYAL AVE FRONT ROYAL, VA 22630	54-1801220	501(C)(3)	0.	45,602.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. LUKE'S CLINIC 132 SEYMOUR AVENUE JACKSON, MI 49201	32-0038675	501(C)(3)	0.	39,461.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARTIN'S HEALTHCARE, INC 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738	20-8609620	501(C)(3)	0.	23,865.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. MARY'S HEALTH WAGON 233 CHASE STREET, SUITE 100 CLINTWOOD, VA 24228	04-3739083	501(C)(3)	0.	56,860.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. MICHAEL'S MEDICAL CLINIC 1005 WEST 18TH STREET ANNISTON, AL 36201	82-5246184	501(C)(3)	0.	631,016.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. PETERSBURG FREE CLINIC 5501 4TH STREET NORTH ST. PETERSBURG, FL 33703	23-7208280	501(C)(3)	0.	178,558.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501(C)(3)	0.	40,064.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL CHARITABLE 1125 BANK STREET CINCINNATI, OH 45214	30-0272954	501(C)(3)	15,000.	0.			LILLY NAVIGATOR GRANT
ST. VINCENT DE PAUL CHARITABLE PHARMACY - 1146 BANK STREET - CINCINNATI, OH 45214	30-0272954	501(C)(3)	0.	2,078,851.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL CHARITABLE PHARMACY - 2033 FISH HATCHERY ROAD - MADISON, WI 53725	39-0824876	501(C)(3)	0.	118,773.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL CLINIC 420 W. WATKINS PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	347,704.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. VINCENT DE PAUL COMMUNITY PHARMACY - 502 GRAMMONT STREET - MONROE, LA 71201	90-0014479	501(C)(3)	0.	81,722.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT'S STUDENT RUN FREE CLINIC - 2817 POST OFFICE STREET - GALVESTON, TX 77550	74-1384864	501(C)(3)	0.	143,298.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
START CORPORATION (CHC) 235 CIVIC CENTER BLVD HOUMA, LA 70360	58-1687098	501(C)(3)	0.	166,770.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702-1516	22-3160873	501(C)(3)	0.	51,714.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STERLING AREA HEALTH CENTER 725 E STATE STREET STERLING, MI 48659-9548	38-2205859	501(C)(3)	0.	12,703.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STEVE RUMMLER HOPE NETWORK 2233 UNIVERSITY AVE W, SUITE 325 ST PAUL, MN 55114	45-2903444	501(C)(3)	0.	185,136.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STREET MEDICINE DETROIT 320 E. CANFIELD ST. STE. 315 DETROIT, MI 48201	38-3982723	501(C)(3)	0.	56,180.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STREET OUTREACH TEAMS 8642 WOODWARD AVENUE DETROIT, MI 48202	33-0875386	501(C)(3)	0.	87,435.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SULZBACHER HEALTH CENTER DOWNTOWN CLINIC - 611 EAST ADAMS STREET - JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	0.	123,581.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNCOAST COMMUNITY HEALTH CENTERS, INC. - 313 S. LAKEWOOD DR. - BRANDON, FL 33511	59-1741303	501(C)(3)	0.	7,212.	ESTIMATED WHOLESAL PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUNRISE COMMUNITY HEALTH 2930 11TH AVE EVANS, CO 80620	84-0613289	501(C)(3)	0.	52,435.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUSTAINABLE MOLOKAI PO BOX 250 KAUNAKAKAI, HI 96748	27-3261673	501(C)(3)	50,000.	0.			COVID19-US
SWLA CENTER FOR HEALTH SERVICES 2000 OPELOUSAS STREET LAKE CHARLES, LA 70601	72-1015384	501(C)(3)	0.	6,760.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SYMBA CENTER 20601 HWY 18 SUITE 171 APPLE VALLEY, CA 92307	84-3729902	501(C)(3)	0.	140,770.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SYRIAN AMERICAN MEDICAL SOCIETY FOUNDATI - 1012 14ST STREET NW SUITE #1500 - WASHINGTON DC, MD 20005	16-1717058	501(C)(3)	113,598.	0.			GENERAL EMERGENCY PREP & RESPONSE
TALBERT HOUSE HEALTH CENTER DBA CENTERPOINT HEALTH - 231 NORTH BREIEL BLVD. - MIDDLETOWN, OH 45042	46-1068818	501(C)(3)	0.	24,856.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TAMPA FAMILY HEALTH CENTER 302 W FLETCHER AVE TAMPA, FL 33612	59-2420282	501(C)(3)	0.	52,932.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TANDEM HEALTH SC 1278 N. LAFAYETTE DRIVE SUMTER, SC 29150	57-1095992	501(C)(3)	0.	16,095.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TARZANA TREATMENT CENTER 8330 RESEDA BLVD NORTHRIDGE, CA 91324	94-2219349	501(C)(3)	0.	225,616.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TECHE ACTION CLINIC 1115 WEBER STREET FRANKLIN, LA 70538	72-6073441	501(C)(3)	0.	22,274.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , OTHER	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEEN HEALTH CENTER, INC. 4115 AVENUE O GALVESTON, TX 77550	76-0163235	501(C)(3)	0.	25,052.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEMPLE COMMUNITY FREE CLINIC, INC. 1905 CURTIS B ELLIOTT DRIVE TEMPLE, TX 76501	74-2634500	501(C)(3)	0.	450,763.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TENDER CARE COMMUNITY CLINIC INC. 7862 FIRESTONE BLVD. DOWNEY, CA 90241	81-2610616	501(C)(3)	0.	260,522.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TENNESSEE CAMP FOR DIABETIC CHILDREN - 2622 LEE PIKE - SODDY DAISY, TN 37379	62-6020901	501(C)(3)	0.	7,601.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEWA WOMEN UNITED PO BOX 397 SANTA CRUZ, NM 87567	85-0480836	501(C)(3)	150,000.	0.			FUND FOR HEALTH EQUITY
TEXAS INTERNATIONAL INSTITUTE OF HEALTH PROFESSIONS DBA VCARES CLINICS - 8121 BROADWAY STREET - HOUSTON, TX 77061	46-1267820	501(C)(3)	0.	425,456.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEXAS LIONS CAMP 4100 SAN ANTONIO HWY KERVILLE, TX 78028	74-1189679	501(C)(3)	0.	9,373.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXAS OVERDOSE NALOXONE INITIATIVE 1909 38 1/2 STREET AUSTIN, TX 78751	74-2752554	501(C)(3)	0.	197,431.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THAT NEIGHBORHOOD FREE HEALTH CLINIC (TNFHC) - 306 BUSH STREET - TOLEDO, OH 43604	27-1052744	501(C)(3)	0.	165,590.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE ATHENS NURSES CLINIC 240 NORTH AVENUE ATHENS, GA 30601	58-2490925	501(C)(3)	0.	14,782.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE BARTON CENTER FOR DIABETES EDUCATION - 150 RICHARDSONS CORNER ROAD - CHARLTON, MA 01507	22-2701822	501(C)(3)	0.	36,332.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE BEACON OF DOWNTOWN HOUSTON 1117 TEXAS AVE. HOUSTON, TX 77002	71-0933434	501(C)(3)	50,000.	0.			FUND FOR HEALTH EQUITY
THE BERKELEY FREE CLINIC 2339 DURANT AVENUE BERKELEY, CA 94704	94-1697002	501(C)(3)	0.	54,714.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE BOYS AND GIRLS CLUB OF PUERTO RICO - PO BOX 79526 - CAROLINA, PR 00984	66-0327584	501(C)(3)	100,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
