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Form	990

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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



Α	For th	e 2021 calendar year, or tax year beginning JUL 1, 2021 and e	ending J	UN 30, 2022	
В	Check if applicab	C Name of organization		D Employer identifie	cation number
	Addre chang	e ^{SS} DIRECT RELIEF			
	Name chang			95-1831116	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Final return	6100 WALLACE BECKNELL ROAD		805-964-4767	
	termin ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,219,792,283.
	returr	SANTA BARBARA, CA 93117		H(a) Is this a group re	
	Appli tion pendi	F Name and address of principal officer: commune of finder		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) c$	or 527	1 '	list. See instructions
		te: WWW.DIRECTRELIEF.ORG	1	H(c) Group exemptio	
	orm o art I	f organization: X Corporation Trust Association Other ►	L Year	of formation: 1948	A State of legal domicile: CA
			ק שום חבי	THE AND ITVES OF	
e	1	Briefly describe the organization's mission or most significant activities: <u>IMPROVE</u> PEOPLE AFFECTED BY POVERTY OR EMERGENCY SITUATIONS.		LIN AND LIVES OF	
anc					
/ern	2	Check this box if the organization discontinued its operations or dispos			16
<u>S</u> o	3	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			10
~	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			130
ties	6	Total number of volunteers (estimate if necessary)			98
Activities & Governance	0 7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă	Ь р	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		······································		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,927,136,437.	2,217,825,794.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,560,850.	310,742.
ά.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		1,929,697,287.	2,218,136,536.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,730,993,420.	2,009,344,858.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\ _{.}$		14,900,375.	15,830,175.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25)			
Ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		157,561,140.	228,090,040.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,903,454,935.	2,253,265,073.
	19	Revenue less expenses. Subtract line 18 from line 12		26,242,352.	-35,128,537.
S OF			Be	ginning of Current Year	End of Year
Assets	20	Total assets (Part X, line 16)		992,717,205.	958,254,246.
etA	-	Total liabilities (Part X, line 26)		17,827,933.	18,673,493.
Ž	22 21	Net assets or fund balances. Subtract line 21 from line 20		974,889,272.	939,580,753.
	art II	Signature Block			

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

Sign	Signature of officer			Date		
Here	JONATHAN STEINER, VP OF FINANCE/C	CFO				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	LAUREN A. HAVERLOCK	Macal	01/19/23	3 self-employed	P00545829	
Preparer	Firm's name 🕒 MOSS ADAMS LLP			Firm's EIN 🕨 9	1-0189318	
Use Only	Firm's address 21700 OXNARD ST. STE 30	00				
	WOODLAND HILLS, CA 9136	7		Phone no.818-5	77-1900	
May the II	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990	(2021)

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	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	IMPROVE THE HEALTH AND LIVES OF PEOPLE AFFECTED BY POVERTY OR		
	EMERGENCY SITUATIONS BY MOBILIZING AND PROVIDING ESSENTIAL MEDICAL		
	RESOURCES NEEDED FOR THEIR CARE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		v
	prior Form 990 or 990-EZ?	Y	es X No
•	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 🔼 No
_	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	• •	
	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.		
		Form	n 990 (2021)
13200	2 12-09-21		

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ		5		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	---		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part is	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
U		11c		x
ا م	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-13		<u> </u>
16		1		x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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Part IV Checklist of Required Schedules (continued) Yes No. 22 Did the organization regord more than 55.000 of grants or that assistance to or for domestic individuals on Part X, for No. (No. 20 Y Yes, "complete Schedule Part and III) 23 X 24 Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5, about compensation or the organization scurent and former offices, directors, invalues, key employees, and highest comparation directors in Yes, "complete Schedule P and Yes," taxing and a the Docember 3, 102021 if "Yes," answer lines 240 line (complete) 24a X 24a Did the organization metal any pacced of tax-exempt bond issue with an outstanding principal amount of more than 5100.000 as of the taxing view," faut was assed after Docember 3, 102021 if "Yes," answer lines 240 line (complete) 24a X 24b Did the organization rest any pacced of tax-exempt bond issue with an outstanding principal amount of mere than 5100.000 as of the any tax-exempt bonds? 24a X 24d Sector 50(16), 50(4), 40(4), and 50(128) organization engene in a narx sector 50 mere 110000 metal of the sector 10 more, and the the transaction has not been reported on any of the organization sector 10 more, and the the transaction that any bene organization organization and the tax and or these person? If "Yes," complete Schedule L, Part I 25a X 25 Did the organization regord any anount on Part X, line 6 or 22, for receivables from organidbasched to, functer, Vuttake, key employee, core or 1	Form	990 (2021) DIRECT RELIEF	95-1831116	Р	age 4
22 Did the organization report more than \$3,000 of grants or other assistance to or for domestic individuals on Part X, fourther \$2000000000000000000000000000000000000	Pa	rt IV Checklist of Required Schedules (continued)			
Part K, column (A), line 27 (f 'Yes, ' complete Schedule (<i>Pert I and II</i>) 20 Dit the organization answer Yei's D fart VI. Schedule A, line 3, 4, 6 'S, abolt compensation of the organization summary and the state exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after Deamber 31, 2002 [f 'Yes,' answer lines 244 through 244 and complete Schedule (<i>P</i> Ves,' to 'organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after Deamber 31, 2002 [f 'Yes,' answer lines 244 through 244 and complete Schedule (<i>P</i> Ves,' to 'organization invest any proceeding of tax exempt bonds beyond a temporary period esception? 240 241 253 Section \$01(c)(3), 501(c)(4), and \$01(c)(2)(2) organizations. Dot the organization engage in an excess benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction with a disqualified period in a process benefit transaction error payabiles to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of method period p				Yes	No
22 Dot the enganization answer "res," to "part VI, Section A, line 3, 4, 6, 5, about compensation of the organization's current and former offices, directors, trustees, key symptoyees, and highest compensated employees? If "Yes," complete Schedule V, H" No," to part VI, Section 3, 2002 "If "Yes," answer lines 240 through 244 and complete Schedule V, H" No, "to the ZSA 240 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, it tax assissued after December 31, 2002 "If "Yes," answer lines 240 through 244 and complete Schedule V, H" No, "to the ZSA 241 Did the organization mixet any proceeds of tax-exempt bonds beyond a temporary period exception" 244 242 Did the organization mixet any proceeds of tax-exempt bonds are period exception" 244 243 Did the organization mixet any proceeds of tax-exempt bonds are provide a temporary period exception" 244 244 ZSA ZSA 245 Section 30(16)(23) 50(16)(4), 400(16)(4) organizations. Did the organization appoint in a prior year, and that the transaction with a disgualified person in a prior year, and that the transaction report any anound on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee,	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J. 424 Define organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue-and the December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K, If 'Ns,' go to line 25a. 426 Define organization mixes any proceeds of tax-exempt bonds beyond a temporary period exception? 426 Define organization mixes any an eacrow account of ther than a relinding escrew at any time during the year to define a any tax exempt bonds? 426 Define organization area and an eacrow account of ther than a relinding escrew at any time during the year? 427 Define organization area that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the regonalization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction and the organization prior Forma 900 or 900 E27 If 'Yes,' complete Schedule L, Part I 428 Define organization provide a grant or orbunder, substantial contributor or 39% controlled entity of nanity member of any or there person? If 'Yes,' complete Schedule L, Part I 429 Was the organization provide a grant or orbunder, age and selection controlled Part IV. 420 To the organization provide a grant or orbunder, substantial contributor? If 'Yes,' complete Schedule L, Part IV. 420 A ansite organization receive contributed met than 9 thereading and or organization described in the 28 or 2807 // 'Yes,' complete Schedule L, Part IV. 428 A anity member of any individual described in the 28 or 2807 // 'Yes,' complete Schedule L, Part IV. 429 A anity member of any individual described in the 28 or 2807 // 'Yes,' complete Schedule L, Part IV. 420 A anity complete Schedule L, Part IV. 421 A anity member of any individual described in the 28 or 2807 // 'Yes,' complete Schedule L, Part IV. 422 A a		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		Х	
Schedule / 23 X 44a Det no organization have a taxexempt bond issue with an outstanding principal amount of more than \$100,000 as of the state day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a X 24b Dott the organization maintain an escow account other than a refunding sectow at any time during the year to detease any tax-exempt bonds? 24b 24b 24b Dott the organization maintain an escow account other than a refunding sectow at any time during the year to detease any tax-exempt bonds? 24d 24d 25b Section 50(43), 501(44), and 501(42) organizations. Dot the organization acgie in an excess benefit transaction with a disqualified person during the year? 24d 25a 25b Is the organization avec that the transaction has not been reported on any of the organization or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these pensors? If "Yes," complete Schedule L, Part II. 26 X 27 Dott the organization approxement and exceptions? If "Yes," complete Schedule L, Part II. 26a X 28 A current orimer officer, trustee, key employee, creator or founder, substantial contributor? II Yes, "complete Schedule L, Part II. 26a X 29 D dt the organization neesth	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's of	urrent		
24a Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," <i>answer lines 21b through 24d and complete</i> 24a X b Dut the organization invest any proceeds of tax-exempt bond beyond a temporary period exception? 24b X b Dut the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c X 25a Section \$01(c)(3), 001(c)(4), and \$01(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior forms 990 of 9902? If "res," <i>complete Schedule</i> , <i>Part I</i> 22b X 25 Did the organization exports any amount on Part X. line 6 or 22, for receivables from or payables to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or 35% controlled entity of charge grant or than assistance to any current or former officer, director, trustes, key employee, creator or founder, substantial contributor, or any acceptible Schedule L, Part I 28 X 26 Ub the organization provide a grant or other assistance to any current or former officer, director, trustes, key employee, creator or founder, director, trustes, key employee, creator or founder, director, trustes, key employee, creator or founder, substantial contributor? If "xs," complete Schedule L, Part II 28 X 26 Ub the organization provide a grant or other assistance to any current or form		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	,		
lat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X b Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 24b X c Did the organization mixed any proceeds of tax exempt bonds beyond a temporary period exception? 24d X d Did the organization mixed any proceeds of tax exempt bonds outstanding at any time during the year? 24d X d Did the organization act as an "on behalf" of "sour for bonds outstanding at any time during the year? 24d X d Did the organization act as an "on behalf" of "sour for bonds outstanding at any time during the year? 24d X d Did the organization act as an "on behalf" of "sour for bonds outstanding at any time during the year? 25a X b Is the organization act as an "on behalf" of "sour for bonds outstanding at any time during the year? 25a X d Did the organization act as an "on behalf" of source source the organization application. The temporary period exception is a prior year, and that the transaction has not been reported on any of the organization's point forms 900 or 9002.27 if "Yes," complete Schedule L, Part II 25a X d Did the organization application application application application application application application application application temporary period exception forms offician (director trutiscian exception forms offician (director trutiscian exception forms offician (director) trutiscian (exception for forms) fille "Yes," complete Schedule L, Part II 26a				Х	<u> </u>
Schedule K. II 'No,' to to line 25g. 24a X D Dd the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d 24d 25 Becton 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d 24d 25 Becton 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 1/Yes,' complete Schedule L, Part I 25a 26 Db the organization avare that it engaged in an excess benefit transaction with a disqualified person during the year? 1/Yes,' complete Schedule L, Part I 25a X 27 Db the organization prote any amount on Fart X, line 5 or 22, lor receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thereof, a grant schee sections?) If 'Yes,' complete Schedule L, Part II 26a X 28 Was the organization provide thereof or annilly member of any roll these persons? If 'Yes,' complete Schedule L, Part II 27a X 28 Was the organization provide thereof thereof thereof these persons? If 'Yes,' complete Schedule L, Part IV 28a X 29 Was the organization receive thereof the any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV 28a X </td <td>24a</td> <td>Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a</td> <td>s of the</td> <td></td> <td></td>	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a	s of the		
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Yes, " complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? // / Yes, " complete Schedule M 30 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // * Yes, " complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? // * Yes, " complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // * Yes, " complete Schedule N, Part I 31 X 33 Did the organization nearchick or dissolve and cease operations? // * Yes, " complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? /f * Yes, " complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? // * Yes, " complete Schedule R, Part I, III, or IV, and Part V, line 1 35a Did the organization make a controlled entity within the meaning of section 512(b)(13)? 35a X 35a 35a Did the organization. Sold the organization make any transfers to an exempt non-charitable related organization? 36 X 36 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<>					
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
(gampling) winnings to prize winners?	Ū	(gambling) winnings to prize winners?		x	
132004 12-09-21 Form 990 (2021)	132004				(2021)

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Form	990 (2021) DIRECT RELIEF 95-183111	.6	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 130			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
a	If "Yes," enter the name of the foreign country SOUTH AFRICA, MEXICO			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5.		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
ъа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
L	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
		7b		
	It "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	- 10		
U	to file Form 8282?	7c		x
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.		0000	
132005	12-09-21 6	Form	990	(2021)

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	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.		1. 2.1	-
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management	<u></u>	<u></u>	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		x
- 7a				
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
a		8a	x	
b		8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	ĺ	x
Sec	stion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	J		
	(This Section B requests information about poincies not required by the internal Revenue Code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	103	x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
D.		10b	ĺ	
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a		
		40-	x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	x	-
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	x	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	x	
14	Did the organization have a written document retention and destruction policy?	14		
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?		v	
	The organization's CEO, Executive Director, or top management official	15a	X	
			х	
	Other officers or key employees of the organization	15b		
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b 16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	15b 16a		x
b 16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			x
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b 16a b <u>Sec</u> 17	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Extion C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	16a 16b	availa	
b 16a b <u>Sec</u> 17	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? extinn C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply.	16a 16b	availa	
b 16a b <u>Sec</u> 17	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Extin C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) 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)	16a 16b s only)		
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b 16a b <u>Sec</u> 17 18	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Exist 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) 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) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶ <u>DIRECT RELIEF, JONATHAN STEINER - 805-964-4767</u>	16a 16b s only)		
b 16a b <u>Sec</u> 17 18	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Exercised Section C. Disclosure 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3) for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (<i>explain on Schedule O</i>) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	16a 16b s only) d financ		ble

Form 990 (2	2021) DIRECT RELIEF	95-1831116	Page 7				
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st 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 Comple	te this table for all persons required to be listed. Report compensation for the calendar vear e	nding with or within the organization'	's tax vear.				

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.

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(16) EVAN MARWELL 5.00 0. <td>(15) JANE OLSON</td> <td>5.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(15) JANE OLSON	5.00									
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	(17) HARRY MCMAHON	5.00									
	COMMITTEE CHAIR	1.00	Х						0.	0.	0. Earm 990 (2021)

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Form 990 (2021) DIRECT RELIEF	1								95-18	3111	6	P	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Em	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i:	than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related			(F) stimate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fi org an	pensa rom th anizat d relat anizati	ie tion ted
(18) JAMES SELBERT	5.00												
COMMITTEE CHAIR	1.00	х						0.		٥.			٥.
(19) STEVE WEINTRAUB	5.00												
COMMITTEE CHAIR	1.00	Х						0.		0.			0.
(20) MARY DWYER	2.00												
DIRECTOR	1.00	Х						0.		0.			٥.
(21) STAYCE D. HARRIS	2.00												
DIRECTOR	1.00	Х						0.		0.			0.
(22) JAMES MCGONIGLE	2.00												
DIRECTOR	1.00	х						0.		0.			0.
(23) ANNALISA PIZZARELLO	2.00												
DIRECTOR	1.00	х						0.		0.			0.
(24) JAMIE RUFFING, PHD DIRECTOR	2.00	x						0.		٥.			0.
(25) TIM WERTNER	2.00	^	-					0.		<u> </u>			0.
DIRECTOR	1.00	x						0.		٥.			Ο.
	1,00							·.		••			••
1b Subtotal		1						2,678,645.		0.		296,	980.
c Total from continuation sheets to Part VI								0.		0.			٥.
d Total (add lines 1b and 1c)								2,678,645.		0.		296,	980.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable				
compensation from the organization													39
										,		Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	oyee	e, or	hig	hest compensated empl	loyee on				
line 1a? If "Yes," complete Schedule J for su											3		X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	-				-			-					
rendered to the organization? <i>If</i> "Yes," com	plete Schedule	e J fo	or si	ich r	oers	on .					5		X
Section B. Independent Contractors	nnoncotod inc		nda		tra	otor		at reasined mars than t	100.000 of comm		ion fr		
 Complete this table for your five highest cor the organization. Report compensation for t 	-									ensa	ION IN	חוכ	
(A)	ne calendar ye	sar e	nui	iy w				(B)				C)	
Name and business	address							Description of s	ervices	С		- nsatio	n
IRW CONCIERGE SERVICES, LUIS VIGOREAU	JX												
AVE, #1353 PMB 721, GUAYNABO, PUERTO								LEGAL SERVICES				470,	786.
GLOBAL EMERG RELIEF RECOVERY RECON													
126 N. WASHINGTON ST., WINCHESTER, VA	22601							LABOR - CONSTRUCTI	ON			329,	708.
CROWE LLP													
PO BOX 51660, LOS ANGELES, CA 90051								REPLENISHMENT PROG	RAM AUDITS			186,	000.
IHEARTMEDIA									Т				
PO BOX 406372, ATLANTA, GA 30384								MEDIA SERVICES - R	ADIO			185,	350.
MICROSOFT													
PO BOX 842103, DALLAS, TX 75284								SAP HOSTING SERVIC			_	157,	041.
2 Total number of independent contractors (ir		ot lin	nited	to t			ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation 🕨				14	ł							

Form			<u>.0</u> 21)	CT RELIE	F				95-183111	.6 Page 9
Par	rt VI		Statement of Rev	venue						
			Check if Schedule O c	ontains a	response	or note to any lir				X
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s, s	1 :	a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		1b		1			
Ω ^E			Fundraising events		1c					
ifts ar A			Related organizations		1d	3,590,990.				
s, G mils			Government grants (contri		1e					
ŝi			All other contributions, gifts,	-						
but			similar amounts not included		1f 2,	214,234,804.				
d Offi	9	g	Noncash contributions included in I		1g \$ ² ,	047,633,706.				
ano	I	h	Total. Add lines 1a-1f			►	2,217,825,794.			
						Business Code				
ø	2 8	а								
Β	I	b								
Se	C	С								
am eve	0	d								
Program Service Revenue		е								
۲ ۲	1		All other program service r							
	9	g	Total. Add lines 2a-2f							
	3		Investment income (includ	-						
			other similar amounts) \dots				310,742.			310,742
	4		Income from investment o							
	5		Royalties) Real					
	_) Real	(ii) Personal	4			
			Gross rents	6a			-			
			Less: rental expenses	6b			-			
			Rental income or (loss)	6c		L				
			Net rental income or (loss)		ecurities	(ii) Other				
	1 8	а	Gross amount from sales of		55,747.		-			
		h	assets other than inventory Less: cost or other basis	7a 1,6			-			
e			and sales expenses	7b 1,6	55,747.					
venue			Gain or (loss)	70 <u>-</u> , 0 7c	0.		-			
0			Net gain or (loss)				0.			
Other R			Gross income from fundraisir				-			
Ę	0.		including \$							
Ŭ			contributions reported on		· I					
			Part IV, line 18	-						
	ł	b	Less: direct expenses							
			Net income or (loss) from t			►				
			Gross income from gaming							
			Part IV, line 19							
	ł	b	Less: direct expenses							
	(С	Net income or (loss) from	gaming act	tivities	►				
	10 a	а	Gross sales of inventory, le	ess returns	s					
			and allowances				-			
			Less: cost of goods sold							
\rightarrow	(С	Net income or (loss) from s	sales of inv	entory					
s						Business Code				
eor	11 a									
Miscellaneous <u>Revenue</u>	ł	b								
Scel	(с								
Μi	(All other revenue							
		e	Total. Add lines 11a-11d Total revenue. See instructio				2,218,136,536.	0.	0.	310,742.
	12									I JIV,/#4.

DIRECT RELIEF

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	239,458,539.	239,458,539.		
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22	19,500.	19,500.		
3	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.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
0	trustees, and key employees	1,789,135.	670,675.	793,174.	325,286
6	Compensation not included above to disqualified	_,,	,		,
0					
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	11,367,373.	7,769,105.	1,989,286.	1,608,982
7	Other salaries and wages	11,307,373.	7,705,105.	1,909,200.	1,000,902
8	Pension plan accruals and contributions (include	173 EGE	220 022	75 206	60 340
_	section 401(k) and 403(b) employer contributions)	473,595.	328,923.	75,326.	69,346
9	Other employee benefits	1,354,944.	997,010.	157,960.	199,974
0	Payroll taxes	845,128.	554,525.	165,551.	125,052
1	Fees for services (nonemployees):				
а	Management				
b	Legal	28,415.	1,294.	27,121.	
С	Accounting	152,403.	20,220.	128,753.	3,430
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	5,312,500.	4,554,756.	545,599.	212,145
2	Advertising and promotion	391,068.	159,317.	105,185.	126,566
3	Office expenses	170,490.	111,275.	36,825.	22,390
4	Information technology	414,514.	306,774.	30,598.	77,142
5	Royalties				
16	Occupancy	823,204.	751,604.	44,254.	27,346
7	Travel	354,754.	306,421.	40,833.	7,500
8	Payments of travel or entertainment expenses	,	,	,	
.0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	138,098.	71,588.	52,890.	13,620
		221,044.	206,662.	8,344.	6,038
20	Interest	,•		-,	0,000
21 20	Payments to affiliates	1,433,638.	1,321,154.	65,567.	46,917
2	Depreciation, depletion, and amortization	936,614.	468,954.	352,600.	115,060
3		550,014.	400,554.	552,000.	115,000
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)		100 565 511		
а	INVENTORY ADJ-SEE SCH O	199,765,711.	199,765,711.		
b	FREIGHT & TRANSPORT.	13,814,161.	13,814,161.		
С	SUPPLIES	1,187,058.	1,062,218.	91,026.	33,814
d	DUES AND SUBSCRIPTIONS	753,644.	377,749.	140,104.	235,791
е	All other expenses	2,192,724.	1,177,552.	1,009,204.	5,968
5	Total functional expenses. Add lines 1 through 24e	2,253,265,073.	2,244,142,506.	5,860,200.	3,262,367
6	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)				

DIRECT RELIEF

		Check if Schedule O contains a response or not	e to any	line in this Part X			X
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,183,054.	1	8,017,704.
	2	Savings and temporary cash investments	179,236,886.	2	225,620,451.		
	3	Pledges and grants receivable, net			6,502,578.	3	9,172,237.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	tantial co	ontributor, or 35%			
		controlled entity or family member of any of these persons				5	
	6	Loans and other receivables from other disqualified persons (as defined					
		under section 4958(f)(1)), and persons described	d in sect	ion 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			800,264.	7	890,174.
Assets	8	Inventories for sale or use			747,666,649.	8	656,509,104.
As	9				8,043,498.	9	8,384,796.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D	10a	50,656,309.			
	b	Less: accumulated depreciation		11,076,271.	40,495,402.	10c	39,580,038.
	11	Investments - publicly traded securities			0.	11	79,000.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	3,788,874.	15	10,000,742.		
	16	Total assets. Add lines 1 through 15 (must equ			992,717,205.	16	958,254,246.
	17	Accounts payable and accrued expenses	9,624,181.	17	6,314,228.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	ner office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	tantial co	ontributor, or 35%			
iabi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	s 17-24).	Complete Part X			
		of Schedule D		L	8,203,752.	25	12,359,265.
	26	Total liabilities. Add lines 17 through 25			17,827,933.	26	18,673,493.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27			······ -	826,526,765.	27	757,271,709.
Ba	28	Net assets with donor restrictions		····· _	148,362,507.	28	182,309,044.
Fund Balances		Organizations that do not follow FASB ASC 9	58, che	ck here 🕨 📃			
ř		and complete lines 29 through 33.					
្តរ	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ec	quipmen	t fund		30	
Net Assets or	31	Retained earnings, endowment, accumulated in				31	
Ne	32	Total net assets or fund balances			974,889,272.	32	939,580,753.
	33	Total liabilities and net assets/fund balances .			992,717,205.	33	958,254,246.

Form **990** (2021)

Form	1990 (2021) DIRECT RELIEF	95-1831	116	Pa	_{qe} 12
	rt XI Reconciliation of Net Assets				4
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,218,	,136,	536.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,253	,265,	073.
3	Revenue less expenses. Subtract line 2 from line 1	3	-35	,128,	537.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	974	,889,	272.
5	Net unrealized gains (losses) on investments	5	-	-224,	225.
6	Donated services and use of facilities	6		5,	052.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		39,	191.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	939	,580,	753.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			_
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021

Open to Public

Inspection

Nam	e of t	he organization						Employer	identification number	
			RELIEF						95-1831116	
Pa	τI	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.								
The o	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)				
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative					-			
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for		lege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in	
-		section 170(b)(1)(A)(iv). (C					<i>,</i> ,			
6	v	A federal, state, or local gov	•							
7	X	An organization that norma	-	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in	
•		section 170(b)(1)(A)(vi). (C		(1)(A)(ui) (Complete Der	+ II \					
8 9		A community trust describe			-	ad in aanii	unation with a	land grant		
9		An agricultural research org or university or a non-land-g				-		-	-	
		university:	grant concyc or agrici			name, eny	, and state of	the conege		
10		An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membersh	ip fees, and	d aross receipts from	
		activities related to its exem								
		income and unrelated busir		-					-	
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) c	or section	509(a)(2).	See section	509(a)(3). (Check the box on	
	_	lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga		-	•	-				
		the supported organization			i majority c	of the direc	tors or truste	es of the su	upporting	
		organization. You must o	-							
b		Type II. A supporting org	-				-		-	
		control or management o			ame perso	ns that col	ntrol or manag	ge the supp	oortea	
~		organization(s). You mus Type III functionally inte	-		in connoct	ion with	and functional	ly intograte	od with	
С	L	its supported organization						iy integrate	a with,	
d		Type III non-functionally		-				ted organiz	zation(s)	
	L	that is not functionally int						-		
		requirement (see instructi			•		-			
е		Check this box if the orga						II, Type III		
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
<u> </u>		vide the following information			(iv) Is the orga	nization listed				
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	Support (See ii	istructions)		
Tota										
									L	

Schedule A	Form 990) 2021

DIRECT RELIEF

Page 2

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

See	ction A. Public Support	-					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1231064403.	1432612920.	1998070429.	1927017337.	2217825794.	8806590883.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1231064403.	1432612920.	1998070429.	1927017337.	2217825794.	8806590883.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4725780482.
6	Public support. Subtract line 5 from line 4.						4080810401.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1231064403.	1432612920.	1998070429.	1927017337.	2217825794.	8806590883.
8	Gross income from interest,						-
Ŭ	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.
٥	Net income from unrelated business		_,,	-,,,,,	,		-,,
9							
	activities, whether or not the	5,060.					5,060.
40	business is regularly carried on	5,000.					5,000.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						8810147431.
	Total support. Add lines 7 through 10					40	001014/451.
12	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for th						
500	organization, check this box and stor ction C. Computation of Publi		contago				
				olumn (f))		44	46.32 %
	Public support percentage for 2021 (I		•	.,,		14 15	
15							/0
108	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies		-			ar mara abaali thi	
	33 1/3% support test - 2020. If the c						
47	and stop here. The organization qual		••••••				
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	vi now the organiz	ation
_	meets the facts-and-circumstances te	-					
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						. —
	organization meets the facts-and-circu				•		
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	

Schedule A (Form 990) 2021

132022 01-04-22

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.)

See	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and stop here	-					
See	ction C. Computation of Publi	<u>c Support Per</u>	centage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
See	ction D. Computation of Inves						
17	Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar	-	•		••••		▶∟
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						tion L
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins		
1320	23 01-04-22		16	5		Sched	lule A (Form 990) 2021

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2021

Yes No

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

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

132024 01-04-21

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supported organization of any supported organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	otruction		
2	Activities Test. Answer lines 2a and 2b below.	Struction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
132025	5 01-04-22 Schedul	A (Forr	n 990)	2021

DIRECT RELIEF

Schedule A (Form 990) 2021

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95-1831116

Page 5

chedule A (Form 990) 2021 DIRECT RELIEF Part V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Organi	zations	95-1831116 Pa
1 Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructio
All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Section A - Adjusted Net Income		(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 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 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 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			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 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	lly integrated	Type III supporting orga	anization (see

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Sche	dule A (Form 990) 2021 DIRECT RELIEF				95-1831116	Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	led)		
Sect	ion D - Distributions				Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
-						

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	DIRECT	RELIEF	95-1831116	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	2, 3b, 3c, lines 2 and	Provide the explanations required by Part II, line 10; Part II, line 17a or 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V t V, Section E, lines 2, 5, and 6. Also complete this part for any additio	and 2; Part IV, Section /, Section B, line 1e; Pa	C,
132028 01-04-2	2			Schedule A (Form 9	90) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

* *	PUBLIC	DISCLOSURE	COPY	* *
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Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

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Name of the organization		Employer identification number	
	DIRECT RELIEF	95-1831116	
Organization type (che	ck one):		
Filers of:	Section:		
Form 990 or 990-EZ	X 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 organizat	on is covered by the General Rule or a Special Rule.		
	11(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.	
General Rule			
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin any one contributor. Complete Parts I and II. See instructions for determining a contributo		
Special Rules			
sections 509(a contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a uring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (D-EZ, line 1. Complete Parts I and II.	nd that received from any one	
•	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fron Iring the year, total contributions of more than \$1,000 exclusively for religious, charitable, s	•	

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).

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

Schedule B (Form 990) (2021)

	B (Form 990) (2021)		Page 2
Name of or	rganization	Emp	loyer identification number
DIRECT R	ELIEF		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		\$646,929,961.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$222,684,733.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$186,403,517.	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$140,765,339.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$122,975,621.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$89,436,271.	Person X Payroll Noncash X (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

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	B (Form 990) (2021)		Page 2
Name of o	rganization	Em	ployer identification number
DIRECT F	RELIEF		95-1831116
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$51,973,795.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$53,834,802.	Person Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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Schedule I	B (Form 990) (2021)			Page 3
Name of o	rganization		Employ	yer identification number
DIRECT F	RELIEF		95	5-1831116
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is neede	d.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
1	PHARMACEUTICALS, MEDICAL SUPPLIES	_		
		\$646,727	,029.	07/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
2	PHARMACEUTICALS, MEDICAL EQUIPMENT	-		
		\$\$,035.	07/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	PHARMACEUTICALS	_		
3		\$186,403	,517.	07/07/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	-	(d) Date received
	PHARMACEUTICALS	_		
4		-		
		\$ 140,179	,195.	07/06/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
5	PHARMACEUTICALS, MEDICAL SUPPLIES	_		
5		\$122,975	,621 .	07/02/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions		(d) Date received
	PHARMACEUTICALS	-		
6		_ _ \$ 89,235	271	07/01/21
		\$\$9,235	,	

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Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)			Page 3
Name of o	rganization		Employer ic	lentification number
DIRECT F	RELIEF		95-18	31116
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	1.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL EQUIPMENT	-		
7		- - - \$\$51,973,	795	11/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
8	PHARMACEUTICALS, MEDICAL SUPPLIES	-		
		- - - \$\$53,834,	802	07/16/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		- - - - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		- - - - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		- - - - \$\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions		(d) Date received
		- - - \$		

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Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)
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ame of or	ganization		Employer identification number		
IRECT RE	ELIEF		95-1831116		
Part III	Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns	utions to organizations described in sec	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the ye		
	completing Part III, enter the total of exclusively religious	charitable, etc., contributions of \$1,000 or le	ess for the year. (Enter this info. once.) \$		
-) NL -	Use duplicate copies of Part III if additiona	al space is needed.			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	.,				
		(e) Transfer of gift			
		., _			
L	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
L					
Γ		(e) Transfer of gift			
F	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee		
a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
	(e) Transfer of gift				
	Transferee's name, address,	and ZID : A	Polotionship of transferer to transferes		
F			Relationship of transferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Part I	(2) - 2	(-,	(
			[
┝		(e) Transfer of gift	1		
		and ZIP + 4	Relationship of transferor to transferee		
	Transferee's name, address.				
-	Transferee's name, address,				
-	Transferee's name, address,				
-	Transferee's name, address,				

SCHEDULE [)
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Department of the Treasury

Internal Revenue Service

(Form 990)	
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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. to to www.irs.gov/Form990 for instructions and the latest information s and the latest information.

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service	GO LO W	ww.irs.gov/Formaao	TOP INSULUCTIONS
Name of the organization	n		

Employer identification number

	DIRECT RELIEF		95-1831116
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor of		•
Par		nanization answered "Yes" on Form 990 Part IV	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (for example, recrea		prically important land area
	Protection of natural habitat	Preservation of a certi	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a co	psonution assement on the last
2	day of the tax year.		Held at the End of the Tax Year
-			
a ⊾	Total number of conservation easements		2a
b			2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired a	-	
~	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the organi.	zation during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conservatio	in easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation eas	sements during the year
•			
8	Does each conservation easement reported on line 2(d) abov		
~			
9	In Part XIII, describe how the organization reports conservati	-	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements the	at describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Other S	imilar Accets
T ai			initial Assets.
4	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	· ·	
	of art, historical treasures, or other similar assets held for pul		
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95	· · · ·	
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
-			
2	If the organization received or held works of art, historical tre		provide
	the following amounts required to be reported under FASB A	-	N
a	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021
132051	10-28-21		

Sche	dule D (Form 990) 2021 DIRECT RELI					5-1831116	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar As	ssets _{(conti}	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant use o	ofits		
	collection items (check all that apply):			Ū	C			
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е		0 1 0				
с	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpose in	Part XIII.		
5	During the year, did the organization solicit o							
•	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arrange							1110
	reported an amount on Form 990, Par		to in the organizatio					
10	Is the organization an agent, trustee, custodi		any for contribution	or other assets no	at included			
Ia						Yes		No
Ь	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							
D			owing table.			Amour		
	De sienie a belen ee					Amou		
	Beginning balance							
	Additions during the year							
-	Distributions during the year							
f	Ending balance				1 f			1
	Did the organization include an amount on Fe				• · · · · · · · · · · · · · · · · · · ·	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>		
Par	t V Endowment Funds. Complete i							
		(a) Current year	(b) Prior year	(c) Two years back		. ,	-	
1a	Beginning of year balance	62,341,309.	34,600,273.	36,975,634			,521,	
b	Contributions	15,081.	21,313,784.	, ,			384,9	
С	Net investment earnings, gains, and losses	-82,761.	10,021,573.		. 2,236,	006. 2	,233,2	294.
d	Grants or scholarships	3,571,490.	3,208,883.	2,687,197	. 1,099,	626. 3	,177,2	271.
е	Other expenditures for facilities							
	and programs			6,919,743	•			
f	Administrative expenses		385,438.	270,021	. 222,	451.	203,8	875.
g	End of year balance	58,702,139.	62,341,309.	34,600,273	. 36,975,	634. 27	,758,8	883.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	100	%					
b	Permanent endowment .0000	%	_					
с	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c show							
3a	Are there endowment funds not in the posse		tion that are held ar	nd administered for	the organization	ı		
	by:	5			5		Yes	No
	(i) Unrelated organizations					3a(i)		Х
	(ii) Related organizations						X	
h	If "Yes" on line 3a(ii), are the related organizations						х	
1	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm	<u>u</u>	vinent lunus.					
	Complete if the organization answere		Part IV line 11a S	ee Form 990 Part	X line 10			
	Description of property	(a) Cost or of basis (investm	• • •		Accumulated	(d) Boo	ok value	3
	Land		,	. ,	depreciation		705 (
	Land			,705,985.	2 150 150		,705,9	
	Buildings		32	,241,977.	3,159,159	• 29	,082,8	этα.
	Leasehold improvements			0.62.050	0.000.000		0.0.0	0.5.0
	Equipment			,863,958.	2,963,002		900,9	
	Other			,844,389.	4,954,110		890,2	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part)	K. column (B), line 1	0 <u>c.)</u>	🕨		,580,0	
					Sch	edule D (Forr	n 990)	2021

14590119 146892 6294230

Complete if the organization answered "Yes"			
(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)			
otal. (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 voor morkot voluo
	(D) DOOK Value	(c) Method of Valuation. Cost of end-	OFyear market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 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.	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OTHER CURRENT LIABILITIES			9,729,56
(3) ACCRUED PAYROLL EXPENSES			2,629,70
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) lin	. 05)		12,359,265

Total (Column (b) must equal Form 390, Fait A, Col. (b) line 23.)