THE BREVARD HEALTH ALLIANCE INC. 2120 SARNO ROAD MELBOURNE, FL 32935	90-0068515	501(C)(3)	0.	23,862.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CHILDREN'S CLINIC 701 EAST 28TH STREET LONG BEACH, CA 90806	95-1643332	501(C)(3)	0.	21,078.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHRIS ATWOOD FOUNDATION 11890 SUNRISE VALLEY DRIVE RESTON, VA 20191	46-2749211	501(C)(3)	0.	40,041.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD ROAD NE CONCORD, NC 28025	58-2131301	501(C)(3)	0.	21,207.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE COMMUNITY FREE CLINIC OF NEWPORT NEWS PHARMACY - 727 25TH STREET - NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)	0.	8,439.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CONCILIO 650 FORT WORTH AVENUE, SUITE 250 DALLAS, TX 75208	75-1770140	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
THE DAMIEN CENTER 26 N. ARSENAL AVE. INDIANAPOLIS, IN 46201	35-1711878	501(C)(3)	0.	5,261.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FLOATING HOSPITAL 41-40 27TH STREET LONG ISLAND CITY, NY 11101	13-1624169	501(C)(3)	0.	564,886.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501(C)(3)	0.	693,364.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE GOOD SHEPHERD MEDICAL & DENTAL CLINIC - 207 SOUTH 11TH AVENUE - LAUREL, MS 39440	64-0838202	501(C)(3)	0.	60,920.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE GREAT PHYSICIAN'S PHARMACY CLINIC - 1914 BUSINESS HWY 70 - DURANT, OK 74701	73-0768828	501(C)(3)	0.	35,477.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HALEY CENTER 122 WEST CENTRAL AVENUE WINTER HAVEN, FL 33880	59-0766974	501(C)(3)	0.	156,129.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HEALTH AND WELLNESS CENTER 3834 S. WESTERN AVENUE LOS ANGELES, CA 90062	23-7351622	501(C)(3)	0.	62,904.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HEALTH HUT 310 WEST MISSISSIPPI AVENUE RUSTON, LA 71270	27-3764078	501(C)(3)	0.	876,457.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HEARTS AND HANDS CLINIC, INC. 127 NORTH COLLEGE STREET STATESBORO, GA 30458	26-4597700	501(C)(3)	0.	10,937.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)	0.	105,317.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE NEVER ALONE PROJECT 1100 WEST 42ND STREET INDIANAPOLIS, IN 46208	91-1435394	501(C)(3)	0.	10,999.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE NIGHT MINISTRY 1735 NORTH ASHLAND AVENUE CHICAGO, IL 60622	36-3145764	501(C)(3)	300,000.	0.			INCREASING IMMUNITY AWARDS - CVS, ABBVIE HEALTH EQUITY
THE NIGHT MINISTRY 1735 N. ASHLAND CHICAGO, IL 60622	36-3145764	501(C)(3)	0.	54,679.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE PIC PLACE 87 MERCHANT DRIVE MONTROSE, CO 81401	47-0891200	501(C)(3)	0.	98,011.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SHALOM PROJECT MEDICAL CLINIC 639 S. GREEN STREET WINSTON-SALEM, NC 27101	20-2136431	501(C)(3)	0.	415,322.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE SPAHR CENTER 150 NELLEN AVENUE STE. 100 CORTE MADERA, CA 94925	68-0072470	501(C)(3)	0.	7,098.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE URBAN CLINIC OF ATLANTA 777 CLEVELAND AVE SW ATLANTA, GA 30315	27-0000606	501(C)(3)	0.	71,773.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE WAHIAWA CENTER FOR COMMUNITY HE - 302 CALIFORNIA AVENUE STE 106 - WAHIAWA, HI 96786	45-5114944	501(C)(3)	270,000.	0.			HELPING BUILD HEALTHY COMM AWARDS - BD
THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON STREET GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)	0.	51,541.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE WELLNESS PLAN PHARMACY 2888 W GRAND BLVD DETROIT, MI 48202	38-2008890	501(C)(3)	0.	25,239.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THOMAS JEFFERSON UNIVERSITY 125 S. 9TH STREET PHILADELPHIA, PA 19107	23-1352651		210,000.	0.			FUND FOR HEALTH EQUITY
TIBURCIO VASQUEZ HEALTH CENTER 33255 9TH STREET UNION CITY, CA 94587	23-7118361	501(C)(3)	0.	7,168.	ESTIMATED WHOLESALE PRICE, PURCHASED	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET SUITE 30 TOMBALL, TX 77375	76-0280324	501(C)(3)	0.	150,651.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRAVERSE HEALTH CLINIC 1719 S. GARFIELD AVENUE TRAVERSE CITY, MI 49686	30-0224028	501(C)(3)	0.	9,334.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREASURE COAST COMMUNITY HEALTH 12196 COUNTY ROAD 512 FELLSMERE, FL 32948	59-3219191	501(C)(3)	0.	295,967.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREE OF LIFE HEALTHCARE 2200 NORTH AVENUE COLUMBUS, GA 31904	30-0791060	501(C)(3)	0.	25,290.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREE OF LIFE HEALTHCARE 1968 NORTH AVENUE COLUMBUS, GA 31901	30-0791060	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET ST. CHARLES, IL 60174	36-4475369	501(C)(3)	0.	124,381.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRIANGLE AREA NETWORK 1495 N 7TH STREET BEAUMONT, TX 77702	76-0226835	501(C)(3)	0.	131,754.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-AREA COMMUNITY HEALTH 14168 DANVILLE PIKE LAUREL FORK, VA 24352	54-1112330	501(C)(3)	0.	22,306.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-COUNTY COMMUNITY HEALTH COUNCIL, INC. DBA COMMWELL HEALTH - 6114 HWY 301 SOUTH - FOUR OAKS, NC 27524	58-1319204	501(C)(3)	0.	60,316.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRIDENT MINISTRIES INTERNATIONAL 9942 S WESTERN AVE CHICAGO, IL 60643	82-4618349	501(C)(3)	119,364.	0.			FUND FOR HEALTH EQUITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRIDENT MINISTRIES INTERNATIONAL 9942 S WESTERN AVENUE CHICAGO, IL 60643	82-4618349	501(C)(3)	0.	22,870.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRINITY COMMUNITY CARE 47511 VAN DYKE AVENUE SHELBY TOWNSHIP, MI 48317	45-3723129	501(C)(3)	0.	13,001.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRINITY FREE CLINIC 1045 WEST 146TH STREET, SUITE B CARMEL, IN 46032	35-2120420	501(C)(3)	0.	187,769.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TROUP CARES, INC. 301 MEDICAL DR. SUITE 501 LAGRANGE, GA 30240	20-8176300	501(C)(3)	0.	188,785.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRUECARE 150 VALPREDA ROAD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	0.	24,694.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRUST WOMEN 5107 E. KELLOG DR. WICHITA, KS 67218	27-3246473	501(C)(3)	0.	45,674.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRYSTERO/NEW ORLEANS HARM REDUCTION COLLECTIVE - 4557 N RAMPART ST - NEW ORLEANS, LA 70117	91-1435394	501(C)(3)	0.	20,333.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TULAKES CLINIC 6789 NW 39TH EXP BETHANY, OK 73008	73-0643163	501(C)(3)	0.	264,129.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TURNING POINTS ONE STOP MEDICAL AND DENTAL CLINIC - 701 17TH AVENUE WEST - BRADENTON, FL 34205	59-3340921	501(C)(3)	0.	12,059.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TYLER FAMILY CIRCLE OF CARE 523 S. FANNIN AVE TYLER, TX 75702	45-2578435	501(C)(3)	0.	215,207.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
U.S. & MEXICO FIREFIGHTERS UNITED 5838 MISSION CENTER ROAD, UNIT F SAN DIEGO, CA 92123	87-1547701	501(C)(3)	50,000.	0.			UKRAINE CRISIS
UBI CARITA HEALTH MINISTRIES 4450 HIGHLAND AVE BEAUMONT, TX 77705	76-0558225	501(C)(3)	57,000.	0.			FUND FOR HEALTH EQUITY