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 DIRECT RELIEF				831116	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,221,	023,125.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments		-224,225.			
b	Donated services and use of facilities		3,130,314.			
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		906,089.
3	Subtract line 2e from line 1			3	2,218,	117,036.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	19,500.			
С	Add lines 4a and 4b			4c		19,500.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5		136,536.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Returr	۱.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total expenses and losses per audited financial statements			1	2,256,	331,645.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	3,086,072.			
b	Prior year adjustments					
с	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	З,	086,072.
3	Subtract line 2e from line 1			3	2,253,	245,573.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	19,500.			
	Add lines 4a and 4b			4c		19,500.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	2,253,	265,073.
Pa	t XIII Supplemental Information.					
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV. lines 1b a	and 2b: Part V. line 4	: Part X	. line 2: Part	XI.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,	-,,	,
PAR	V, LINE 4:					
	,					
BOAT	D DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION MAINTAINS	CUSTODY OF				
тне	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

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Schedule D (Form 990) 2021

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTERCOMPANY REIMBURSEMENT

19,500.

19,500.

Schedule D (Form 990) 2021

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132071 12-20)-21	
14590119	146892	6294230

0

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

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Statement of Activities Outside the United States

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

Attach to Form 990.

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

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

1	For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes 🗌 No
2	-	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and other assistance outs	side the
	United States.					
3				an be duplicated if additional space is n		
	(a) Region	(b) Number of offices	(c) Number of employees,	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total expenditures
		in the region	agents, and	(by type) (such as, fundraising, pro- gram services, investments, grants to	is a program service, describe specific type	for and
		in the region	contractors	recipients located in the region)	of service(s) in the region	investments in the region
			in the region			
CEN	FRAL AMERICA AND					
	CARIBBEAN			GRANTMAKING		1,411,674.
EAS	F ASIA AND THE					
PAC	IFIC			GRANTMAKING		145,712.
	OPE (INCLUDING					
	LAND AND					
GREI	ENLAND)			GRANTMAKING		13,669,800.
MTD	DLE EAST AND					
	TH AFRICA			GRANTMAKING		56,000.
NOK.	IN AFRICA			GRANIMARING		50,000.
NOR	TH AMERICA					
(CAI	NADA AND MEXICO)			GRANTMAKING		690,000.
RUS	SIA AND					
NEIC	GHBORING STATES			GRANTMAKING		400,000.
COIT	TH AMERICA			GRANTMAKING		50,000.
500.	IN AMERICA			GRANIMARING		50,000.
SOU	TH ASIA			GRANTMAKING		3,594,618.
3 a	Subtotal	0	0			20,017,804.
	Total from continuation					
	sheets to Part I	0	0			1804295074.
~	Totals (add lines 3a					

and 3b)

1824312878.

Schedule F (Form 990) 2021



Employer identification number

95-1831116

Department of the Treasury Internal Revenue Service

DIRECT RELIEF

SCHEDULE F (Form 990)

Name of the organization

Form 990, Part IV, line 14b.

Part I Continuation	on of Activities	s per Region	(Schedule F (Form 990), Part I, line 3	3)	
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			GRANTMAKING		1,135,027
				COORDINATION OF MEDICAL	
				SUPPORT TO DOCTORS AND	
NORTH AMERICA				MEDICAL CLINICS IN	
CANADA AND MEXICO)	1	1	PROGRAM SERVICES	MEXICO	3,080
				COORDINATION OF MEDICAL	
				SUPPORT TO DOCTORS AND	
				MEDICAL CLINICS IN	
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	AFRICA	77,659
				COORDINATION OF MEDICAL	
				SUPPORT TO DOCTORS AND	
				MEDICAL CLINICS IN SOUTH	
OUTH AMERICA		1	PROGRAM SERVICES	AMERICA	25,886
				COORDINATION OF MEDICAL	
				SUPPORT TO DOCTORS AND	
ENTRAL AMERICA AND				MEDICAL CLINICS IN THE	
HE CARIBBEAN		3	PROGRAM SERVICES	BAHAMAS AND HAITI	141,082
				COORDINATION OF MEDICAL	
				SUPPORT TO DOCTORS AND	
SOUTH ASIA		1	PROGRAM SERVICES	MEDICAL CLINICS IN INDIA	44,962
				COORDINATION OF MEDICAL	
UROPE (INCLUDING				SUPPORT TO DOCTORS AND	
CELAND AND				MEDICAL CLINICS IN THE	
REENLAND)		1	PROGRAM SERVICES	BALKANS	89,826
				COORDINATION OF MEDICAL	
				SUPPORT TO DOCTORS AND	
AST ASIA AND THE				MEDICAL CLINICS IN ASEAN	
ACIFIC	1	2	PROGRAM SERVICES	REGION	99,572
				COORDINATION OF MEDICAL	
				SUPPORT TO DOCTORS AND	
RUSSIA AND				MEDICAL CLINICS IN	
EIGHBORING STATES		1	PROGRAM SERVICES	UKRAINE	7,766
				PROVISION OF	
CENTRAL AMERICA AND				PHARMACEUTICALS, MEDICAL	
THE CARIBBEAN			GRANTMAKING	EQUIPMENT, AND SUPPLIES	113,920,158
Totals					

132181 04-01-21

Schedule F (Form 990) Part I Continuatio	DIRECT RELIE		. (Schedule F (Form 990), Part I, line 3	95-1831116	Page
(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				PROVISION OF PHARMACEUTICALS, MEDICAL	
PACIFIC			GRANTMAKING	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.
Totals	•				1804295074

132181 04-01-21 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	HAITI EARTHQUAKE					
		AND THE CARIBBEAN	-	460,000.	WIRE	0.		
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		81 403.	EQUIPMENT	PURCHASED PRICE
						,	x	
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		82,998.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		٥.		86,025.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		94,730.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		103 680.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
								ESTIMATED
		CENTRAL AMERICA					PHARMACEUTICALS,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		135,339.	OTHER, EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		136,011.	EQUIPMENT	PURCHASED PRICE
2 Enter total number of	recipient organization	ns listed above that are r	recognized as charities by the f	foreign country,	recognized as a tax	-		
	-	-	or counsel has provided a sect	tion 501(c)(3) equ	uivalency letter	►		246
3 Enter total number of	other organizations of	or entities				🕨		190

Schedule F (Form 990) 2021

chedule F (Form 990)	DIRECT :				95-1833			Page
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	T
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.			, MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS, MEDICAL SUPPLIES.	ESTIMATED
		AND THE CARIBBEAN		0.			EQUIPMENT	WHOLESALE PRICE PURCHASED PRICE
		AND THE CARIBBEAN		0.		102,491.	EQUIPMENI	FORCHASED PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		168,215.	EQUIPMENT	WHOLESALE PRICE
		CENTRENT AMERICA					PHARMACEUTICALS,	ECUTNATED
		CENTRAL AMERICA AND THE CARIBBEAN		0.			MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRIC
		AND THE CARIDDEAN		0.		100,041.	EQUITMENT	
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		175,200.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		186,735.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA					PHARMACEUTICALS, MEDICAL SUPPLIES.	ESTIMATED
		AND THE CARIBBEAN		0.		189 191	EQUIPMENT	WHOLESALE PRICE
				<u>.</u>		105,151.		
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		207,740.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		CENTRAL AMERICA					PHARMACEUTICALS,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		212 157	, MEDICAL SUPPLIES	PURCHASED PRICE

chedule F (Form 990)	DIRECT			Page 2				
	f Grants and Other	Assistance to Organizat	ions or Entities Outside the	United States.	(Schedule F (Form 9		1) I	T
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		218,794.	EQUIPMENT	WHOLESALE PRIC
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRIC
		AND THE CARIBBEAN		0.		263,728.	, EQUIPMENT	PURCHASED PRIC
							PHARMACEUTICALS	ESTIMATED
		CENTRAL AMERICA					, MEDICAL SUPPLIES,	WHOLESALE PRIC
		AND THE CARIBBEAN		0.		271,541.	, EQUIPMENT	PURCHASED PRIC
								ESTIMATED
		CENTRAL AMERICA						WHOLESALE PRIC
		AND THE CARIBBEAN		0.		71,098.	MEDICAL SUPPLIES	PURCHASED PRIC
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES	WHOLESALE PRIC
		AND THE CARIBBEAN		0.		284,732.	EQUIPMENT	PURCHASED PRIC
		CENTRAL AMERICA AND THE CARIBBEAN		0.		65 844	EQUIPMENT	PURCHASED PRIC
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		50,614.	PHARMACEUTICALS	WHOLESALE PRIC
						,		
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		5,015.	EQUIPMENT	PURCHASED PRIC
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		6,441.	MEDICAL SUPPLIES	WHOLESALE PRIC

Schedule F (Form 990)	DIRECT	RELIEF			95-1833	L116		Page 2
Part II Continuation	of Grants and Other	Assistance to Organizat	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
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						ESTIMATED
		AND THE CARIBBEAN		0.		6,660.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		8 793	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
				•••		0,755.		
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		10,418.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		11,714.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		14,132.	MEDICAL SUPPLIES	WHOLESALE PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		18,466.	MEDICAL SUPPLIES	PURCHASED PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		26,408.	OTHER	WHOLESALE PRICE
		CENTRAL AMERICA		0		26 409	OWNED	ESTIMATED
		AND THE CARIBBEAN		0.		26,408.		WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		26,408.	OTHER	ESTIMATED WHOLESALE PRICE
				U.		20,400.		Pinopinon inite

chedule F (Form 990)	DIRECT	RELIEF			95-1833	1116		Page 2
Part II Continuation	of Grants and Other	Assistance to Organizat	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		٥.		26,514.	, EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		26,585.	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA						WHOLESALE PRICE
		AND THE CARIBBEAN		0.		26,649.	OTHER, EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		28,431.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		28,814.	, EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		30,451.	, EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA						WHOLESALE PRICE
		AND THE CARIBBEAN		0.		33,693.	OTHER, EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.			EQUIPMENT	WHOLESALE PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		56,859.	EQUIPMENT	PURCHASED PRICE

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Part II Continuation	of Grants and Other	Assistance to Organizat	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		357,784.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		244,595.	PHARMACEUTICALS	ESTIMATED WHOLESALE 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 WHOLESALE PRICE PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,166,131.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICI PURCHASED PRICI
		CENTRAL AMERICA AND THE CARIBBEAN		0.		389,205.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICI PURCHASED PRICI
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,307,620.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		3,231,963.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		3,481,112.		ESTIMATED WHOLESALE PRICE PURCHASED PRICE

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	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.			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.		

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Part II Continuation o		Assistance to Organiza	tions or Entities Outside the	United States.				(i) Mathead of	
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	valuation (book, FM	
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE RELIEF & RECOVERY	50,000.	WTRE	0.			
		CENTRAL AMERICA							
			HAITI EARTHQUAKE RELIEF & RECOVERY	95,000.	WIRE	0.			
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE	150,000.	WIDE	0.			
			KEDIEF & KECOVERT	130,000.	MIRE	••			
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI EARTHQUAKE	200,000.	MTDE	0.			
		AND THE CARIBBEAN	RELIEF & RECOVERY	200,000.	WIKE	0.			
		CENTRAL AMERICA	HAITI EARTHQUAKE	450.000					
		AND THE CARIBBEAN	RELIEF & RECOVERY	450,000.	MIKE	0.			
							PHARMACEUTICALS,	ESTIMATED	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRIC	
		AND THE CARIBBEAN		0.		6,969,238.	EQUIPMENT	PURCHASED PRIC	
							PHARMACEUTICALS,	ESTIMATED	
		CENTRAL AMERICA					MEDICAL SUPPLIES,		
		AND THE CARIBBEAN		0.		1,774,895.	EQUIPMENT	PURCHASED PRIC	
							PHARMACEUTICALS,	ESTIMATED	
		CENTRAL AMERICA					MEDICAL SUPPLIES,		
		AND THE CARIBBEAN		0.		2,170,582.	,		
							PHARMACEUTICALS,		
							OTHER, MEDICAL	ESTIMATED	
		CENTRAL AMERICA				1 200 700	SUPPLIES,	WHOLESALE PRIC	
		AND THE CARIBBEAN		0.		1,398,762.	EQUIPMEN.L	PURCHASED PRIC	

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Part II Continuation	of Grants and Other	Assistance to Organizat	ions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	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 WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		472,640.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		524,575.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		634,032.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,445,850.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		675,184.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		751,569.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		769,544.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		779,048.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

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Part II Continuat	tion of Grants and Other	Assistance to Organizat	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organiza	ation (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
							PHARMACEUTICALS,	
		CENTRAL AMERICA					OTHER, MEDICAL	ESTIMATED
		AND THE CARIBBEAN		0.		637,588.	, SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		941,603.	EQUIPMENT	PURCHASED PRICE
		CENTERAL AMERICA					PHARMACEUTICALS,	
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,002,237.	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE
		AND THE CARIBBEAN		0.		1,002,237.	EQUIT MENT	WHOLESALE TRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		1,063,132.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		1,139,454.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES	WHOLESALE PRICE,
		AND THE CARIBBEAN		٥.		1,190,726.	, EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA						WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		1,223,625.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		1,226,650.	,	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA						WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		1,311,366.	EQUIPMENT	PURCHASED PRICE

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States. (Schedule F (Form 990), Part II, line 1)			1)	1	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)	
							PHARMACEUTICALS,		
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED	
		AND THE CARIBBEAN		Ο.		1,354,727.	,	WHOLESALE PRICE	
		CRAMEDAL AMEDICA						ESTIMATED	
		CENTRAL AMERICA		0			PHARMACEUTICALS,	WHOLESALE PRICE	
		AND THE CARIBBEAN		0.		119,255.	MEDICAL SUPPLIES	PURCHASED PRICE	
							PHARMACEUTICALS,		
		EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED	
	_	PACIFIC		0.		475,267.	EQUIPMENT	WHOLESALE PRICE	
							PHARMACEUTICALS	ESTIMATED	
		EAST ASIA AND THE					MEDICAL SUPPLIES,	WHOLESALE PRICE	
		PACIFIC		0.		456,974.	EQUIPMENT	PURCHASED PRICE	
						,	~		
							PHARMACEUTICALS,		
		EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED	
		PACIFIC		٥.		417,718.	EQUIPMENT	WHOLESALE PRICE	
							PHARMACEUTICALS,		
		EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED	
		PACIFIC		0.		369,805.	, EQUIPMENT	WHOLESALE PRICE	
		EAST ASIA AND THE						ESTIMATED	
		PACIFIC		0.		17,553.	PHARMACEUTICALS	WHOLESALE PRICE	
		EAST ASIA AND THE						ESTIMATED	
		PACIFIC		0.		130,333.	MEDICAL SUPPLIES	WHOLESALE PRICE PURCHASED PRICE	
						,			
								ESTIMATED	
		EAST ASIA AND THE					MEDICAL SUPPLIES,	WHOLESALE PRICE	
		PACIFIC		0.		34,643.	EQUIPMENT	PURCHASED PRICE	

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Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		EAST ASIA AND THE PACIFIC		٥.		33,795.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		797,469.	PHARMACEUTICALS	WHOLESALE PRICE
		EAST ASIA AND THE					, OTHER, MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE
		PACIFIC		٥.			EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		EAST ASIA AND THE PACIFIC		0.			MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICH
			PHILIPPINES DISASTER					
		PACIFIC	RELIEF & RECOVERY	32,586.	WIRE	0.		
		EAST ASIA AND THE PACIFIC		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICI PURCHASED PRICI
				0.		2,043,607.	MEDICAL SUPPLIES	PORCHASED PRICE
		EAST ASIA AND THE	FACEBOOK CRISIS					
		PACIFIC	RESPONSE MAPPING	53,600.	WIRE	0.		
		EAST ASIA AND THE					PHARMACEUTICALS,	ESTIMATED
		PACIFIC		0.		1,797,290.	MEDICAL SUPPLIES	WHOLESALE PRICE
		EAST ASTA AND THE	AUSTRALIA WILDFIRES					
			RELIEF & RECOVERY	19,526.	WIRE	٥.		

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	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	<u>(Schedule F (Form 9</u>		1) I	T
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		L						
		PACIFIC	PHILIPPINES DISASTER RELIEF & RECOVERY	15,000.	WIDE	0.		
		FACIFIC	KEDIEF & KECOVERI	15,000.	WIKE	· ·		
			PHILIPPINES DISASTER					
		PACIFIC	RELIEF & RECOVERY	25,000.	WIRE	0.		
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		44,744,418.	PHARMACEUTICALS	WHOLESALE PRIC
							PHARMACEUTICALS,	
							OTHER, MEDICAL	
		EAST ASIA AND THE				10 005 654	SUPPLIES,	ESTIMATED
		PACIFIC		0.		12,325,651.	EQUIPMENT	WHOLESALE PRIC
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		3,087,020.	PHARMACEUTICALS	WHOLESALE PRIC
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		٥.		2,323,840.	PHARMACEUTICALS	WHOLESALE PRIC
		EAST ASIA AND THE					,	ESTIMATED WHOLESALE PRIC
		PACIFIC		0.		54,095,540.	,	PURCHASED PRIC
							x	
		EUROPE (INCLUDING					PHARMACEUTICALS,	
		ICELAND AND					MEDICAL SUPPLIES,	ESTIMATED
		GREENLAND)		0.		209,813.	EQUIPMENT	WHOLESALE PRIC
		EUROPE (INCLUDING						
		ICELAND AND						ESTIMATED
		GREENLAND)		0.		647 830	PHARMACEUTICALS	WHOLESALE PRIC

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Part II Continuation of	of Grants and Other	Assistance to Organizat	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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 WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		308,879.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		229,777.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		183,047.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		27,381.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		68,244.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		51,929.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		27,956.	OTHER, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		1,115,677.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

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	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		19,864.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		172,989.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		12,179,784.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		18,435.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE 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 WHOLESALE 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.		

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Part II Continuation o 1 (a) Name of organization	f Grants and Other (b) IRS code section and EIN (if applicable)	(a) Region	tions or Entities Outside the (d) Purpose of grant	United States. (e) Amount of cash grant	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line 1) (g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		EUROPE (INCLUDING ICELAND AND	UKRAINE CRISIS RELIEF	500.000				
		GREENLAND)	& 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.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	VASELINE HEALING PROJECT	253,000.		0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	CITY CANCER CHALLENGE PROGRAM	200,000.		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.		

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Part II Continuation of 1 (a) Name of organization	f Grants and Other (b) IRS code section and EIN (if applicable)	(c) Begion	tions or Entities Outside the (d) Purpose of grant	United States. (e) Amount of cash grant	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line (g) Amount of non-cash assistance	1) (h) Description of non-cash assistance	(i) 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 WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		453,314.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		424,923.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		409,584.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		321,698.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		69,488.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		122,536.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9		1)	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						ESTIMATED
		NORTH AFRICA		0.		118,165.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		86,748.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		75 363	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
						,		
		MIDDLE EAST AND NORTH AFRICA		0.		71 274		ESTIMATED
		NORTH AFRICA		0.		/1,3/4.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		532,088.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		34,136.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		185,251.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		MIDDLE EAST AND					PHARMACEUTICALS,	WHOLESALE PRICE
		NORTH AFRICA		0.		543,036.	MEDICAL SUPPLIES	PURCHASED PRICE
		MIDDLE EAST AND					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE
		NORTH AFRICA		0.		1,695,361.		PURCHASED PRICE

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Part II Continuation of	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9		1)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM) appraisal, other)
		MIDDLE EAST AND NORTH AFRICA		0.		849,532.	PHARMACEUTICALS	ESTIMATED WHOLESALE 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 WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		24,034,664.		ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		17,817,017.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICH PURCHASED PRICH
		MIDDLE EAST AND NORTH AFRICA		0.		16,665,395.	PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		34,492,425.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		7,813,043.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (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 WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		4,093,788.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		3,831,984.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		٥.		1,897,763.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.			PHARMACEUTICALS, OTHER, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.			PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE 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 WHOLESALE PRICE

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Part II Continuation	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (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.			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.		

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r
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					PHARMACEUTICALS,	ESTIMATED
		STATES		0.			MEDICAL SUPPLIES	WHOLESALE PRICE
						•,2001		
		RUSSIA AND						
		NEIGHBORING						ESTIMATED
		STATES		٥.		19,810.	PHARMACEUTICALS	WHOLESALE PRICE
		RUSSIA AND						
		NEIGHBORING				FO 000		ESTIMATED
		STATES		0.		70,080.	PHARMACEUTICALS	WHOLESALE PRICE
		RUSSIA AND						
		NEIGHBORING					PHARMACEUTICALS,	ESTIMATED
		STATES		0.		175,527.	,	WHOLESALE PRICE
						,		
		RUSSIA AND						
		NEIGHBORING						ESTIMATED
		STATES		0.		218,506.	PHARMACEUTICALS	WHOLESALE PRICE
		RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
		NEIGHBORING STATES		0.		514 207	MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
		SIAIES		0.		514,307.	EQUIPMENI	FORCHASED FRICE
		RUSSIA AND					PHARMACEUTICALS,	
		NEIGHBORING					MEDICAL SUPPLIES,	ESTIMATED
		STATES		٥.		713,718.	, EQUIPMENT	WHOLESALE PRICE
		RUSSIA AND						
		NEIGHBORING						ESTIMATED
		STATES		0.		1,483,997.	PHARMACEUTICALS	WHOLESALE PRICE
		RUSSIA AND					PHARMACEUTICALS,	ECUT NAMED
		NEIGHBORING STATES		0.		2,315,759.	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE
		DIVIED		U.		2,313,759.	EÕOT BRENI.	WHOLESALE PRICE

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Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		RUSSIA AND						
		NEIGHBORING						ESTIMATED
		STATES		0.		2 497 148	PHARMACEUTICALS	WHOLESALE PRICE
						2,137,110.	PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING					SUPPLIES,	WHOLESALE PRICE
		STATES		0.		3,885,643.	,	PURCHASED PRICH
		RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
		NEIGHBORING					MEDICAL SUPPLIES,	WHOLESALE PRICH
		STATES		0.		983,189.	EQUIPMENT	PURCHASED PRICI
		RUSSIA AND						
		NEIGHBORING						ESTIMATED
		STATES		0.		6,367,390.	PHARMACEUTICALS	WHOLESALE PRIC
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	150,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING					MEDICAL SUPPLIES,	ESTIMATED
		STATES		0.		5,695,940.	,	WHOLESALE PRIC
							PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	
		NEIGHBORING					SUPPLIES,	ESTIMATED
		STATES		0.		42,512,656.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING					SUPPLIES,	WHOLESALE PRICE
		STATES		0.		38,934,873.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING					SUPPLIES,	WHOLESALE PRICE
		STATES		٥.		32,268,179.	EQUIPMENT	PURCHASED PRICE

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING					SUPPLIES,	WHOLESALE PRICE,
		STATES		0.	:	239,822,172.	EQUIPMENT	PURCHASED PRICE
		RUSSIA AND						
		NEIGHBORING						ESTIMATED
		STATES		0.		13 312 278	PHARMACEUTICALS	WHOLESALE PRICE
						10,012,2,0		
		RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
		NEIGHBORING					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		STATES		0.		9,683,370.	EQUIPMENT	PURCHASED PRICE
		RUSSIA AND					PHARMACEUTICALS,	
		NEIGHBORING					OTHER, MEDICAL	ESTIMATED
		STATES		0.		8,417,698.		WHOLESALE PRICE
							PHARMACEUTICALS,	
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING STATES		0.		6,393,552.	SUPPLIES,	WHOLESALE PRICE, PURCHASED PRICE
		SIAIES		0.			PHARMACEUTICALS,	FURCHASED PRICE
		RUSSIA AND					OTHER, MEDICAL	ESTIMATED
		NEIGHBORING					SUPPLIES,	WHOLESALE PRICE,
		STATES		٥.		16,691,283.		PURCHASED PRICE
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.		717,070.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS	ESTIMATED
		SOUTH AMERICA		0.			EQUIPMENT	WHOLESALE PRICE
						,		
							, ,	ESTIMATED
		SOUTH AMERICA		0.		56,192.	EQUIPMENT	WHOLESALE PRICE

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Part II Continuatio	on of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9		1)	1
1 (a) Name of organizatio	on (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.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.			MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		247,823.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.			MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SOUTH AMERICA		0.		537,408.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.			,	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		8,479,093.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.			, ,	ESTIMATED WHOLESALE PRICE

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	of Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9		1)	1
1 (a) Name of organizatior	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
			FACEBOOK CRISIS					
		SOUTH AMERICA	RESPONSE MAPPING	50,000.	WIRE	0.		
							PHARMACEUTICALS,	ESTIMATED
							,	WHOLESALE PRIC
		SOUTH AMERICA		0.		27,946,505.		PURCHASED PRICE
							PHARMACEUTICALS	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRIC
		SOUTH AMERICA		0.		25,099,468.		PURCHASED PRICE
						,,		
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRIC
		SOUTH AMERICA		0.		19,091,660.	EQUIPMENT	PURCHASED PRIC
								ESTIMATED
		SOUTH AMERICA		0.		50,688,107.	MEDICAL SUPPLIES	WHOLESALE PRIC
								ESTIMATED
		SOUTH AMERICA		0.		2,017,324.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.		4,924,132.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH AMERICA		0.		4,671,191.	,	WHOLESALE PRICE
							PHARMACEUTICALS,	
							· ·	ESTIMATED
		SOUTH AMERICA		0.		12,309,364.	· · ·	WHOLESALE PRICE

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)			
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(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.			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.			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		

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		456,809.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.			OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		570,444.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.			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		٥.		326,126.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

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Part II Cont	inuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)					
1 (a) Name of org	anization	(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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	
			SOUTH ASIA		0.		111,753.	EQUIPMENT	ESTIMATED WHOLESALE PRICE	
			SOUTH ASIA		0.		169,792.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
			SOUTH ASIA		0.		6,087.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	
			SOUTH ASIA		0.		11,550.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	
			SOUTH ASIA		0.			MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	
			SOUTH ASIA		0.		14,828.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	
			SOUTH ASIA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE	
			SOUTH ASIA		0.		25,602.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1	
1 (a) Name of organizatio	(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)	
							MEDICAL SUPPLIES,		
		SOUTH ASIA		0.			, EQUIPMENT	PURCHASED PRICE	
								ESTIMATED	
		SOUTH ASIA		0.		30,067.	EQUIPMENT	WHOLESALE PRICE	
								ESTIMATED	
		SOUTH ASIA		0.		32,490.	PHARMACEUTICALS	WHOLESALE PRICE	
								ESTIMATED	
		SOUTH ASIA		0.		55,291.	MEDICAL SUPPLIES	WHOLESALE PRICE	
							PHARMACEUTICALS,	ESTIMATED	
							MEDICAL SUPPLIES,	WHOLESALE PRICE,	
		SOUTH ASIA		0.		67,575.	EQUIPMENT	PURCHASED PRICE	
								ESTIMATED	
		SOUTH ASIA		0.		73,724.	PHARMACEUTICALS	WHOLESALE PRICE	
							PHARMACEUTICALS.	ESTIMATED	
							MEDICAL SUPPLIES,	WHOLESALE PRICE,	
		SOUTH ASIA		0.		88,907.	EQUIPMENT	PURCHASED PRICE	
							PHARMACEUTICALS,	ESTIMATED	
							,	WHOLESALE PRICE,	
		SOUTH ASIA		0.		98,237.	EQUIPMENT	PURCHASED PRICE	
								ESTIMATED	
		SOUTH ASIA		0.		760,296.	PHARMACEUTICALS	WHOLESALE PRICE	

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	s 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.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE	
		SOUTH ASIA		0.		815,316.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		SOUTH ASIA		0.			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	

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Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SOUTH ASIA		0.		30,791,997.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		187,734,724.	PHARMACEUTICALS	ESTIMATED WHOLESALE 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 WHOLESALE 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.		

Schedule F (Form 990)	DIRECT				cash grant cash disbursement non-cash assistance of non-cash assistance valuation (book, FMV, appraisal, other) 298,623. WIRE 0.					
Part II Continuation of 1 (a) Name of organization	f Grants and Other A (b) IRS code section and EIN (if applicable)	(a) Pagion	cations or Entities Outside th (d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	valuation (book, FM)		
		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 PRIC		
		SOUTH ASIA	MURSHID HOSPITAL SUPPORT	83,000.	WIRE	0.				
		SOUTH ASIA		0.		12,164,740.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICH		
		SOUTH ASIA	COVID19 RELIEF & RECOVERY	250,000.	WIRE	0.				

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SOUTH ASIA		0.			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

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	ies 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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	
		SOUTH ASIA		0.		2,223,998.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		SOUTH ASIA		0.		4,561,777.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		SOUTH ASIA		0.		4,900,751.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		SOUTH ASIA		0.		5,322,074.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		SOUTH ASIA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	
		SOUTH ASIA		0.		6,842,666.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		SOUTH ASIA		0.		7,602,962.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		SOUTH ASIA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE	

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1	
1 (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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE	
		SOUTH ASIA		0.		8,354,046.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE	
		SUB-SAHARAN AFRICA		0.		100,661.	PHARMACEUTICALS	ESTIMATED WHOLESALE 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 WHOLESALE PRICE	
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	
		SUB-SAHARAN AFRICA		0.		69,618.	MEDICAL SUPPLIES	PURCHASED PRICE	

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)	
							PHARMACEUTICALS,		
		SUB-SAHARAN					, MEDICAL SUPPLIES,	ESTIMATED	
		AFRICA		0.			, EQUIPMENT	WHOLESALE PRICE	
		SUB-SAHARAN					PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
		AFRICA		0.			MEDICAL SUPPLIES	PURCHASED PRICE	
						110,100.			
								ESTIMATED	
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE	
		AFRICA		0.		58,271.	MEDICAL SUPPLIES	PURCHASED PRICE	
							PHARMACEUTICALS,		
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED	
		AFRICA		0.			, EQUIPMENT	WHOLESALE PRICE	
						,			
		SUB-SAHARAN AFRICA		0.		130 333	EQUIPMENT	ESTIMATED WHOLESALE PRICE	
		AFRICA		0.		139,333.	EQUIFMENT	WHOLESALE FRICE	
							PHARMACEUTICALS,		
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED	
		AFRICA		0.		389,108.	EQUIPMENT	WHOLESALE PRICE	
		SUB-SAHARAN						ESTIMATED	
		AFRICA		0.		212,425.	PHARMACEUTICALS	WHOLESALE PRICE	
							PHARMACEUTICALS,		
		SUB-SAHARAN AFRICA		0.			MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE	
		AFRICA		0.		227,013.	EQUIPMENT	MICLESALE FRICE	
		SUB-SAHARAN							
		AFRICA		0.		233,586.	MEDICAL SUPPLIES	PURCHASED PRICE	

DIRECT H	RELIEF			Page 2			
f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	T
(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
	SUB-SAHARAN					,	ESTIMATED WHOLESALE PRICE
	AFRICA		0.		285,431.	EQUIPMENT	PURCHASED PRICE
	SUB-SAHARAN AFRICA		0.		292,612.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
					,		
	SUB-SAHARAN						ESTIMATED
	AFRICA		0.		326,164.	PHARMACEUTICALS	WHOLESALE PRICE
	SUB-SAHARAN						ESTIMATED
	AFRICA		0.		331,760.	PHARMACEUTICALS	WHOLESALE PRICE
						PHARMACEUTICALS	ESTIMATED
	SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE
	AFRICA		0.		373,393.	EQUIPMENT	PURCHASED PRICE
	SUB-SAHARAN						ESTIMATED
	AFRICA		0.		411,862.	EQUIPMENT	WHOLESALE PRICE
	SUB-SAHARAN AFRICA		0.		480,000.	MEDICAL SUPPLIES	PURCHASED PRICE
	SUB-SAHARAN					,	ESTIMATED
	AFRICA		0.		567,359.	MEDICAL SUPPLIES	WHOLESALE PRICE
							ESTIMATED
	SUB-SAHARAN AFRICA		0.		597,324.	,	WHOLESALE PRICE PURCHASED PRICE
	f Grants and Other (b) IRS code section	(b) IRS code section and EIN (if applicable)(c) RegionISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICAISUB-SAHARAN AFRICA	F Grants and Other Assistance to Organizations or Entities Outside the (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant SUB - SAHARAN AFRICA SUB - SAHARAN AFRICA	f Grants and Other Assistance to Organizations or Entities Outside the United States. (b) IRS code section and EIN (If applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant SUB - SAHARAN AFRICA 0. 0. 0. 0. SUB - SAHARAN AFRICA 0. 0. 0.	f Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 9 (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement SUB-SAHARAN AFRICA 0. 0. 0. 0. 0. SUB-SAHARAN AFRICA 0. 0. 0. 0. 0. 0. 0. SUB-SAHARAN AFRICA 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	r Grants and Other Assistance to Organizations or Entitles Outside the United States. (Schedule F (Form 990), Part II, line (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) Manner of cash disbursement (g) Amount of (g)	Corants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F. (Form 950), Part II, line 1) (I) Description of ash disbursement (I) Amount of ash disbursement (I) Amount of ash disbursement (I) Amount of ash disbursement (I) Description or non cash assistance SUB-SAHARAN APRICA 0. (I) Manne of ash disbursement (I) Description or non cash assistance SUB-SAHARAN APRICA 0. 292, 612. PHARMACEUTICALS, MEDICAL SUPPLIES, 285, 431. SUB-SAHARAN APRICA 0. 292, 612. PHARMACEUTICALS SUB-SAHARAN APRICA 0. 326, 164. PHARMACEUTICALS SUB-SAHARAN APRICA 0. 326, 164. PHARMACEUTICALS SUB-SAHARAN APRICA 0. 331, 760. PHARMACEUTICALS SUB-SAHARAN APRICA 0. 331, 760. PHARMACEUTICALS SUB-SAHARAN APRICA 0. 331, 760. PHARMACEUTICALS SUB-SAHARAN APRICA 0. 373, 593. EQUIPMENT SUB-SAHARAN APRICA 0. 411, 862. EQUIPMENT SUB-SAHARAN APRICA 0. 480,000. MEDICAL SUPPLIES SUB-SAHARAN APRICA 0. 567, 359. PHARMACEUTICALS, MEDICAL SUPPLIES