UBI CARITAS HEALTH MINISTRIES 4450 HIGHLAND AVENUE BEAUMONT, TX 77705	76-0558225	501(C)(3)	0.	298,721.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UCSB STUDENT HEALTH UCSB BUILDING 588 SANTA BARBARA, CA 93106	95-6006145	STATE OF CALIFOR	0.	12,007.	PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UCSD STUDENT-RUN FREE CLINIC PROJECT - 9500 GILMAN DRIVE #0696 - LA JOLLA, CA 92093	95-2872494	501(C)(3)	0.	5,668.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UF MOBILE OUTREACH CLINIC 1249 CENTER DRIVE CG-82 #100249 GAINESVILLE, FL 32603	59-0974739	501(C)(3)	0.	177,217.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UHP HEALTH 12605 EAST FREEWAY HOUSTON, TX 77015	61-1757254	501(C)(3)	0.	43,744.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UMMA COMMUNITY CLINIC 711 WEST FLORENCE AVENUE LOS ANGELES, CA 90044	95-4666712	501(C)(3)	0.	12,897.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNC HEALTH CARE 4400 EMPEROR BLVD DURHAM, NC 27703	56-1118388	STATE OF N CAROL	0.	2,335,978.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNDERGROUND CLINIC 2217 UNIVERSITY SQUARE MALL TAMPA, FL 33612	20-4722214	501(C)(3)	0.	6,883.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNICARE COMMUNITY HEALTH CENTER 437 NORTH EUCLID AVENUE ONTARIO, CA 91762	95-4746420	501(C)(3)	0.	137,352.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNION COMMUNITY HEALTH CENTER 260 EAST 188TH STREET BRONX, NY 10457	13-4074478	501(C)(3)	0.	19,746.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNION COUNTY DEPARTMENT OF HUMAN SERVICES DIVISION OF PUBLIC HEALTH - 2330 CONCORD AVENUE - MONROE, NC 28110	56-6000345	501(C)(3)	0.	81,565.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501(C)(3)	0.	266,886.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNITY HEALTH ON MAIN 505C NORTH MAIN ST GREENVILLE, SC 29601	81-1080067	501(C)(3)	0.	403,193.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSAL COMMUNITY HEALTH CENTER 2801 S. SAN PEDRO ST. LOS ANGELES, CA 90011	27-0600887	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY, INCREASING IMMUNITY AWARDS - CVS
UNIVERSAL COMMUNITY HEALTH CENTER 1005 E. WASHINGTON BLVD. #A LOS ANGELES, CA 90021	27-0600887	501(C)(3)	0.	55,936.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY HEALTH - TRUMAN MEDICAL CENTER - 2301 HOLMES STREET - KANSAS CITY, MO 64108	44-0661018	501(C)(3)	0.	2,801,541.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY OF FLORIDA FOUNDATION, INC. FOR THE BENEFIT OF UNIVERSITY - 1938 WEST UNIVERSITY AVENUE - GAINESVILLE, FL 32603	59-0974739	501(C)(3)	247,000.	0.			FUND FOR HEALTH EQUITY
UNIVERSITY OF TEXAS FOUNDATION 500 WEST UNIVERSITY AVENUE EL PASO, TX 79968	74-6000813	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
UPHAM'S CORNER HEALTH CENTER 415 COLUMBIA ROAD DORCHESTER, MA 02125	23-7211732	501(C)(3)	0.	121,019.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UPPER VALLEY COMMUNITY HEALTH SERVICES - 20 NORTH 3RD EAST - SAINT ANTHONY, ID 83445	82-0527562	501(C)(3)	0.	74,829.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UPSTATE FAMILY HEALTH CENTER, INC 1001 NOYES STREET UTICA, NY 13502	47-4829539	501(C)(3)	0.	95,546.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
URBAN HEALTH PLAN, INC. 1065 SOUTHERN BLVD. BRONX, NY 10459	23-7360305	501(C)(3)	0.	95,038.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UTAH NALOXONE - ANDY'S 295 CHIPETA WAY SALT LAKE CITY, UT 84108	87-6000525	501(C)(3)	0.	23,928.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UTAH PARTNERS FOR HEALTH DBA MID-VALLEY HEALTH CLINIC - 9103 SOUTH 1300 W #102 - WEST JORDAN, UT 84088	27-0021804	501(C)(3)	0.	14,459.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLE DEL SOL 3807 NORTH 7TH STREET PHOENIX, AZ 85014	86-0251255	501(C)(3)	0.	29,718.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CYN AVE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)	0.	31,861.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VECINOS, INC. 3971 LITTLE SAVANNAH ROAD CULLOWHEE, NC 28723	57-1192063	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
VENICE FAMILY CLINIC. 604 ROSE AVE VENICE, CA 90291	95-2769432	501(C)(3)	0.	64,090.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VERNON J. HARRIS EAST END CHC DBA CAPITAL AREA HEALTH NETWORK - 2025 E. MAIN STREET - RICHMOND, VA 23223	54-1884190	501(C)(3)	0.	15,139.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VIA CARE CHRONIC DISEASE MANAGEMENT CLINIC - 615 SOUTH ATLANTIC BOULEVARD - LOS ANGELES, CA 90022	80-0699156	501(C)(3)	0.	10,808.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VIDA SENIOR CENTERS 1842 CALVERT STREET, NW WASHINGTON, DC 20009	23-7161537	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
VIDA SENIOR CENTERS 1842 CALVERT STREET, NW WASHINGTON, DC 20009	23-7161537	501(C)(3)	50,000.	0.			COVID19-US
VIDA SENIOR CENTERS 1842 CALVERT STREET, NW WASHINGTON, DC 20009	23-7161537	501(C)(3)	0.	8,240.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIP COMMUNITY SERVICES INC. 770 EAST 176TH STREET BRONX, NY 10460	13-3224700	501(C)(3)	0.	40,462.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VIRGINIA UNITED INC. DBA PAGE FREE CLINIC - 250 MEMORIAL DRIVE SUITE C - LURAY, VA 22835	27-1421176	501(C)(3)	0.	6,094.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VISION Y COMPROMISO 15808 HESPERIAN BLVD SAN LORENZO, CA 94580	32-0071651	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
VISION Y COMPROMISO 15808 HESPERIAN BLVD SAN LORENZO, CA 94580	32-0071651	501(C)(3)	50,000.	0.			COVID19-US
VISITING NURSE ASSOCIATION OF CENTRAL JERSEY COMMUNITY HEALTH CENTER, INC. - 1301 MAIN STREET - ASBURY PARK, NJ 07712	22-3321236	501(C)(3)	0.	72,172.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOCES COALICION DE VACUNACION DE PUERTO RICO, INC. - PBM 290 JUAN C BORBON STREET 37 - GUAYNABO, PR 00969	66-0798610	501(C)(3)	0.	47,508.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)	0.	17,455.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 1195 W SAN ANTONIO ST NEW BRAUNFELS, TX 78130	26-2221231	501(C)(3)	0.	138,409.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 41 EAST DUVAL STREET JACKSONVILLE, FL 32202	75-3002172	501(C)(3)	0.	392,593.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKES BARRE, PA 18702	20-3531527	501(C)(3)	0.	24,346.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)	0.	254,030.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE CLINIC OF THE CASCADES - 2300 NE NEFF ROAD - BEND, OR 97701	93-1327847	501(C)(3)	0.	345,461.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE DBA CLINIC BY THE BAY - 4877 MISSION STREET - SAN FRANCISCO, CA 94112	26-2593712	501(C)(3)	0.	9,078.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE HILTON HEAD 15 NORTHRIDGE DRIVE HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	50,000.	0.			HURRICANE FLORENCE
VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD, SC 29926	57-0959206	501(C)(3)	0.	881,190.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE JACKSONVILLE - 41 EAST DUVAL STREET - JACKSONVILLE, FL 32202	75-3002172	501(C)(3)	50,000.	0.			HURRICANE MICHAEL
VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210	52-2257585	501(C)(3)	0.	101,790.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE OF SOUTHERN NEVADA - 1240 NORTH MARTIN LUTHER KING BLVD - LAS VEGAS, NV 89106	39-2072453	501(C)(3)	0.	177,677.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS IN MEDICINE SO NEVADA 1240 N MARTIN L KING BLVD LAS VEGAS, NV 89106	39-2072453	501(C)(3)	40,000.	0.			LILLY NAVIGATOR GRANT
W LOUISVILLE PERFORMING ARTS ACAD PO BOX 11035 LOUISVILLE, KY 40251-0035	61-1181511	501(C)(3)	100,000.	0.			FUND FOR HEALTH EQUITY
WABANAKI PUBLIC HEALTH AND WELLNESS - 1 MERCHANTS PLAZA - BANGOR, ME 04401	04-3337456	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
WAIANAЕ DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD DBA WAIANAЕ COAST COMPR - 86-260 FARRINGTON HIGHWAY - WAIANAЕ, HI	99-0148164	501(C)(3)	0.	5,020.	ESTIMATED WHOLESALЕ PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WASATCH HOMELESS HEALTH CARE DBA FOURTH STREET CLINIC - 409 WEST 400 SOUTH - SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)	0.	62,787.	ESTIMATED WHOLESALЕ PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WASHINGTON STATE DEPARTMENT OF HEALTH - 111 ISRAEL RD SE - TUMWATER, WA 98501	91-1444603	501(C)(3)	0.	107,221.	ESTIMATED WHOLESALЕ PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WATCH HEALTHCARE PROGRAM 2700 WAYNE MEMORIAL DRIVE GOLDSBORO, NC 27534	58-1881912	501(C)(3)	0.	97,804.	ESTIMATED WHOLESALЕ PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WAUKESHA FREE CLINIC 237 WISCONSIN AVENUE WAUKESHA, WI 53186	39-1273248	501(C)(3)	0.	60,991.	ESTIMATED WHOLESALЕ PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WAYNE COUNTY HEALTH DEPARTMENT 301 N HERMAN ST GOLDSBORO, NC 27530	56-6001520	501(C)(3)	0.	26,004.	ESTIMATED WHOLESALЕ PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELCOMEHEALTH 1100 NORTH WOOSLEY AVENUE FAYETTEVILLE, AR 72703	58-1691790	501(C)(3)	0.	13,350.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLNESS AND STRESS CLINIC OF MEMPHIS - 3885 TCHULAHOMA ROAD - MEMPHIS, TN 38118	31-1672935	501(C)(3)	0.	286,330.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLNESS POINTE 1011 E. WHALEY ST. LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	797,627.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLSPACE HEALTH 5321 STOCKTON BLVD SACRAMENTO, CA 95820	94-1713704	501(C)(3)	0.	12,573.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELVISTA 121 GREYSTONE BLVD COLUMBIA, SC 29210	56-2034627	501(C)(3)	0.	31,448,341.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESLEY COMMUNITY AND HEALTH CENTERS - 1300 SOUTH 10TH STREET - PHOENIX, AZ 85034	86-0133770	501(C)(3)	0.	945,815.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST CECIL HEALTH CENTER, INC. 49 ROCK SPRINGS ROAD CONOWINGO, MD 21918	20-5860113	501(C)(3)	0.	14,087.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST HAWAII COMMUNITY HEALTH CENTER - 75-5751 KUAKINI HIGHWAY - KAILUA KONA, HI 96740	20-0495394	501(C)(3)	0.	26,341.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST SIDE COMMUNITY HEALTH SERVICES - 153 CESAR CHAVEZ ST - ST. PAUL, MN 55107	23-7156236	501(C)(3)	180,000.	0.			FUND FOR HEALTH EQUITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA HEALTH RIGHT 1520 EAST WASHINGTON STREET CHARLESTON, WV 25311	31-1066881	501(C)(3)	0.	174,479.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTERN OKLAHOMA FAMILY CARE CENTER - 609 WEST AVE. E - ELK CITY, OK 73644	26-1284785	501(C)(3)	0.	118,434.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTERN SIERRA MEDICAL CLINIC 844 OLD TUNNEL ROAD GRASS VALLEY, CA 95945	94-2279011	501(C)(3)	0.	224,028.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTERN TIDEWATER FREE CLINIC PHARMACY - 2019 MEADE PARKWAY - SUFFOLK, VA 23434	26-3302837	501(C)(3)	0.	34,275.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTMINSTER FREE CLINIC 2103 MONTROSE AVENUE, STE. E MONTROSE, CA 91020	77-0563241	501(C)(3)	0.	322,490.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931	501(C)(3)	0.	19,299.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHATLEY HEALTH SERVICES, INC. 2731 M. L. KING, JR. BLVD TUSCALOOSA, AL 35401	63-0727781	501(C)(3)	0.	103,052.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHEELING HEALTH RIGHT 61-29TH STREET WHEELING, WV 26003	31-1149085	501(C)(3)	0.	78,031.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHITE BIRD NEST 341 E.12TH AVE EUGENE, OR 97401	93-0585814	501(C)(3)	0.	21,928.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITEFOORD, INC. 1353 GEORGE W. BRUMLEY WAY, S.E. ATLANTA, GA 30317	58-2180056	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
WHOLE FAMILY HEALTH CENTER 981 37TH PLACE VERO BEACH, FL 32960	65-0715258	501(C)(3)	0.	272,321.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILDFLOWER HEALTHCARE 268 HERBERT STREET ST. AUGUSTINE, FL 32084	52-2125419	501(C)(3)	0.	230,547.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILDFLOWERS INSTITUTE 1144 PACIFIC AVENUE SAN FRANCISCO, CA 94133-7250	94-2581329	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
WILKES RECOVERY REVOLUTION, INC. 1907 WEST PARK DRIVE NORTH WILKESBORO, NC 28659	81-1600840	501(C)(3)	0.	12,906.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILL COUNTY COMMUNITY HEALTH CENTER - 1106 NEAL AVENUE - JOLIET, IL 60433	36-3971168	501(C)(3)	0.	94,741.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILLIAM F. RYAN COMMUNITY HEALTH CENTER, INC. (DBA RYAN HEALTH) - 110 W. 97 STREET - NEW YORK, NY 10025	13-2884976	501(C)(3)	0.	18,252.	ESTIMATED WHOLESAL PRICE, PURCHASED	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILLIAM F. RYAN COMMUNITY HLTH CTR 110 W. 97TH STREET NEW YORK, NY 10025	13-2884976	501(C)(3)	50,000.	0.			INCREASING IMMUNITY AWARDS - CVS
WILLING HELPERS MEDICAL INC. POB 2508 COVINGTON, GA 30015	56-2602392	501(C)(3)	40,000.	0.			HURRICANE MICHAEL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLING HELPERS MEDICAL INC. 4186 MILL STREET SUITE A COVINGTON, GA 30014	56-2602392	501(C)(3)	0.	398,143.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WINSTON-SALEM STATE UNIVERSITY 601 S MARTIN LUTHER KING JR. DR. WINSTON-SALEM, NC 27110	56-6001466	501(C)(3)	100,000.	0.			FUND FOR HEALTH EQUITY
WOVEN HEALTH CLINIC FARMERS BRANCH 1 MEDICAL PKWY PLAZA 1 SUITE 149 FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	0.	102,347.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 503 CASTROVILLE ROAD - SAN ANTONIO, TX 78237	74-1143135	501(C)(3)	225,000.	0.			FUND FOR HEALTH EQUITY
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 503 CASTROVILLE ROAD - SAN ANTONIO, TX 78237	74-1143135	501(C)(3)	50,000.	0.			COVID19-US
ZAREPHATH HEALTH CENTER 595 WESTON CANAL ROAD SOMERSET, NJ 08873	31-1812810	501(C)(3)	0.	182,404.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ZUFALL HEALTH CENTER DOVER 18 WEST BLACKWELL DOVER, NJ 07801	22-3125397	501(C)(3)	0.	241,013.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SECTION 139 PAYMENT	1	19,500.	0.		