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		166,333.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		5,672.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		5,887.	, MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.		6,935.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		7 267	MEDICAL SUPPLIES	WHOLESALE PRICE PURCHASED PRICE
						7,207.		
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		8,497.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN AFRICA		0.		10 106	MEDICAL SUPPLIES	WHOLESALE PRICE PURCHASED PRICE
		AFRICA		0.		10,100.	MEDICAL SUPPLIES	FURCHASED FRICE
		SUB-SAHARAN						
		AFRICA		0.		624,496.	MEDICAL SUPPLIES	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.		11,830.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		12,174.	PHARMACEUTICALS, MEDICAL SUPPLIES	WHOLESALE PRICE PURCHASED PRICE
						,		
		SUB-SAHARAN						ESTIMATED WHOLESALE PRICE
		AFRICA		0.		14 853	MEDICAL SUPPLIES	PURCHASED PRICE
			1		1	,000,		

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		15,390.	MEDICAL SUPPLIES	WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN				16 106		ESTIMATED
		AFRICA		0.		16,106.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		AFRICA		0.		17,550.	MEDICAL SUPPLIES	PURCHASED PRICE
							NEDICAL CURDITES	
		SUB-SAHARAN AFRICA		0.		21,663.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		AFRICA		0.		23,547.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		AFRICA		0.		23,610.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		AFRICA		0.		23,661.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		AFRICA		0.			MEDICAL SUPPLIES	WHOLESALE PRICE, PURCHASED PRICE

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Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (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 WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		٥.		25,382.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		٥.		30,143.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		34,575.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		34,941.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		38,515.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		709,382.	· ·	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		2,342,696.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		904,826.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

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Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (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		٥.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		7,136,590.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			· · ·	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		8,188,916.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

chedule F (Form 990)	DIRECT I	RELIEF			95-1833	1116		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiz	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		9,442,179.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.		10,708,350.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE
		AFRICA		0.			MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		4,187,212.		WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE
		AFRICA		0.		15,718,149.	,	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS, MEDICAL SUPPLIES.	ESTIMATED WHOLESALE PRICE
		AFRICA		0.		28,406,198.	,	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		44,057,962.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		81,272,768.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN	SUPPORT OF RELATED PARTY ORGANIZATION IN					
		AFRICA	SOUTH AFRICA	45,000.	WIRE	٥.		

chedule F (Form 990)	DIRECT				95-1831			Page
Part II Continuation o 1 (a) Name of organization	f Grants and Other ((b) IRS code section and EIN (if applicable)		ations or Entities Outside the (d) Purpose of grant	(e) Amount	(Schedule F (Form 9 (f) Manner of cash disbursement	90), Part II, line (g) Amount of non-cash assistance	1) (h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SUB-SAHARAN AFRICA	GHANA MENTAL HEALTH PROGRAM	18,000.	WIRE	0.		
		SUB-SAHARAN	VASELINE HEALING					
		AFRICA	PROJECT	22,000.	WIRE	0.		
		SUB-SAHARAN	COVID19 RELIEF &					
		AFRICA	RECOVERY	48,730.	WIRE	0.		
		SUB-SAHARAN AFRICA	COVID19 RELIEF & RECOVERY	85,647.	WIRE	0.		
		SUB-SAHARAN	COVID19 RELIEF &					
		AFRICA	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.		
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		24,915,978.	EQUIPMENT	WHOLESALE PRIC

Schedule F (Form 990)	DIRECT 1	RELIEF			95-1833	L116		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		906,558.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		٥.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		1,045,990.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Schedule F (Form 990)	DIRECT 1	RELIEF			95-1833	L116		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		1,682,041.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Schedule F (Form 990)	DIRECT	RELIEF			95-183	1116		Page 2
Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		2,006,548.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		٥.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		2,445,947.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			,	ESTIMATED WHOLESALE PRICE

) DIRECT	RELIEF			95-1833	L116		Page 2
tion of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
		(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.			MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA		0.			MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA		0.			,	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
	SUB-SAHARAN AFRICA		0.		711,312.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA		0.			,	ESTIMATED WHOLESALE PRICE
	tion of Grants and Other (b) IRS code section	tion of Grants and Other Assistance to Organiza ation (b) IRS code section and EIN (if applicable) (c) Region (c) Region SUB-SAHARAN AFRICA SUB-SAHARAN AFRICA (c) Region SUB-SAHARAN AFRICA	tion of Grants and Other Assistance to Organizations or Entities Outside the lation and EIN (if applicable) (c) Region (d) Purpose of grant sub-SAHARAN AFRICA	Juino of Grants and Other Assistance to Organizations or Entities Outside the United States. ation (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant SUB - SAHARAN AFRICA SUB - SAHARAN AFRICA 0. SUB - SAHARAN AFRICA 0.	Arrowski Sub-saharan 0. (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement Sub-saharan Sub-saharan 0. 0. 0. Sub-saharan AFRICA 0. 0. Sub-saharan 0. 0.	Autom of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line ation (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash disbursement (f) Manner of cash disbursement (g) Amount of non-cash assistance SUB-SAHARAN SUB-SAHARAN 0. 3,490,155. SUB-SAHARAN SUB-SAHARAN 0. 3,526,431. SUB-SAHARAN SUB-SAHARAN 0. 3,625,333. SUB-SAHARAN SUB-SAHARAN 0. 711,312.	Arrow (a) (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 on cash assistance (h) Description of non cash assistance ation (c) Region (d) Purpose of grant (e) Amount of cash grant (f) Manner of cash disbursement (g) Amount on cash assistance (h) Description of non cash assistance SUB-SAHARAN AFRICA 0. 3,490,155. EQUIPMENT PHARMACEUTICALS, MEDICAL SUPPLIES, 3,526,431. PHARMACEUTICALS, MEDICAL SUPPLIES, 3,526,431. PHARMACEUTICALS, MEDICAL SUPPLIES, 3,625,333. SUB-SAHARAN AFRICA 0. 3,625,333. MEDICAL SUPPLIES, 3,625,333. PHARMACEUTICALS, 711,312. SUB-SAHARAN AFRICA 0. 711,312. PHARMACEUTICALS PHARMACEUTICALS

Schedule F (Form 990) 2021

(a) Type of grant or assistance

Part III can be duplicated if additional space is needed.

DIRECT RELIEF

(b) Region

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.

(d) Amount of

cash grant

(c) Number of

, recipients

(e) Manner of

cash disbursement

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

95-1831116

(f) Amount of

noncash assistance (g) Description of

noncash assistance

Scheo	dule F (Form 990) 2021 DIRECT RELIEF	95-1831116	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	No No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If "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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	X Yes	No 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.

132075 12-20-21

SCHEDULE I	G	arants and Oth	ner Assistan	ce to Orgar	nizations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	ls in the Ŭni	ited States		2021
Department of the Treasury	Comp		Attach to For				Open to Public
Internal Revenue Service		Go to www.ii	rs.gov/Form990 fo		nation.		Inspection
Name of the organization DIRECT RELIEF							Employer identification number 95-1831116
Part I General Information on Grants ar	d Assistance						
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the selecti	on
criteria used to award the grants or assist							
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to E recipient that received more than \$	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (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 noncash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
1ST CHOICE HEALTHCARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1300 CREASON ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CORNING, AR 72422	71-0715998	501(C)(3)	0.	259,219.	PURCHASED	EQUIPMENT	PATIENTS
A PROMISE TO HELP 516 TUSCALOOSA AVENUE SW							
BIRMINGHAM, AL 35211	47-1137244	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
A PROMISE TO HELP					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
516 TUSCALOOSA AVENUE SW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BIRMINGHAM, AL 35211	47-1137244	501(C)(3)	0.	9,195.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
A+ COUNSELING CENTER AND A+ HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 10351 SOUTHERN MARYLAND					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BLVD DUNKIRK, MD 20754	59-3812335	501(C)(3)	0.	129,800.	PURCHASED	EQUIPMENT	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
,,					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ABCLINIC FAMILY CARES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
110 INDUSTRIAL PARKWAY					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
SARALAND, AL 36571	81-2703805	501(C)(3)	0.	8,896.	PURCHASED	, EQUIPMENT	, PATIENTS
2 Enter total number of section 501(c)(3) ar	d government or	anizations listed in th	e line 1 table	· ·	1	1	1,202.
3 Enter total number of other organizations			·····	<u></u>		·····	8.
LUA For Denerwork Deduction Act Notice							Sehedule I (Ferm 000) 2021

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

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

Schedule I (Form 990) DIRECT RELIEF

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(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
							SUPPORT TO US CLINICS &
ABINGTON- JEFFERSON HEALTH THE					ESTIMATED		HEALTH CENTERS FOR
ABINGTON OB/GYN CENTER - 1200 OLD					WHOLESALE		LOW-INCOME, UNINSURED
YORK ROAD - ABINGTON, PA 19001	23-1352152	501(C)(3)	0.	40,717.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ACACIA MEDICAL MISSION					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1781 E. AMMANN RD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BULVERDE, TX 78163	90-0401594	501(C)(3)	0.	660,060.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ACCESS CARROLL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
10 DISTILLERY DRIVE, STE 200					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WESTMINISTER, MD 21157	20-2146701	501(C)(3)	0.	25,106.	PURCHASED	EQUIPMENT	PATIENTS
ACCESS HEALTH LOUISIANA ST.							SUPPORT TO US CLINICS &
CHARLES COMMUNITY HEALTH CENTER -					ESTIMATED		HEALTH CENTERS FOR
843 MILLING AVENUE - LULING, LA					WHOLESALE		LOW-INCOME, UNINSURED
70070	47-0852944	501(C)(3)	0.	7,152.	PRICE	PHARMACEUTICALS	, PATIENTS
							SUPPORT TO US CLINICS &
ADA CAMP ASPIRE AMERICAN DIABETES					ESTIMATED		HEALTH CENTERS FOR
ASSOCIATION - 809 FIVE-POINTS ROAD					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
- RUSH, NY 14543	13-1623888	501(C)(3)	0.	8,644.	PRICE	SUPPLIES	, PATIENTS
,				,			SUPPORT TO US CLINICS &
ADA CAMP COURAGE AMERICAN DIABETES					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
ASSOCIATION - 134 CAMP SOLES LANE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
- ROCKWOOD, PA 15557	13-1623888	501(C)(3)	0.	5,452.	PRICE	, EQUIPMENT	, PATIENTS
ADA CAMP DISCOVERY AMERICAN				, ,			SUPPORT TO US CLINICS &
DIABETES ASSOCIATION - 7285 W					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
132ND STREET - OVERLAND PARK, KS					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
56213	13-1623888	501(C)(3)	0.	7,543.		EQUIPMENT	PATIENTS
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		~	SUPPORT TO US CLINICS &
ADA CAMP EDI AMERICAN DIABETES					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
ASSOCIATION - 13528 STATE HWY AA -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
POTOSI, MO 63664	13-1623888	501(C)(3)	0.	9,452.		EQUIPMENT	PATIENTS
				2,102.			SUPPORT TO US CLINICS &
ADA CAMP FREEDOM AMERICAN DIABETES					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
ASSOCIATION - 150 MONUMENT ROAD -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
BALA CYNWYD, PA 19004	13-1623888	F01/(0)/(2)	0.		PRICE	EQUIPMENT	PATIENTS

 Schedule I (Form 990)
 DIRECT RELIEF

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

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

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						PHARMACEUTICALS	SUPPORT TO US CLINICS &
ADELANTE HEALTHCARE, INC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
3033 N. CENTRAL AVENUE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
PHOENIX, AZ 85012	86-0377821	501(C)(3)	٥.	18,890.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ADVENTHEALTH WATERMAN COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC - 2300 KURT STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EUSTIS, FL 32726	59-3140669	501(C)(3)	0.	22,244.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AGAPE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4104 JUNIUS STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75246	14-1847977	501(C)(3)	0.	2,925,662.		, EQUIPMENT	, PATIENTS
,				, ,	ESTIMATED		SUPPORT TO US CLINICS &
AGAPE COMMUNITY HEALTH CENTER, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
L680 DUNN AVE SUITE #35					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
JACKSONVILLE, FL 32218	16-1660966	501(C)(3)	0.	176,658.	PURCHASED	, SUPPLIES	, PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AGHABY COMPREHENSIVE COMMUNITY					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
HEALTH CENTER - 349 W. COMPTON					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
BLVD - COMPTON, CA 90220	46-2637814	501(C)(3)	0.	35,091.	, PURCHASED	, EQUIPMENT	, PATIENTS
AHS FAMILY HEALTH CENTER							
2424 W. PETERSON AVENUE							INCREASING IMMUNITY
CHICAGO, IL 60659	01-0567661	501(C)(3)	50,000.	0.			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
,			, ,		ESTIMATED		SUPPORT TO US CLINICS
ALAMEDA COUNTY HEALTH CARE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
384 14TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DAKLAND, CA 94612	94-6000501	ALAMEDA COUNTY	0.	12 226	PURCHASED	EQUIPMENT	PATIENTS

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(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							
3800 HERITAGE CENTER DRIVE							
ANCHORAGE, AK 99504	92-0127531	501(0)(3)	198,588.	0.			FUND FOR HEALTH EQUITY
ANCHORAGE, AK 99504	92-0127551	501(C)(3)	198,588.	0.			FOND FOR REALIN EQUIII
ALASKA NATIVE TRIBAL HEALTH							
000 AMBASSADOR DRIVE							
NCHORAGE, AK 99508-5909	92-0162721	501(C)(3)	300,000.	Ο.			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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY CARE CLINIC - 918					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
GREENLEAF STREET - ELIZABETH CITY,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
IC 27909	43-2031990	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ALBRECHT FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
908 WASHINGTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
VEST BEND, WI 53095	39-1839654	501(C)(3)	0.	33,256.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ALCORN STATE UNIVERSITY FAMILY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
LINIC - 15 CAMPUS DRIVE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NATCHEZ, MS 39120	64-0538018	501(C)(3)	0.	46,983.	PURCHASED	SUPPLIES	PATIENTS
ALCORN STATE UNIVERSITY FOUNDATION							
LOOO ASU DRIVE #810							
LORMAN, MS 39096	64-0538018	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LL FOR HEALTH, HEALTH FOR ALL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
19 EAST BROADWAY BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LENDALE, CA 91205	95-4773684	501(C)(3)	0.	76,640.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS
LL NATIONS HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
30 W CENTRAL AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
IISSOULA, MT 59801	81-0330646	501(C)(3)	0.	90,712.	PURCHASED	, SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi (b) EIN	mestic Organizations (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
ALLIANCE MEDICAL CENTER					WHOLESALE		HEALTH CENTERS FOR
1381 UNIVERSITY AVE					PRICE,	OTHER, MEDICAL	LOW-INCOME, UNINSURED
HEALDSBURG, CA 95488	94-2308748	501(C)(3)	٥.	8,029.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
ALL-INCLUSIVE COMMUNITY HEALTH					ESTIMATED		HEALTH CENTERS FOR
CENTER - 1311 NORTH SAN FERNANDO					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
BLVD - BURBANK, CA 91504	27-4198722	501(C)(3)	0.	6,250.	PRICE	SUPPLIES	PATIENTS
ALPHA OMEGA ALLIANCE INC DBA					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RIVIERA BEACH INTEGRATED CARE - 31					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
W 20TH STREET - RIVIERA BEACH, FL					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
33404	42-1615117	501(C)(3)	0.	182,501.	PURCHASED	EQUIPMENT	PATIENTS
ALTAMED HEALTH SERVICES CORP.							
2040 CAMFIELD AVENUE							INCREASING IMMUNITY
COMMERCE, CA 90040	95-2810095	501(C)(3)	50,000.	0.			AWARDS - CVS
					ESTIMATED		SUPPORT TO US CLINICS &
ALTAMED HEALTH SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CORPORATION - 2040 CAMFIELD AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
- LOS ANGELES, CA 90040	95-2810095	501(C)(3)	0.	38,828.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
ALTURA CENTERS FOR HEALTH					ESTIMATED		HEALTH CENTERS FOR
1201 N CHERRY STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
TULARE, CA 93274	77-0465378	501(C)(3)	0.	6,668.	PRICE	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
AMERICAN RED CROSS IN-KIND					ESTIMATED		HEALTH CENTERS FOR
DONATIONS TEAM - 431 18TH STREET					WHOLESALE		LOW-INCOME, UNINSURED
NW - WASHINGTON, DC 20006	53-0196605	501(C)(3)	0.	18,760.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AMISTAD COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1533 SOUTH BROWNLEE AVENUE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	0.	149,364.	, PURCHASED	, EQUIPMENT	PATIENTS
				· · ·			
AMPLA HEALTH							POWER FOR HEALTH-CA,
935 MARKET STREET							POWER FOR
YUBA CITY, CA 95991	94-2210447	501(C)(3)	226,310.	0.			HEALTH-UNRESTRICTED