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

**Part IV Supplemental Information**

OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: ACACIA MEDICAL MISSION

(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:

BOND COMMUNITY HEALTH CENTER YOURX PHARMACY @ BONDCHC

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

NAME OF ORGANIZATION OR GOVERNMENT:

BROTHER BILL'S HELPING HAND COMMUNITY CLINIC

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

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRO DE SERVICIOS PRIMARIOS - PATILLAS

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

**Part IV Supplemental Information**

ABBVIE PR MOBILE HEALTH, ABBVIE PR MEDICALLY FRAGILE POPULATIONS

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

NAME OF ORGANIZATION OR GOVERNMENT: CLINICAS DEL CAMINO REAL, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: COASTAL HEALTH & WELLNESS

(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 OF SOUTH FLORIDA

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

**Part IV Supplemental Information**

SUPPLIES, EQUIPMENT

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: COVE HOUSE FREE CLINIC

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: CURTIS V. COOPER PRIMARY HEALTH

(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:

EL DORADO COUNTY COMMUNITY HEALTH CENTER

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: EL MILAGRO CLINIC

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

SUPPLIES, EQUIPMENT

**Part IV Supplemental Information**

NAME OF ORGANIZATION OR GOVERNMENT: EXCELTH, INC.

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

NAME OF ORGANIZATION OR GOVERNMENT: FAIRVIEW COMMUNITY HEALTH CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: FAITH FAMILY MEDICAL CLINIC

(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

NAME OF ORGANIZATION OR GOVERNMENT: GREATER KILLEEN FREE CLINIC

(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

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HEALTH SERVICES OF NORTH TEXAS

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

NAME OF ORGANIZATION OR GOVERNMENT: HIV/AIDS ALLIANCE FOR REGION TWO

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

NAME OF ORGANIZATION OR GOVERNMENT: HOSPITAL GENERAL DE CASTAER, INC.

(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: MERCI CLINIC

(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: MIGRANT HEALTH CTR WESTERN REGION

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

**Part IV** Supplemental Information

ABBVIE PR MOBILE HEALTH, ABBVIE PR MEDICALLY FRAGILE POPULATIONS,

COVID19-ABBOTT

NAME OF ORGANIZATION OR GOVERNMENT: NC MEDASSIST

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

NAME OF ORGANIZATION OR GOVERNMENT:

NORTH DALLAS SHARED MINISTRIES FREE MEDICAL CLINIC

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

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: NOVA SCRIPTSCENTRAL INC PHARMACY

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

NAME OF ORGANIZATION OR GOVERNMENT:

OPEN DOOR COMMUNITY HEALTH CENTERS - ADMINISTRATION

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

NAME OF ORGANIZATION OR GOVERNMENT: PONCE MEDICAL SCHOOL FOUNDATION

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

**Part IV Supplemental Information**

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: PUERTO RICO DEPARTMENT OF HEALTH

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: RAPIDES PRIMARY HEALTH CARE CENTER

(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 MONTANA

(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: SANTA BARBARA COUNTY EXECUTIVE OFFICE

**Part IV Supplemental Information**

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

SANTA BARBARA NEIGHBORHOOD CLINICS EASTSIDE NEIGHBORHOOD CLINIC

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: SHINGLETOWN MEDICAL CENTER

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: SOUTH PLAINS RURAL HEALTH

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHEAST COMMUNITY HEALTH SYSTEMS

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

SUPPLIES, EQUIPMENT

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:

SULZBACHER HEALTH CENTER DOWNTOWN CLINIC

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

SUPPLIES, EQUIPMENT

**Part IV** Supplemental Information

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:

TRI-COUNTY COMMUNITY HEALTH COUNCIL, INC. DBA COMMWELL HEALTH

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

NAME OF ORGANIZATION OR GOVERNMENT: TYLER FAMILY CIRCLE OF CARE

(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: UF MOBILE OUTREACH CLINIC

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

NAME OF ORGANIZATION OR GOVERNMENT: WELLNESS POINTE

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS TIGHE CHIEF EXECUTIVE OFFICER	(i)	501,663.	0.	0.	14,500.	40,573.	556,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BHUPI SINGH EXECUTIVE VP, SENIOR ADVISOR	(i)	425,715.	0.	0.	13,154.	15,512.	454,381.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAWN LONG SENIOR VP, COO	(i)	342,260.	0.	0.	14,500.	9,915.	366,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADAN GROUMAN DIRECTOR, IT	(i)	269,475.	0.	0.	10,860.	14,441.	294,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JONATHAN STEINER VP OF FINANCE, CFO	(i)	260,154.	0.	0.	12,230.	14,387.	286,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DONALD ROANE VP OF CORPORATE ENGAGEMENT	(i)	231,675.	0.	0.	11,670.	38,668.	282,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HEATHER BENNETT VP OF PARTNERSHIPS & PHILANTHROPY	(i)	239,615.	0.	0.	12,002.	8,841.	260,458.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREW SCHROEDER VP OF RESEARCH & ANALYSIS	(i)	210,116.	0.	0.	11,038.	18,742.	239,896.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DOUG FROELICH VP OF OPERATIONS	(i)	197,972.	0.	0.	9,964.	25,983.	233,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**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) Sharing of organization's revenues?	
				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 \$58,500 IN

FY2022, AND ONLY REPRESENTED AMOUNTS THAT WERE NOT OTHERWISE COVERED BY

INSURANCE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

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](http://www.irs.gov/Form990) for instructions and the latest information.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	190	1,671,812.	FMV
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....	X	1,004	2,045,961,894.	EST. WHOLESALE VALUE
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

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

**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 complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE TOTALS REPORTED IN COLUMN (B) REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED FOR EACH CATEGORY DURING THE FISCAL YEAR ENDED JUNE 30, 2022.

Multiple horizontal lines for data entry.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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 Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

DIRECT RELIEF HAS AN INTERNAL POLICY TO TRANSFER ALL BOARD-DESIGNATED

UNRESTRICTED BEQUESTS AND GIFTS TO THE BOARD RESTRICTED INVESTMENT FUND

(BRIF) HELD BY DIRECT RELIEF FOUNDATION. THE PURPOSE OF THE BRIF IS TO

PROVIDE A RESERVE FOR FUTURE OPERATIONS.

EXPENSES \$ 3,900,806. INCLUDING GRANTS OF \$ 3,900,808. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE BOARD OF DIRECTORS

AND OTHER SUCH DIRECTORS AS DESIGNATED BY THE BOARD. THE EXECUTIVE

COMMITTEE HAS THE AUTHORITY OF THE BOARD EXCEPT FOR CERTAIN ACTS THAT ARE

RESERVED FOR THE FULL BOARD:

A. TAKE ANY FINAL ACTION ON ANY MATTER THAT, UNDER THE CALIFORNIA NONPROFIT

PUBLIC BENEFIT CORPORATION LAW, ALSO REQUIRES APPROVAL OF ALL OR A MAJORITY

OF THE DIRECTORS;

B. FILL VACANCIES ON THE BOARD OR ON ANY COMMITTEE THAT HAS THE AUTHORITY

OF THE BOARD;

C. ESTABLISH OR FIX COMPENSATION, IF ANY, OF THE DIRECTORS FOR SERVING ON

THE BOARD OR ON ANY COMMITTEE;

D. AMEND OR REPEAL THESE BYLAWS OR ADOPT NEW BYLAWS;

E. AMEND OR REPEAL ANY RESOLUTION OF THE BOARD THAT BY ITS EXPRESS TERMS IS

NOT SO AMENDABLE OR REPEALABLE;

F. CREATE ANY OTHER COMMITTEES OF THE BOARD OR APPOINT THE MEMBERS OF

COMMITTEES OF THE BOARD;

G. APPROVE ANY SELF-DEALING TRANSACTION, EXCEPT AS PROVIDED IN SECTION

5233(D)(3) OF THE CALIFORNIA CORPORATIONS CODE (AND SET FORTH IN SECTION

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

Schedule O (Form 990) 2021

132211 11-11-21

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

5.17 ABOVE).

FORM 990, PART VI, SECTION B, LINE 11B:

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

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

WITHIN THIRTY (30) DAYS OF THE BEGINNING OF EACH FISCAL YEAR, ALL DIRECTORS, OFFICERS AND BOARD COMMITTEE MEMBERS MUST COMPLETE A DISCLOSURE FORM REGARDING POSSIBLE CONFLICTS OF INTEREST. DISCLOSURE IS ALSO REQUIRED OF A DIRECTOR, OFFICER, EMPLOYEE AND BOARD COMMITTEE MEMBER AT ANY TIME WHEN THE INTEREST OF SUCH PERSON (OR MEMBER OF HIS OR HER FAMILY) COULD AFFECT THE ACTIVITIES, PROPERTY, EMPLOYEES, OR SERVICES OF DIRECT RELIEF, OR INVOLVES ANY POTENTIAL CONFLICT OF INTEREST AS MORE SPECIFICALLY DEFINED IN DIRECT RELIEF'S CONFLICT OF INTEREST POLICY. WHEN A DIRECTOR, OFFICER, BOARD COMMITTEE MEMBER OR EMPLOYEE HAS A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN A PROPOSED TRANSACTION, THAT INDIVIDUAL SHALL RECUSE HIMSELF OR HERSELF (I.E., LEAVE THE ROOM), AND SHALL NOT PARTICIPATE IN THE DELIBERATION ON THE MERITS OF THE PROPOSAL OR THE VOTE. IN ALL CASES, THE EXISTENCE AND NATURE OF THE RELATIONSHIP OR THE CONFLICT OF INTEREST DISCLOSED, THE INTERESTED PERSON'S RECUSAL, AND THE VOTE OF THE OTHER DIRECTORS IS REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD OR

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

APPLICABLE BOARD OR OTHER COMMITTEE.