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(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
					ESTIMATED		SUPPORT TO US CLINICS &
AMPLA HEALTH DEL NORTE CLINICS,					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
INC – 935 MARKET STREET – YUBA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CITY, CA 95991-4210	94-2210447	501(C)(3)	0.	31,525.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
NDERSON FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
14 N. FANT STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NDERSON, SC 29621	57-0787584	501(C)(3)	0.	318,694.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
ANN SILVERMAN COMMUNITY HEALTH					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
LINIC - 595 W. STATE STREET -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
DOYLESTOWN, PA 18901	23-2892823	501(C)(3)	0.	22,260.	PRICE	EQUIPMENT	PATIENTS
· · · · · · · · · · · · · · · · · · ·					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
NTLERS FIRST BAPTIST CHURCH FREE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC - 208 NE B STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ANTLERS, OK 74523	73-1092316	501(C)(3)	0.	173,592.	PURCHASED	EQUIPMENT	PATIENTS
APNI INC.							
PO BOX 21280							ABBVIE PR MEDICALLY
SAN JUAN, PR 00928	66-0376145	501(C)(3)	250,000.	0.			FRAGILE POPULATIONS
50m 50m, 11 5525	00 03/0143	501(0)(3)	230,000.				
ARCARE							
P.O. BOX 497							GENERAL U.S. EMERGENCY
AUGUSTA, AR 72006	58-1666179	501(C)(3)	50,000.	0.			PREP & RESPONSE
					ESTIMATED		SUPPORT TO US CLINICS
RCARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PO BOX 497					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
AUGUSTA, AR 72006	58-1666179	501(C)(3)	0.	27,297.	PURCHASED	SUPPLIES	PATIENTS
				-			SUPPORT TO US CLINICS
ARKANSAS HARM REDUCTION PROJECT					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
301 WEST MARKHAM SLOT 641					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ITTLE ROCK, AR 72205	83-3867162	501(C)(3)	0.	8,007.	PRICE	, SUPPLIES	PATIENTS
·				· ·	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
RLINGTON FREE CLINIC PHARMACY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2921 S. 11TH STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ARLINGTON, VA 22204	54-1671883	501(C)(3)	0.	667 276.	PURCHASED	EQUIPMENT	PATIENTS

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(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
					ESTIMATED		SUPPORT TO US CLINICS &
ARROYO VISTA FAMILY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
6000 N. FIGUEROA STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90042	95-3514918	501(C)(3)	0.	10,771.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ARTHUR NAGEL COMMUNITY CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1116 12TH STREET #3					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BANDERA, TX 78003	77-0697361	501(C)(3)	0.	170,126.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ASIAN AMERICAN HEALTH COALITION					WHOLESALE	, OTHER ,	HEALTH CENTERS FOR
DBA HOPE CLINIC - 7001 CORPORATE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
DRIVE - HOUSTON, TX 77036	31-1756818	501(C)(3)	0.	34,177.	PURCHASED	SUPPLIES	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 DE AWARDS BAYER
			,		ESTIMATED		SUPPORT TO US CLINICS &
ASIAN HUMAN SERVICES FAMILY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 2424 W. PETERSON AVENUE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CHICAGO, IL 60659	01-0567661	501(C)(3)	0.	275,646.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ASIAN PACIFIC HEALTH CARE VENTURE,					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC - 1530 HILLHURST AVENUE - LOS					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ANGELES, CA 90027	95-4177752	501(C)(3)	0.	266,645.	PURCHASED	SUPPLIES	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							SUPPORT TO US CLINICS &
PUERTO RICO, INC EDIFICIO						MEDICAL	HEALTH CENTERS FOR
ALIANZA #400 - RIO PIEDRAS, PR					PURCHASED	SUPPLIES,	LOW-INCOME, UNINSURED
00927	66-0419912	501(C)(3)	0.	70,574.	PRICE	EQUIPMENT	PATIENTS
ASOCIACION PUERTORRIQUENA DIABETES 1608 CALLE BORI EDIF.							ABBVIE PR MEDICALLY FRAGILE POPULATIONS,
RIO PIEDRAS, PR 00927	66-0442165	501(C)(3)	62,000.	0.			BAXTER INNOVATION AWARDS

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

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(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
							SUPPORT TO US CLINICS &
BEACON CHARITABLE PHARMACY					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
408 9TH ST SW					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
CANTON, OH 44707	$20{-}0797475$	501(C)(3)	0.	19,231.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
BEACON CHRISTIAN COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 2079 FOREST AVENUE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
STATEN ISLAND, NY 10303	02-0703686	501(C)(3)	٥.	28,216.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BEAUFORT COUNTY SYRINGE EXCHANGE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
PROGRAM - 1436 HIGHLAND DRIVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WASHINGTON, NC 27889	56-6001521	BEAUFORT COUNTY	٥.	12,960.	PURCHASED	EQUIPMENT	PATIENTS
BEAUFORT-JASPER HAMPTON							SUPPORT TO US CLINICS &
COMPREHENSIVE HEALTH SERVICES					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
BJHCHS CHELSEA - 719 OKATIE HWY -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
OKATIE, SC 29909	57-0523586	501(C)(3)	٥.	10,315.	PRICE	, SUPPLIES	, PATIENTS
				, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BECKLEY HEALTH RIGHT					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
111 RANDOLPH STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
BECKLEY, WV 25801	55-0774466	501(C)(3)	٥.		PURCHASED	, EQUIPMENT	, PATIENTS
,				,	ESTIMATED	~	SUPPORT TO US CLINICS &
BEDFORD STUYVESANT FAMILY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 1456 FULTON STREET -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BROOKLYN, NY 11216	11-2412205	501(C)(3)	٥.	17,412.	, PURCHASED	, SUPPLIES	, PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BEE BUSY WELLNESS CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
8785 WEST BELLFORT STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
HOUSTON, TX 77031	27-0653014	501(C)(3)	0.	411 523.	PURCHASED	EQUIPMENT	PATIENTS
,,						~	
BEEBE MEMORIAL CME CATHEDRAL							
3900 TELEGRAPH AVENUE							INCREASING IMMUNITY
OAKLAND, CA 94609	94-1752395		12,500.	0.			AWARDS - CVS
BEHAVIORAL HEALTH SERVICES FAMILY	22 2,02000		,000.				SUPPORT TO US CLINICS &
HEALTH CENTER PACIFICA HOUSE -					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
2501 W. EL SEGUNDO BLVD					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
HAWTHORNE, CA 90250	95-2838006	501(C)(3)	0.	38,462.		, MEDICAL SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Do	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art 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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SERVICES ASSOCIATION - 70 NORTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
STURMER STREET - BELINGTON, WV					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
26250	23-7310126	501(C)(3)	0.	15,197.	PURCHASED	EQUIPMENT	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
,			1		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BERGEN VOLUNTEER MEDICAL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INITIATIVE, INC 75 ESSEX STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
- HACKENSACK, NJ 07601	20-2633437	501(C)(3)	0.	58,961.	, PURCHASED	, EQUIPMENT	, PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BETANCES HEALTH					WHOLESALE	. MEDICAL	HEALTH CENTERS FOR
280 HENRY STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
NEW YORK, NY 10002-4618	13-2697725	501(C)(3)	0.	259,438.	PURCHASED	, EQUIPMENT	, PATIENTS
BETHENY BAPTIST CHURCH							
460 MARCUS GARVEY BLVD							INCREASING IMMUNITY
BROOKLYN, NY 11216	11-2341436	501(0)(3)	12,500.	0.			AWARDS - CVS
BROOKLIN, NI 11216	11-2341430	501(C)(3)	12,500.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BETHESDA COMMUNITY CLINIC					WHOLESALE	_ MEDICAL	HEALTH CENTERS FOR
					PRICE,	, MEDICAL SUPPLIES,	
111 MOUNTAIN BROOK DRIVE	27-4923001	E01(0)(2)	0.	F16 720		EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
CANTON, GA 30115	27-4923001	501(C)(3)	0.	510,739.	PURCHASED	~	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BETHESDA FREE HEALTH CLINIC OF					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
DIBERVILLE - 6912 N WASHINGTON					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AVENE - OCEAN SPRINGS, MS 39564	27-3534168	501(C)(3)	0.	11,737.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BETHESDA HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
409 W. FERGUSON					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TYLER, TX 75702	26-0036674	501(C)(3)	0.	978,730.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
BEVERLYCARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
101 EAST BEVERLY BLVD.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MONTEBELLO, CA 90640	47-1545656	501(C)(3)	0.	6,550.	PURCHASED	SUPPLIES	PATIENTS

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(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							INCREASING IMMUNITY
ATLANTA, GA 30303	58-1035682		12,500.	0.			AWARDS - CVS
BIG SPRINGS MEDICAL ASSOCIATION			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
DBA MISSOURI HIGHLANDS HEALTH CARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
- 110 SOUTH SECOND STREET -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ELLINGTON, MO 63638	43-1068291	501(C)(3)	0.	524,777.	PURCHASED	FQUIPMENT	, PATIENTS
BLACK RIVER HEALTH SERVICES, INC.				, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
DBA BLACK RIVER FAMILY PRACTICE -					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
301 S. CAMPBELL STREET - BURGAW,					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
VC 28425	23-7356223	501(C)(3)	0.	106,752.	, PURCHASED	, EQUIPMENT	, PATIENTS
				/	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
BLAND COUNTY MEDICAL CLINIC, INC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
L2301 GRAPEFIELD RD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
BASTIAN, VA 24314	54-1074890	501(C)(3)	0.	48,804.	, PURCHASED	, EQUIPMENT	, PATIENTS
,					ESTIMATED	~	SUPPORT TO US CLINICS
BLUE RIDGE COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
SERVICES, INC 2579 CHIMNEY ROCK					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
RD - HENDERSONVILLE, NC 28792	56-0794933	501(C)(3)	0.	28 075.	PURCHASED	, SUPPLIES	, PATIENTS
,							SUPPORT TO US CLINICS
BLUE RIDGE MEDICAL CENTER PHARMACY					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
4038 THOMAS NELSON HIGHWAY					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ARRINGTON, VA 22922	54-1222147	501(C)(3)	0.	9,722.		, SUPPLIES	PATIENTS
BOND COMMUNITY HEALTH CENTER YOURX					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
PHARMACY @ BONDCHC - 1720 SOUTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
GADSDEN STREET - TALLAHASSEE, FL					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
32301	59-2426414	501(C)(3)	0.	299 949	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	,	SUPPORT TO US CLINICS
BOONE FREE MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
703 ARDEN STREET					PRICE,	_ MEDICAL	LOW-INCOME, UNINSURED
BOONE, IA 50036	42-1428706	501(C)(3)	0.	59 791	PURCHASED	SUPPLIES	PATIENTS
			+		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
BORINQUEN HEALTH CARE CENTER, INC.					WHOLESALE	_ MEDICAL	HEALTH CENTERS FOR
3601 N FEDERAL HWY					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
MIAMI, FL 33137-3795	59-1417397	501(C)(3)	0.	261 797	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
BOUNDARY REGIONAL COMMUNITY HEALTH					ESTIMATED		SUPPORT TO US CLINICS &
CENTER DBA KANIKSU HEALTH SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
- 810 N. SIXTH AVE - SANDPOINT, ID					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
83864	04-3634356	501(C)(3)	0.	8,057.	PURCHASED	SUPPLIES	PATIENTS
BOYS & GIRLS CLUB OF THE NORTHERN							
PO BOX 309							
LAME DEER, MT 59043	36-3945776	501(C)(3)	50,000.	0.			COVID19-US
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BOYS & GIRLS CLUB OF THE NORTHERN					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CHEYENNE NATION - 634 CHEYENNE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AVENUE - LAME DEER, MT 59043	36-3945776	501(C)(3)	٥.	16,551.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BRADLEY FREE CLINIC OF ROANOKE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
VALLEY INC PHARMACY - 1240 THIRD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET, SW - ROANOKE, VA 24016	23-7380491	501(C)(3)	0.	227,504.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
BREAD OF HEALING CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1821 NORTH 16TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MILWAUKEE, WI 53205	81-0669867	501(C)(3)	0.	330,610.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BRIDGES TO HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
119 SOUTH WASHINGTON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MARION, IN 46952	20 - 5405181	501(C)(3)	0.	71,288.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BROAD STREET CLINIC FOUNDATION					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
534 NORTH 35TH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)	0.	37,519.	PURCHASED	SUPPLIES	PATIENTS
BROTHER BILL'S HELPING HAND					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY CLINIC - 3906 N.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
WESTMORELAND RD DALLAS, TX					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
75212	75-6027740	501(C)(3)	0.	389,824.	PURCHASED	SUPPLIES,	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
BROWARD COMMUNITY & FAMILY HEALTH					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
CENTER - 5010 HOLLYWOOD BLVD -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
HOLLYWOOD, FL 33021	59-3489664	501(C)(3)	٥.	11,052.	PRICE	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other (a) Name and address of organization or government	Assistance to Doi	mestic Organizations (c) IRC section if applicable	(d) Amount of cash grant	vernments (Sch (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
BROWNSVILLE COMMUNITY HEALTH					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
CENTER - 191 EAST PRICE ROAD -					WHOLESALE	, OIMER, MEDICAL	LOW-INCOME, UNINSURED
BROWNSVILLE, TX 78521	74-2176836	501(C)(3)	0.	9,522.		SUPPLIES	PATIENTS
	, 1 11,0000				ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
BROWNSVILLE MULTI-SERVICE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
92 ROCKAWAY AVENUE					PRICE	SUPPLIES	LOW-INCOME, UNINSURED
BROOKLYN, NY 11212	11-2544630	501(C)(3)	0.	27 984	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
BULLHOOK COMMUNITY HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
INC 521 4TH ST - HAVRE, MT					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
59501	20-5970239	501(C)(3)	0.	13 476	PURCHASED	EQUIPMENT	PATIENTS
C. W. WILLIAMS COMMUNITY HEALTH	20 3370233	501(0)(3)		13,470.	ESTIMATED		SUPPORT TO US CLINICS
ENTER PHARMACY - 5800 OLD					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PINEVILLE ROAD - CHARLOTTE, NC					PRICE,	_ MEDICAL	LOW-INCOME, UNINSURED
28217	56-1262478	501(C)(3)	0.	29 696	PURCHASED	, MEDICAL SUPPLIES	PATIENTS
20217	50-1202470	501(C)(3)	· · ·	29,090.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
						MEDICAL	
C.A.R.E. CLINIC					WHOLESALE	,	HEALTH CENTERS FOR
006 COLLEGE AVE, DOOR #1	05 05 40 451	501 (2) (2)		400 004	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RED WING, MN 55066	27-0540451	501(C)(3)	0.	428,234.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS
CABELL-HUNTINGTON HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
DEPARTMENT - 703 7TH AVE -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
UNTINGTON, WV 25701	55-0400653	CABELL COUNTY	0.	67,366.		SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
ABIN CREEK HEALTH SYSTEMS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
104 ALEX LANE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CHARLESTON, WV 25304	55-0709223	501(C)(3)	0.	724,931.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
ABRINI CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
234 PORTER ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DETROIT, MI 48226	38-3129349	501(C)(3)	٥.	41,644.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
CACTUS HEALTH SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
700 N. MAIN ST.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FORT STOCKTON, TX 79735	16-1663081	501(C)(3)	0.	227,826.	PURCHASED	EQUIPMENT	PATIENTS

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(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							ADDRESS MICRONUTRIENT DE
MADERA, CA 93637	94-2503904	501(C)(3)	50,000.	0.			AWARDS BAYER
							SUPPORT TO US CLINICS &
CAMELBACK FAMILY PLANNING					ESTIMATED		HEALTH CENTERS FOR
4141 N 32ND ST, STE 105					WHOLESALE		LOW-INCOME, UNINSURED
PHOENIX, AZ 85018	86-0937180		0.	110,420.		PHARMACEUTICALS	PATIENTS
	00 0337100			110,420.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CAMILLUS HEALTH CONCERN					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
336 NW 5TH ST.					PRICE,	, UINER, MEDICAL	
	65-0063921	501(0)(2)	0.	52 761	PURCHASED	SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
MIAMI, FL 33128	05-0003921	501(C)(3)	· · ·	55,701.	FURCHASED	SOFFLIES	
CAND ADAM ETCHED					ESTIMATED	MEDICAL	SUPPORT TO US CLINICS &
CAMP ADAM FISHER						MEDICAL	HEALTH CENTERS FOR
8001 M W RICKENBAKER ROAD	54 0101055	501 (3) (2)		10 050	WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SUMMERTON, SC 29148	54-2101275	501(C)(3)	0.	19,879.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CAMP CONRAD-CHINNOCK					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
4700 JENKS LAKE ROAD, EAST					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ANGELUS OAKS, CA 92305	95-3897543	501(C)(3)	0.	57,058.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CAMP FREEDOM SOUTH TEXAS JUVENILE					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
DIABETES ASSOCIATION - 3601 WEST					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ALBERTA RD EDINBURG, TX 78539	45-3645389	501(C)(3)	0.	18,706.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CAMP GILBERT					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
1315 S. CLIFF AVENUE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SIOUX FALLS, SD 57105	20-8521374	501(C)(3)	0.	5,630.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CAMP HERTKO HOLLOW					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
501 GRAND AVE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
DES MOINES, IA 50309	76-0717999	501(C)(3)	0.	10,898.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CAMP HOPEWELL					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
24 CR 231					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
OXFORD, MS 38655	23-6393377	501(C)(3)	0.	13,270.	PRICE	EQUIPMENT	PATIENTS