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

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES ALL  
 COMPENSATION MATTERS ON BEHALF OF THE BOARD OF DIRECTORS. THE COMPENSATION  
 COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSIS AND MAKES  
 RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION PAID TO  
 EXECUTIVE STAFF (CEO, COO, CFO) AND OTHER KEY STAFF POSITIONS AS THEY MAY  
 DETERMINE ARE APPROPRIATE. THE BENCHMARKING REVIEW INCLUDES A COMPARATIVE  
 ANALYSIS OF COMPENSATION PAID BY DIRECT RELIEF TO COMPENSATION PAID BY  
 LOCAL, SECTOR, AND NATIONAL NONPROFIT ORGANIZATIONS AS WELL AS LOCAL  
 FOR-PROFIT ENTITIES. DECISIONS REGARDING EXECUTIVE STAFF COMPENSATION ARE  
 THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. NO MEMBER OF THE STAFF,  
 INCLUDING THE CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER, OR THE  
 CHIEF FINANCIAL OFFICER, IS A MEMBER OF THE BOARD OF DIRECTORS, AND THE  
 BOARD OF DIRECTORS MAY NOT DELEGATE THE AUTHORITY TO SET EXECUTIVE  
 COMPENSATION TO A MEMBER OF THE EXECUTIVE STAFF. COMPENSATION OF THE CHIEF  
 EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, AND THE CHIEF FINANCIAL OFFICER  
 WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE  
 OF THE BOARD OF DIRECTORS IN SEPTEMBER 2021.

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

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

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

DIRECT RELIEF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,  
 WHISTLEBLOWER POLICY, COMPENSATION POLICY, DONATION POLICY, FINANCIAL

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

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 2021, 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/](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 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

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

THE UNMET NEEDS OF PEOPLE IN THE AREAS; MOBILIZING ESSENTIAL MEDICINES,  
 SUPPLIES, AND EQUIPMENT THAT ARE REQUESTED AND APPROPRIATE FOR THE  
 CIRCUMSTANCES; AND MANAGING THE MANY DETAILS INHERENT IN STORING,  
 TRANSPORTING, AND DISTRIBUTING SUCH GOODS TO THE PARTNER ORGANIZATIONS  
 IN THE MOST EFFICIENT MANNER POSSIBLE.

WHEN DIRECT RELIEF RECEIVES AN IN-KIND DONATION, ACCOUNTING STANDARDS  
 REQUIRE A "FAIR MARKET VALUE" TO BE ASSIGNED TO THE DONATION. DONATIONS  
 OF MEDICINES, MEDICAL EQUIPMENT, AND MEDICAL SUPPLIES HAVE LONG BEEN AN  
 INTEGRAL PART OF DIRECT RELIEF'S HUMANITARIAN ASSISTANCE PROGRAMS. IN  
 ASSIGNING A FAIR MARKET VALUE TO THE IN-KIND MEDICAL DONATIONS  
 RECEIVED, DIRECT RELIEF USES A CAREFUL, CONSERVATIVE APPROACH THAT  
 COMPLIES WITH THE RELEVANT ACCOUNTING STANDARDS, AND THE SPIRIT AND  
 PURPOSE OF DISCLOSURE, TRANSPARENCY, AND ACCOUNTABILITY TO THE PUBLIC.

SPECIFICALLY, DIRECT RELIEF USES THE FOLLOWING METHODOLOGY IN  
 DETERMINING THE FAIR MARKET VALUE OF IN-KIND MEDICAL DONATIONS:

CONTRIBUTIONS OF U.S. FOOD AND DRUG ADMINISTRATION (FDA)-APPROVED  
 PHARMACEUTICALS, BRANDED AND GENERIC, ARE RECORDED AT ESTIMATED  
 WHOLESALE VALUE, WHICH APPROXIMATES FAIR VALUE, ON THE DATE RECEIVED,  
 BASED ON THE WHOLESALE ACQUISITION COST (WAC) AS PUBLISHED IN THE  
 TRUVEN HEALTH ANALYTICS REDBOOK, AN INDUSTRY-RECOGNIZED DRUG AND  
 PRICING REFERENCE GUIDE FOR PHARMACEUTICALS IN THE UNITED STATES.

FOR THE YEAR ENDED JUNE 30TH, 2022 THE ORGANIZATION CONTINUED ITS  
 POLICY OF USING MONTHLY PRICING INFORMATION AVAILABLE FROM THE REDBOOK  
 ONLINE SERVICE PROVIDED BY TRUVEN HEALTH ANALYTICS, AN IBM WATSON

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

HEALTH COMPANY. WAC IS THE STANDARD USED BY MANY U.S. STATES AS THE  
 FEDERAL UPPER LIMIT PRICING FOR DRUGS PURCHASED UNDER THE MEDICAID  
 PROGRAM. IF THE WHOLESALE VALUE IS NOT AVAILABLE IN THE ONLINE REDBOOK  
 SOURCE, THE WHOLESALE VALUE OF THE CONTRIBUTION IS BASED ON OTHER  
 APPROPRIATE INTERNET PRICING SOURCES.

ALTERNATIVE METHODS OF VALUING A DRUG DONATION WOULD RESULT IN A HIGHER  
 VALUATION. FOR EXAMPLE, THE COMMONLY CITED AVERAGE WHOLESALE PRICE  
 (AWP), WHICH ALSO IS PUBLISHED IN THE REDBOOK, IS APPROXIMATELY TWENTY  
 PERCENT HIGHER THAN WAC FOR A PARTICULAR PRODUCT, ACCORDING TO THE  
 REDBOOK. DIRECT RELIEF DETERMINED THAT WAC IS THE MORE APPROPRIATE  
 MEASURE.

BECAUSE PRICING DIFFERENCES EXIST FOR GENERIC AND BRANDED PRODUCTS, IT  
 IS IMPORTANT TO NOTE DIRECT RELIEF APPLIES THE WAC VALUE TO EACH  
 SPECIFIC PRODUCT'S NATIONAL DRUG CODE, WHICH RELATES TO THE SPECIFIC  
 MANUFACTURER AND FORMULATION OF A DRUG. THIS DISTINCTION IS SIGNIFICANT  
 BECAUSE IT REFLECTS, FOR EXAMPLE, THE LOWER PRICE (AND FAIR MARKET  
 VALUE) OF A GENERIC PRODUCT RECEIVED THROUGH DONATION, COMPARED TO  
 HIGHER-PRICED BRANDED PRODUCT.

FOR NON-FDA-APPROVED PHARMACEUTICALS, FOR EXAMPLE, PRODUCTS  
 MANUFACTURED FOR USE IN NON-U.S. MARKETS, THE ORGANIZATION USES  
 INDEPENDENT PRICING GUIDES TO DETERMINE THE FAIR MARKET VALUE OF THE  
 PARTICULAR MANUFACTURER'S SPECIFIC FORMULATION. THE SOURCES OF SUCH  
 PRICING INFORMATION VARY, BUT RELEVANT INFORMATION MAY INCLUDE THE  
 PRICE PAID BY WHOLESALERS OR OTHER THIRD-PARTY BUYERS, A PRICE  
 NEGOTIATED BY AN ORGANIZATION (SUCH AS THE CLINTON HEALTH ACCESS

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

INITIATIVE) FOR A PARTICULAR DRUG, OR OTHER SUCH REASONABLE BASIS.