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

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(a) Name and address of organization or government	(b) 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
							SUPPORT TO US CLINICS &
CAMP KUDZU					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
5885 GLENRIDGE DRIVE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ATLANTA, GA 30328	58-2449646	501(C)(3)	0.	103,754.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CAMP SWEET ESCAPE					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
1120 15TH STREET, BLDG. 1014 (DUGAS	5				WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
AUGUSTA, GA 30912	47-1776514	501(C)(3)	0.	9,147.	PRICE	EQUIPMENT	PATIENTS
CAMP VALOR UTAH HEMOPHILIA							SUPPORT TO US CLINICS &
FOUNDATION CAMP WAPITI - 772 EAST					ESTIMATED		HEALTH CENTERS FOR
3300 SOUTH - SALT LAKE CITY, UT					WHOLESALE		LOW-INCOME, UNINSURED
84106	87-6127162	501(C)(3)	0.	32,900.	PRICE	PHARMACEUTICALS	PATIENTS
CAMUY HEALTH SERVICES, INC PO BOX 660 CAMUY, PR 00627	66-0428652	501(C)(3)	220,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CAMUY HEALTH SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
AVENUE MUNOZ RIVERA #63					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CAMUY, PR 00627	66-0428652	501(C)(3)	0.	7,770.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CANYONLANDS HEALTHCARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
827 VISTA AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PAGE, AZ 86040	86-0350153	501(C)(3)	0.	51,615.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CAPE FEAR CLINIC, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1605 DOCTORS CIRCLE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WILMINGTON, NC 28401	56-1984630	501(C)(3)	0.	609,116.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CAPITAL CITY RESCUE MISSION FREE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
259 SOUTH PEARL STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ALBANY, NY 12202	56-2663290	501(C)(3)	0.	46,965.	PURCHASED	EQUIPMENT	PATIENTS
CAPITOL CITY FAMILY HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DBA CARESOUTH MEDICAL & DENTAL -					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
3140 FLORIDA STREET - BATON ROUGE,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LA 70806	72-1395500	501(C)(3)	0.	14,917.	PURCHASED	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section 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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CARACOLE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4138 HAMILTON AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CINCINNATI, OH 45208	31-1210524	501(C)(3)	0.	26,012.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS
CARBON MEDICAL SERVICE ASSOCIATION					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
EAST CARBON CLINIC - 331 HIGHWAY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
23 - SUNNYSIDE, UT 84520	87-0217443	501(C)(3)	0.	17,012.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS a
CARE BEYOND THE BOULEVARD					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
530 QUINDARO BLVD					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
KANSAS CITY, KS 66101	83-1122028	501(C)(3)	0.	347,008.	PURCHASED	EQUIPMENT	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
					ESTIMATED		SUPPORT TO US CLINICS
CARE FOR THE HOMELESS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
30 EAST 33RD STREET - FIFTH FLOOR					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NEW YORK, NY 10016	13-3666994	501(C)(3)	0.	26,292.	PURCHASED	SUPPLIES	PATIENTS
CARE HARBOR 18436 HAWTHORNE BLVD. FORRANCE, 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
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
CARE RESOURCE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3510 BISCAYNE BLVD., 2ND FLOOR					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MIAMI, FL 33137	59-2564198	501(C)(3)	0.	43,537.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS
CARESOUTH CAROLINA, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
201 SOUTH 5TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HARTSVILLE, SC 29550	57-0664826	501(C)(3)	0.	12,479.	PURCHASED	, SUPPLIES	, PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS
CARIDAD CENTER					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
3645 W. BOYNTON BEACH BLVD.					WHOLESALE	, SUPPLIES,	LOW-INCOME, UNINSURED
BOYNTON BEACH, FL 33472	65-0149423	501(C)(3)	0.	93,953.	PRICE	, EQUIPMENT	PATIENTS

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(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CARING COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
200 DOCTORS DRIVE, STE L					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JACKSONVILLE, NC 28546	56-1705813	501(C)(3)	0.	52,202.	PURCHASED	EQUIPMENT	PATIENTS
CAROLINA FAMILY HEALTH CENTERS							SUPPORT TO US CLINICS &
ILSON COMMUNITY HEALTH CENTER -					ESTIMATED		HEALTH CENTERS FOR
03 EAST GREEN STREET - WILSON, NC					WHOLESALE		LOW-INCOME, UNINSURED
27893	58-2079819	501(C)(3)	0.	41,470.	PRICE	PHARMACEUTICALS	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
ASA EL BUEN SAMARITANO					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
4060 DUBLIN STREET					WHOLESALE	SUPPLIES	LOW-INCOME, UNINSURED
IOUSTON, TX 77085	37-1546805	501(C)(3)	0.	27,726.	PRICE	EQUIPMENT	PATIENTS
				,	ESTIMATED		SUPPORT TO US CLINICS &
ATAHOULA PARISH HOSPITAL DISTRICT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
O. 2 - 307 CHISUM STREET - SICILY					PRICE,	. MEDICAL	LOW-INCOME, UNINSURED
SLAND, LA 71368	72-0838896	501(C)(3)	0.	15,829.	PURCHASED	, SUPPLIES	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CATHERINE'S HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
211 LAFAYETTE AVE. NE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RAND RAPIDS, MI 49505	20-3572418	501(C)(3)	0.	95,924.	PURCHASED	EQUIPMENT	PATIENTS
ATHOLIC DIOCESE OF LITTLE ROCK					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
ESTSIDE FREE MEDICAL CLINIC -					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
500 N. TYLER STREET - LITTLE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OCK, AR 72207	71-0236871	501(C)(3)	0.	30,203.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
BV MANAGEMENT INC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CARRETERA 159 KM 13.9					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
COROZAL, PR 00783	66-0864150	501(C)(3)	0.	64,619.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS a
CI HEALTH & WELLNESS SERVICES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
630 FENTON STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ILVER SPRING, MD 20910	52-0988386	501(C)(3)	0.	908,432.	PURCHASED	, EQUIPMENT	, PATIENTS
·					ESTIMATED		SUPPORT TO US CLINICS a
ENLA MEDICATION ACCESS PROGRAM					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
MAP - 1101 4TH STREET, SUITE 203					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ALEXANDRIA, LA 71301	02-0751416	501(C)(3)	0.	414 969.	PURCHASED	, SUPPLIES	, PATIENTS

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) 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
CONTROL FOR DIACK HONDY'S HELLYESS							
CENTER FOR BLACK WOMEN'S WELLNESS							
477 WINDSOR STREET, SW	58-2212203	501/(3)/(3)	180 000	0.			FUND FOR HEALTH EQUITY
ATLANTA, GA 30312	58-2212203	501(C)(3)	180,000.	υ.			FOND 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			, .	-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EDUCATION - 8727 VAN NUYS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
BOULEVARD - PANORAMA CITY, CA					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
91402	27-0224623	501(C)(3)	0.		PURCHASED	, EQUIPMENT	, PATIENTS
					ESTIMATED	~	SUPPORT TO US CLINICS &
CENTER FOR HAITIAN STUDIES, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
8260 NE 2ND AVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MIAMI_ FL 33138	65-0136723	501(C)(3)	0.		PURCHASED	, SUPPLIES	, PATIENTS
,							SUPPORT TO US CLINICS &
CENTER FOR HEALING AND HOPE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
400 W LINCOLN AVE.					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
GOSHEN, IN 46526	02-0560511	501(C)(3)	0.	105,000.	PRICE	, SUPPLIES	, PATIENTS
CENTRAL CITY INTEGRATED HEALTH							
10 PETERBORO							
DETROIT, MI 48201	38-1986574	501(C)(3)	200,000.	0.			LILLY HEALTH EQUITY
					ESTIMATED		SUPPORT TO US CLINICS &
CENTRAL FLORIDA HEALTH CARE					WHOLESALE		HEALTH CENTERS FOR
1129 NORTH MISSOURI AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LAKELAND, FL 33805	59-1404594	501(C)(3)	٥.	11,378.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTRAL LOUISIANA AIDS SUPPORT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SERVICES - 1785 JACKSON STREET -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ALEXANDRIA, LA 71301	72-1097079	501(C)(3)	0.		PURCHASED	, EQUIPMENT	, PATIENTS
CENTRAL MISSOURI DIABETIC							SUPPORT TO US CLINICS &
CHILDREN'S CAMP HICKORY HILL -					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
2800 ROYAL OAK COURT - COLUMBIA,					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
мо 65203	43-0983917	501(C)(3)	0.	9,238.	PRICE	, EQUIPMENT	, PATIENTS

(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTRAL MS HEALTH SERVICE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1134 WINTER STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JACKSON, MS 39204	64-0426295	501(C)(3)	0.	278,494.	PURCHASED	EQUIPMENT	PATIENTS
CENTRAL OHIO DIABETES ASSOCIATION							SUPPORT TO US CLINICS &
JIFECARE ALLIANCE CAMP HAMWI -					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
100 DENNISON AVE - COLUMBUS, OH					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
43201	31-6054100	501(C)(3)	0.	28,290.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CENTRAL VIRGINIA HEALTH SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC PHARMACY - 25892 JAMES MADISON					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HIGHWAY - NEW CANTON, VA 23123	54-0887287	501(C)(3)	0.	8,269.	PURCHASED	SUPPLIES	PATIENTS
·					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTRE VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2520 GREEN TECH DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STATE COLLEGE, PA 16803	25-1897969	501(C)(3)	0.	132,774.	PURCHASED	EQUIPMENT	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
							ABBVIE PR INFRASTRUCTUR
CENTRO DE SERVICIOS PRIMARIOS -							EQUIPMENT, ABBVIE PR
PATILLAS - PO BOX 697 - PATILLAS,							MOBILE HEALTH, ABBVIE P
PR 00723	66-0430826	501(C)(3)	305,000.	0.			MEDICALLY FRAGILE
CENTRO DE SERVICIOS PRIMARIOS DE					ESTIMATED		SUPPORT TO US CLINICS &
SALUD DE PATILLAS, INC 99 CALLE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
GUILLERMO RIEFKOHL STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PATILLAS, PR 00723	66-0430826	501(C)(3)	0.	18,874.	PURCHASED	EQUIPMENT	PATIENTS
CENTRO HISPANO DE EAST TENNESSEE							
2455 SUTHERLAND AVE							
							1

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi (b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	(e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTRO MEDICO COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1303 W SIXTH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CORONA, CA 92882	33-0986880	501(C)(3)	0.	100,871.	PURCHASED	EQUIPMENT	PATIENTS
CENTRO SALUD FAMILIAR DR. JULIO					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ALMIERI FERRI, INC MORSE					WHOLESALE	. MEDICAL	HEALTH CENTERS FOR
TREET #46 VALENTINA CORNER -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ARROYO, PR 00714	66-0496484	501(C)(3)	0.	16 241.	PURCHASED	, EQUIPMENT	, PATIENTS
				,		-*	
CENTRO SAN VICENTE							
8061 ALAMEDA AVE.							LILLY NAVIGATOR GRANT,
EL PASO, TX 79915	74-2505561	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
	, 1 1000001				ESTIMATED		SUPPORT TO US CLINICS &
CENTRO SAN VICENTE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
3061 ALAMEDA AVENUE					PRICE,	MEDICAL	
	74-2505561	501(0)(2)	0.	104 514	PURCHASED	, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
EL PASO, TX 79915	74-2505501	501(C)(3)	· · ·	194,514.		SOFFLIES	
THERE AND AND AND A THEA					ESTIMATED		SUPPORT TO US CLINICS &
CENTROMED SOUTH PARK CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PHARMACY - 6315 SOUTH ZARZAMORA -				4.5.650	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAN ANTONIO, TX 78211	74-1787031	501(C)(3)	0.	17,679.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTROS DE SALUD DE LARES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CARRETERA 111 KM 33.2					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ARES, PR 00669	66-0426506	501(C)(3)	0.	30,987.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHARIS HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
2620 NORTH MT. JULIET RD.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MT. JULIET, TN 37122	35-2298919	501(C)(3)	0.	380,458.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHARITABLE PHARMACY OF CENTRAL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
DHIO - 200 EAST LIVINGSTON AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	830,744.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHARITABLE PHARMACY OF HOPE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
OF ROSS COUNTY, INC 610 CENTRAL					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
CENTER - CHILLICOTHE, OH 45601	45-2390821	501(C)(3)	0.	108 058	PURCHASED	, EQUIPMENT	, PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa I	art II.) T	1
(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
	15 2755054	501(0/(5/	120,000.		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHATHAM CARES COMMUNITY PHARMACY					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
127 EAST RALEIGH STREET					PRICE,	SUPPLIES,	
	41-2170926	501(0)(2)	0.	54 490	PURCHASED	EQUIPMENT	LOW-INCOME, UNINSURED
SILVER CITY, NC 27344	41-21/0920	501(C)(3)	· · ·	54,409.		EQUIPMENI	PATIENTS
					ESTIMATED WHOLESALE	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHERRY STREET SERVICES, INC							HEALTH CENTERS FOR
100 CHERRY STREET SE	20 0052524	501 (9) (2)		5 641	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GRAND RAPIDS, MI 49503	38-2853534	501(C)(3)	0.	5,641.	PURCHASED	SUPPLIES	PATIENTS
CHEYENNE RIVER YOUTH PROJECT							
PO BOX 410							
EAGLE BUTTE, SD 57625	46-0423106	501(C)(3)	50,000.	0.			COVID19-US
CUICAGO RANTIN URALMU GENMED							
CHICAGO FAMILY HEALTH CENTER							
9119 S. EXCHANGE AVE	26 0002054	501 (9) (2)	F0.000				INCREASING IMMUNITY
CHICAGO, IL 60617	36-2893854	501(C)(3)	50,000.	0.			AWARDS - CVS
CUICAGO UISDANIC UEALMU COALIMION							
CHICAGO HISPANIC HEALTH COALITION	-						
UIC IMHR (MC 762) 1819 W POLK ST, S		501 (9) (2)	164.000				
CHICAGO, IL 60612	36-4193052	501(C)(3)	164,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHICAGO HISPANIC HEALTH COALITION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1819 W POLK STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CHICAGO, IL 60612	36-4193052	501(C)(3)	0.	12,581.	PURCHASED	EQUIPMENT	PATIENTS
CHILDREN & COMMUNITY HEALTH CENTER					ESTIMATED		SUPPORT TO US CLINICS &
OF MCKINNEY DBA COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CLINIC OF MC - 4510 MEDICAL CENTER					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
DRIVE, SUITE 20 - MCKINNEY, TX	20-0637782	501(C)(3)	٥.	7,637.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
CHILDREN'S DIABETES CAMP OF					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CENTRAL TEXAS CAMP BLUEBONNET -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
19051 FM 2484 - KILLEEN, TX 76542	90-0137641	501(C)(3)	0.	5,399.	PRICE	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), P	art 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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHILDREN'S VILLAGE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2001 18TH STREET SW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BIRMINGHAM AL, AL 35211	63-6061834	501(C)(3)	0.	8,445.	PURCHASED	EQUIPMENT	PATIENTS
CHILDREN'S VILLAGE							
2001 18TH STREET SW							
BIRMINGHAM, AL 35211	63-6061834	501(C)(3)	175,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHIPPEWA VALLEY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1030 OAK RIDGE DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EAU CLAIRE, WI 54701	39-1840231	501(C)(3)	٥.	24,743.	PURCHASED	EQUIPMENT	PATIENTS
CHOICE HEALTH NETWORK HARM							SUPPORT TO US CLINICS &
REDUCTION PROGRAM - 900 EAST HILL					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
AVENUE SUITE #285 - KNOXVILLE, TN					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
37915	62-1698383	501(C)(3)	٥.	56,073.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CHOTA COMMUNITY HEALTH SERVICES					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
4798 NEW HIGHWAY 68					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MADISONVILLE, TN 37354	68-0560048	501(C)(3)	0.	7,634.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CHRIS DUDLEY FOUNDATION CHRIS					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
DUDLEY BASKETBALL CAMP - 6191					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
WITZEL ROAD SE - SALEM, OR 97317	80-0276022	501(C)(3)	0.	6,417.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHRIST CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
25722 KINGSLAND BLVD., SUITE 101					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
КАТҮ, ТХ 77494	90-0789318	501(C)(3)	0.	782,395.	PURCHASED	EQUIPMENT	PATIENTS
CHRISTIAN CHAPEL TEMPLE OF FAITH							
							TNODELCING THERE
14120 NOEL ROAD	75 1577500		10 500	•			INCREASING IMMUNITY
DALLAS, TX 75254	75-1577592		12,500.	0.			AWARDS - CVS
					ESTIMATED		SUPPORT TO US CLINICS &
CHRISTOPHER RURAL HEALTH PLANNING					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CORPORATION - 4241 HIGHWAY 14 WEST	27 1041000	E01(0)(2)		10 570	PRICE,	MEDICAL	LOW-INCOME, UNINSURED
- CHRISTOPHER, IL 62822	37-1041283		0.	12,5/9.	PURCHASED	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CITRUS HEALTH NETWORK, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4175 W 20TH AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HIALEAH, FL 33012-5874	59-1865751	501(C)(3)	0.	120,531.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CITY OF NEW ORLEANS					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1300 PERDIDO STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70112	72-6000969	CITY OF NEW ORLE	0.	17,179.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CITY ON A HILL HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
100 S. PINE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ZEELAND, MI 49464	20-3901260	501(C)(3)	0.	92,240.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLACKAMAS VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1001 MOLALLA AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OREGON CITY, OR 97045	37-1621141	501(C)(3)	0.	108,936.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLAIBORNE COUNTY FAMILY HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CENTER - 2045 HIGHWAY 61 NORTH -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PORT GIBSON, MS 39150	64-0651149	501(C)(3)	0.	207,643.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLARKSTON COMMUNITY HEALTH CENTER,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC 3700 MARKET STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CLARKSTON, GA 30021	46-1402143	501(C)(3)	0.	148,836.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CLEARWATER FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1218 COURT STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CLEARWATER, FL 33756	59-1852871	501(C)(3)	0.	232,914.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CLINICA DE SALUD DEL VALLE DE					WHOLESALE		HEALTH CENTERS FOR
SALINAS - 440 AIRPORT BLVD -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SALINAS, CA 93905	94-2652757	501(C)(3)	0.	7,940.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLINICA ESPERANZA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
60 VALLEY STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PROVIDENCE, RI 02909	26-1714340	501(C)(3)	0.	903,372.	PURCHASED	EQUIPMENT	PATIENTS