CONTRIBUTIONS OF MEDICAL EQUIPMENT AND SUPPLIES ARE ALSO RECORDED AT ESTIMATED WHOLESALE VALUE BASED UPON APPROPRIATE PRICING INFORMATION ON THE SPECIFIC ITEM LISTED FOR SALE IN TRADE PUBLICATIONS, THROUGH ONLINE INTERNET PRICING GUIDES, AND THROUGH ITS OWN PROCUREMENT HISTORY WHEN PURCHASING. SUCH VALUATIONS TYPICALLY ARE SUBSTANTIALLY LOWER THAN PUBLISHED RETAIL PRICES. THE ORGANIZATION VERIFIES THE REASONABLENESS OF THIS DISCOUNTING METHODOLOGY ON AN ANNUAL BASIS. CONTRIBUTED MATERIALS, PROVIDED TO THE ORGANIZATION'S PARTNERS AROUND THE WORLD, ARE RECORDED AS AN EXPENSE AT THE SAME FAIR VALUE AS THEY WERE RECOGNIZED UPON RECEIPT AS REVENUE.

DIFFERENT PRICES OF SIMILAR PRODUCTS OR SERVICES IN DIFFERENT GEOGRAPHIC AREAS CAN CAUSE CONFUSION. THE SPECIFICS OF DIRECT RELIEF'S VALUATION METHODOLOGY ARE NOTED HERE IN RECOGNITION OF THE CONFUSION THAT CAN ARISE WITH REGARD TO THE VALUE OF CONTRIBUTED GOODS AND SERVICES.

ONE SOURCE OF CONFUSION STEMS FROM THE SIGNIFICANT PRICING (AND THEREFORE VALUATION) DIFFERENCES THAT EXIST IN DIFFERENT PARTS OF THE WORLD FOR SIMILAR PRODUCTS. WITH REGARD TO PHARMACEUTICAL PRODUCTS, SIGNIFICANT DIFFERENCES EXIST BETWEEN A BRANDED DRUG AND A GENERIC EQUIVALENT FORMULATION EVEN WITHIN THE SAME MARKET, INCLUDING THE U.S. BECAUSE DIRECT RELIEF OPERATES ON A GLOBAL SCALE, SUCH DIFFERENCES MUST BE CONSIDERED AND REFLECTED IN THE ACCOUNTING AND REPORTING OF CONTRIBUTIONS.

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

OF COURSE, SIMILAR PRICING AND VALUATION DIFFERENCES ALSO EXIST FOR OTHER COMMODITIES AND SERVICES BEYOND PHARMACEUTICALS. IN THE U.S., FOR EXAMPLE, THE COMMODITY OF WATER MAY BE THE EASIEST EXAMPLE, SINCE THE PRICE THAT IS PAID FOR THE SAME COMPOUND, H2O, RANGES FROM FREE IN A PUBLIC TAP TO SEVERAL DOLLARS FOR A "BRANDED" EQUIVALENT BOTTLED QUANTITY IN A HOTEL ROOM. BUT SIMILAR PRICING DIFFERENCES EXIST FOR SERVICES AS WELL. THE OUTSOURCING AND OFF-SHORING PHENOMENA REFLECT THAT EVEN HIGHLY SKILLED SERVICES--SURGERY, COMPUTER PROGRAMMING, RESEARCH CONDUCTED BY PH.D.S--ARE DONE AT VASTLY DIFFERENT PRICES IN DIFFERENT COUNTRIES.

DIRECT RELIEF'S INTERNAL PROCESSES, INFORMATION SYSTEMS, AND PUBLIC DISCLOSURES ENSURE THAT THESE DISTINCTIONS ARE CLEARLY DOCUMENTED AND THAT THE ORGANIZATION'S FINANCIAL REPORTING PRECISELY AND ACCURATELY REFLECTS THE FAIR MARKET VALUE OF THE SPECIFIC ITEMS RECEIVED THROUGH DONATION.

IF A LOW-COST GENERIC MEDICATION IS RECEIVED THROUGH DONATION, ITS VALUE IS PROPERLY RECORDED AS THAT OF THE GENERIC MEDICATION. IF A MORE EXPENSIVE BRANDED PRODUCT IS RECEIVED THROUGH DONATION, ITS VALUE IS SIMILARLY PROPERLY RECORDED AS THAT OF A BRANDED PRODUCT.

AS NOTED ABOVE, DIRECT RELIEF HAS LONG SOUGHT THE CONTRIBUTION OF NEEDED GOODS AND SERVICES TO USE FOR HUMANITARIAN PURPOSES BECAUSE OF THE EFFICIENCIES AND OTHER BENEFITS THAT RESULT. THE ORGANIZATION AND, MORE IMPORTANTLY, THE PEOPLE IT SERVES, BENEFIT FROM THE LOWEST-COST, MOST EFFICIENT USE OF RESOURCES. SO TOO DO FINANCIAL CONTRIBUTORS, SINCE THEIR FINANCIAL CONTRIBUTIONS ARE NOT BEING USED TO PURCHASE

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

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 \$199,765,711 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, 2022

CONSISTS OF THE FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A) 3,331,569

CURRENT YEAR APPROVED TRANSFERS 3,571,490

ACTUAL TRANSFERS TAKEN (3,351,569)

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2022: \$ 3,551,490

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

YEAR ARE CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

FY22 ACCRUED DONATED FREIGHT - UNUSED IN FY22 39,191.

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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <b>DIRECT RELIEF</b>	Employer identification number <b>95-1831116</b>
--------------------------------------------------	-----------------------------------------------------

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
DR PROPERTY 1, LLC - 81-3303673 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	OPERATES SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF	CALIFORNIA	0.	38,592,471.	DIRECT RELIEF
DIRECT RELIEF PUERTO RICO PMB 721 1353 AVE LUIS VIGOREAUX PUERTO RICO 00966	HUMANITARIAN	PUERTO RICO	0.	0.	DIRECT RELIEF

**Part II 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 organizations during the tax year.

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

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

Schedule R (Form 990) 2021

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIRECT RELIEF MEXICO - SEE PART VII	B	690,000.	CASH VALUE
(2) DIRECT RELIEF FOUNDATION - SEE PART VII	B	3,881,308.	CASH VALUE
(3) DIRECT RELIEF FOUNDATION - SEE PART VII	C	3,590,990.	CASH VALUE
(4)			
(5)			
(6)			



**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 MEXICO, A MEXICO CORPORATION THAT IS 100% OWNED BY DIRECT RELIEF. THE TOTAL TRANSFERS TO DIRECT RELIEF MEXICO FOR THE YEAR ENDED JUNE 30, 2022 WERE \$690,000.

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

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 (3):

FOR THE YEAR ENDED JUNE 30, 2022, 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.

DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM THE FOUNDATION ON AN ANNUAL BASIS. THE BALANCE DUE AS OF JUNE 30, 2022 CONSISTS OF THE FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A) 3,331,569

CURRENT YEAR APPROVED TRANSFERS 3,590,990

ACTUAL TRANSFERS TAKEN (3,371,069)

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2022 \$ 3,551,490

**Part VII Supplemental Information**

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

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

CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

Multiple horizontal lines for providing supplemental information.