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 Part II
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(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLINICA MSR. OSCAR A ROMERO					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
123 S ALVARADO STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90057	95-3881333	501(C)(3)	0.	22,312.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLINICAS DEL CAMINO REAL, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
200 SOUTH WELLS ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
VENTURA, CA 93004	95-2977147	501(C)(3)	0.	32,284.	PURCHASED	SUPPLIES,	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
COASTAL BEND WELLNESS FOUNDATION					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
2882 HOLLY ROAD					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
CORPUS CHRISTI, TX 78415	74-2429518	501(C)(3)	0.	9,631.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COASTAL COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
106 SHOPPERS WAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BRUNSWICK, GA 31525	46-1859206	501(C)(3)	٥.	454,155.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
COASTAL FAMILY HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1025 A DIVISION STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
BILOXI, MS 39530	64-0592416	501(C)(3)	0.	44,269.	PRICE	SUPPLIES	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
COASTAL HEALTH & WELLNESS					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
9850 EMMETT F. LOWRY EXPY, SUITE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
TEXAS CITY, TX 77591	74-1665318		0.	12,177.	PRICE	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COASTAL VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
730 LACEY ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FORKED RIVER, NJ 08731	27-3491473	501(C)(3)	0.	105,876.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COLUMBIA COUNTY VOLUNTEERS IN					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
MEDICINE CLINIC - 310 EAST THIRD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - MIFFLINVILLE, PA 18631	20-5695518	501(C)(3)	٥.	44,291.	PURCHASED	EQUIPMENT	PATIENTS
COMM HEALTH & SOCIAL SERV CTR, INC 5635 WEST FORT STREET DETROIT, MI 48043	38-3094394	501(0)(3)	103,587.	0.			FUND FOR HEALTH EQUITY

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(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	50 0450004						
WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMONSENSE CHILDBIRTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SUITE 340					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	0.	36,276.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COMMONSHARE HDH RETAIL PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1602 SKIPWITH DR					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
RICHMOND, VA 23229	84-2490661	501(C)(3)	0.	12,867.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNIHEALTH SERVICES					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
518 DURHAM STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BASTROP, LA 71220	82-0579411	501(C)(3)	0.	27,960.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
COMMUNITY HEALTH SERVICE AGENCY					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
INC., DBA CAREVIDE - 4500 WESLEY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - GREENVILLE TX 75401	75-1528614	501(C)(3)	0.	10,208.		, EOUIPMENT	, PATIENTS
COMMUNITY ACTION COMMITTEE OF PIKE					ESTIMATED	~ PHARMACEUTICALS	SUPPORT TO US CLINICS &
COUNTY VALLEY VIEW HEALTH CENTERS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
- 227 VALLEY VIEW DRIVE - WAVERLY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DH 45690	31-0718042	501(C)(3)	0.	58 515	PURCHASED	EQUIPMENT	PATIENTS
COMMUNITY ACTION CORPORATION OF	51 0/10012	501(0/(5/			ESTIMATED		SUPPORT TO US CLINICS &
SOUTH TEXAS ALICE HEALTH CENTER -					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
						MEDICAL	
700 FLOURNEY ROAD, SUITE 2A -	74-1679824	E01(0)(2)	0.	E00 E10	PRICE,	, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
ALICE, TX 78332	/4-10/9024	501(C)(3)	0.	509,510.	PURCHASED		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY CARE CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2135 NEW WALKERTOWN ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WINSTON SALEM, NC 27101	58-1403699	501(C)(3)	0.	1,433,155.		EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY CARE CLINIC OF DARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
425 W HEALTH CENTER DR					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NAGS HEAD, NC 27959	20-2230717	501(C)(3)	0.	123,504.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa T	art 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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY CARE CLINIC OF					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HIGHLANDS-CASHIERS - 52 AUNT DORA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DRIVE - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	0.	156,211.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY CARE CLINIC OF ROWAN					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
COUNTY - 315G MOCKSVILLE AVENUE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SALISBURY, NC 28144	56-1964773	501(C)(3)	0.	239,145.	PURCHASED	EQUIPMENT	PATIENTS
COMMUNITY CLINIC OF SHELBYVILLE					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AND BEDFORD COUNTY - 200 DOVER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
STREET, SUITE 202 - SHELBYVILLE,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TN 37160	34-1974609	501(C)(3)	0.	26,027.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITY CONNECTIONS FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
101 E. FOUNTAIN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
DODGEVILLE, WI 53533	72-1619112	501(C)(3)	0.	45,427.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY FAMILY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2100 ALAN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
IDAHO FALLS, ID 83404	82-0299736	501(C)(3)	0.	32,854.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY FIRST HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
555 ST. CLAIR RIVER DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ALGONAC, MI 48001	38-2080825	501(C)(3)	0.	21,019.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
249 MILL STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HAGERSTOWN, MD 21740	52-1772594	501(C)(3)	0.	149,863.	PURCHASED	EQUIPMENT	PATIENTS
COMMUNITY HEALTH							
2611 W. CHICAGO AVE							
CHICAGO, IL 60622	36-3831793	501(C)(3)	50,000.	0.			BAXTER INNOVATION AWARD
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH & EMERGENCY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SERVICES, INC - 13245 KESSLER RD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CAIRO, IL 62914	37-1100482	501(C)(3)	0.	358,601.	PURCHASED	EQUIPMENT	PATIENTS

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(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
							SUPPORT TO US CLINICS &
COMMUNITY HEALTH ALLIANCE					ESTIMATED		HEALTH CENTERS FOR
1055 S. WELLS AVENUE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
RENO, NV 89502	88-0293149	501(C)(3)	٥.	15,090.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH AND DENTAL CARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC - 351 W. SCHUYLKILL ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
POTTSTOWN, PA 19465	20 - 2764402	501(C)(3)	0.	31,248.	PURCHASED	EQUIPMENT	PATIENTS
COMMUNITY HEALTH AND SOCIAL					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SERVICES CENTER - CHASS - 5635					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
WEST FORT STREET - DETROIT, MI					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
48209	38-3094394	501(C)(3)	0.	23,301.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITY HEALTH CARE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
900 N FRANKLIN AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NORMAL, IL 61761	37-1316328	501(C)(3)	0.	52,129.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CARE SYSTEMS					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
116 SMITH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
TENNILLE, GA 31089	58-2001101	501(C)(3)	0.	14,297.	PURCHASED	SUPPLIES,	, PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CARE, INC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1510 EAST RUSHOLME STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
DAVENPORT, IA 52803	42-1060724	501(C)(3)	0.	71,663.	PURCHASED	, EQUIPMENT	, PATIENTS
,				, ,		PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CENTER					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
606 N. MINNESOTA AVENUE, SUITE 1					WHOLESALE	, SUPPLIES,	LOW-INCOME, UNINSURED
HASTINGS, NE 68901	47-0378779	501(C)(3)	0.	35,299.		, EQUIPMENT	, PATIENTS
,				,	ESTIMATED	~ PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CENTER OF CENTRAL					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
WYOMING - 5000 BLACKMORE ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CASPER, WY 82609	83-0326307	501(C)(3)	0.	13 975.	PURCHASED	EQUIPMENT	PATIENTS
			1	,_,_,		~	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CENTER OF					ESTIMATED		HEALTH CENTERS FOR
RICHMOND - 235 PORT RICHMOND					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
AVENUE - STATEN ISLAND, NY 10302	51-0567466	501(C)(3)	0.	13,177.		SUPPLIES	PATIENTS

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				ussistance	appraisal, other)		
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CENTER OF					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
SOUTHEAST KANSAS - 3011 N.					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
AICHIGAN - PITTSBURG, KS 66762	75-3002264	501(C)(3)	٥.	252,888.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OMMUNITY HEALTH CENTER OF WEST					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
ALM BEACH - 5205 GREENWOOD AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WEST PALM BEACH, FL 33407	26-3611337	501(C)(3)	0.	150,473.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITY HEALTH CENTERS OF					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
AMERICA - 517 MAIN STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LIVINGSTON, CA 95334	82-1948361	501(C)(3)	0.	149,055.	PURCHASED	SUPPLIES	PATIENTS
COMMUNITY HEALTH CENTERS OF					ESTIMATED		SUPPORT TO US CLINICS &
INELLAS AT JRC - EVARA HEALTH -					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
344 22ND ST. SOUTH - ST.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PETERSBURG, FL 33712	59-2097521	501(C)(3)	0.	46,691.	PURCHASED	EQUIPMENT	PATIENTS
,				, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CENTERS OF SOUTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
ENTRAL TEXAS - 1918 CHURCH STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
GONZALES, TX 78629	74-1548089	501(C)(3)	0.	101,408.	, PURCHASED	, EQUIPMENT	, PATIENTS
/				, -	ESTIMATED	~	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CENTERS OF THE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CENTRAL COAST - 150 TEJAS PLACE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NIPOMO, CA 93444	95-3253302	501(C)(3)	0.	44 962.	PURCHASED	EOUIPMENT	PATIENTS
COMMUNITY HEALTH CENTERS, INC.					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ARY MAHONEY MEMORIAL HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
ENTER - 12716 NE 36TH STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OKLAHOMA CITY, OK 73084	73-0930123	501(C)(3)	0.	90 238	PURCHASED	EQUIPMENT	PATIENTS
ALAHOMA CITI, OK 75004	75 0550125	501(0/(3)		50,230.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CLINIC OF BUTLER					WHOLESALE	MEDICAL	
						/	HEALTH CENTERS FOR
COUNTY - 103 BONNIE DRIVE -		E01(0)(2)	_		PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
UTLER, PA 16002	20-4852135		0.	99,297.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH CLINIC, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
113 WOODLAND DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)	0.	190,488.	PURCHASED	EQUIPMENT	PATIENTS

 Schedule I (Form 990)
 DIRECT RELIEF

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

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(a) Name and address of organization or government	(b) 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							CENEDAL IL C. ENEDGENOV
	74-2269739	F(1/2)/2	120,000.	0.			GENERAL U.S. EMERGENCY
UVALDE, TX 78801	/4-2209/39	501(C)(3)	120,000.	0.			PREP & RESPONSE
CONVENTERV HEALEND FOUNDAMION OF DD					ESTIMATED WHOLESALE	PHARMACEUTICALS MEDICAL	SUPPORT TO US CLINICS &
COMMUNITY HEALTH FOUNDATION OF PR						,	HEALTH CENTERS FOR
MARGINAL SANTA CRUZ C-17	66 0740601	F01(a)(2)		F4 002	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BAYAMON, PR 00961	66-0749601	501(C)(3)	0.	54,893.	PURCHASED	EQUIPMENT	PATIENTS
CONDITION HEAT BUILDING TO CONTRACT						PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH NORTHWEST FLORIDA					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
2315 WEST JACKSON STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
PENSACOLA, FL 32505	59-3105246	501(C)(3)	0.	9,292.		SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH OF EAST					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
TENNESSEE, INC 130 INDEPENDENCE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LN LAFOLLETTE, TN 37766	58-1470587	501(C)(3)	0.	837,176.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH OF SOUTH FLORIDA					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
10300 SW 216TH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MIAMI, FL 33190	59-1372690	501(C)(3)	0.	34,591.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITY HEALTH PARTNERS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
112 WEST LEWIS STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LIVINGSTON, MT 59047	84-1420492	501(C)(3)	0.	38,609.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH SERVICES OF UNION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
COUNTY - 1338-C EAST SUNSET DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- MONROE, NC 28112	46 - 0495947	501(C)(3)	٥.	12,290.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH SYSTEMS, INC. DBA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
ACCESS HEALTH - 252 RURAL ACRES					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DRIVE - BECKLEY, WV 25801	55 - 0490878	501(C)(3)	0.	14,306.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
COMMUNITY HEALTHCARE NETWORK					ESTIMATED		HEALTH CENTERS FOR
60 MADISON AVENUE 5TH FLOOR					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
NEW YORK, NY 10010	13-3083068	501(C)(3)	0.	7,235.	PRICE	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A	ssistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	irt II.) T	1
(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
COMMINITARY UEXI AUCADE NEALODY INC							
COMMUNITY HEALTHCARE NETWORK, INC. 50 MADISON AVENUE FLOOR 5							INCREASING IMMUNITY
NEW YORK, NY 10010-1600	13-3083068	501(C)(3)	50,000.	0.			AWARDS - CVS
NEW TORK, NI 10010-1000	12-2002000	501(0/(5/	50,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTHWORX					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
543 MCGINNIS STREET					PRICE	SUPPLIES,	LOW-INCOME, UNINSURED
	72-1444312	501(C)(3)	0.	31 807	PURCHASED	EQUIPMENT	PATIENTS
ALEXANDRIA, LA 71301	72-1444512	501(0/(5/	0.	51,007.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HELPING HANDS CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
					PRICE	,	
34- C COURTHOUSE SQUARE	64 0050104	F(1/q)/2)	0.	144 072	,	SUPPLIES, EOUIPMENT	LOW-INCOME, UNINSURED
CLEVELAND, GA 30528	64-0950194	501(C)(3)	0.	144,073.	PURCHASED ESTIMATED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
COMMUNITY MEDICAL CENTERS					WHOLESALE	VEDICIL	HEALTH CENTERS FOR
7210 MURRAY DRIVE	04 0405406	504 (2) (2)		10.016	PRICE,	MEDICAL	LOW-INCOME, UNINSURED
STOCKTON, CA 95210	94-2437106	501(C)(3)	0.	12,946.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY MEDICAL CLINIC OF					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
KERSHAW COUNTY - 110 C EAST DEKALB					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - CAMDEN, SC 29020	57-1074191	501(C)(3)	0.	8,738.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY MEDICAL WELLNESS CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
JSA - 1360 E. ANAHEIM STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ONG BEACH, CA 90813	45-2424322	501(C)(3)	0.	257,631.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITY MEDICINE PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
23 SALUDA STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
OCK HILL, SC 29730	57-0891008	501(C)(3)	0.	64,255.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY OF HOPE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
ATLANTIC STREET SW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WASHINGTON, DC 20032	52-1184749	501(C)(3)	0.	99,969.	PURCHASED	EQUIPMENT	PATIENTS
COMMUNITY OF HOPE HEALTH SERVICES							
4 ATLANTIC STREET, SW							
WASHINGTON, DC 20032	52-1184749	501(C)(3)	250,000.	0.			ABBVIE HEALTH EQUITY

Part II Continuation of Grants and Other	Assistance to Doi		s and Domestic Go	verninents (Oci		ait ii.)	I
(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY OUTREACH HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
W180 N8085 TOWN HALL ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MENOMONEE FALLS, WI 53051	39-1743056	501(C)(3)	0.	240,115.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITY VOLUNTEERS IN MEDICINE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
300 B LAWRENCE DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WEST CHESTER, PA 19380	23-2944553	501(C)(3)	0.	114,817.	PURCHASED	SUPPLIES	PATIENTS
				•	ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITYHEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2611 W. CHICAGO AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CHICAGO, IL 60622	36-3831793	501(C)(3)	0.	3,559,282.	, PURCHASED	, SUPPLIES	, PATIENTS
COMMUNITY-UNIVERSITY HEALTH CARE				, , -	ESTIMATED		SUPPORT TO US CLINICS &
CENTER UNIVERSITY OF MINNESOTA -					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2001 BLOOMINGTON AVENUE -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MINNEAPOLIS, MN 55404	41-6007513	501(C)(3)	0.	9 740.	, PURCHASED	, SUPPLIES	, PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMPASSION HEALTH TOLEDO					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1638 BROADWAY ST					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
TOLEDO, OH 43609	47-3197108	501(C)(3)	0.	9 072.	PURCHASED	EQUIPMENT	PATIENTS
				-,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMPASSIONATE CARE OF SHELBY					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
COUNTY - 124 NORTH OHIO AVENUE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SIDNEY, OH 45365	20-8479583	501(C)(3)	0.	263 129	PURCHASED	EQUIPMENT	PATIENTS
	20 04/9909	501(0)(5)		203,123.			
COMUNIDADES LATINAS UNIDAS EN							
SERVI - 797 EAST 7TH STREET - ST							
PAUL, MN 55106	41-1386986	501(C)(3)	50,000.	0.			COVID19-US
, 00_00	11 1000700			•••			
COMUNILIFE, INC.							
462 7TH AVENUE, 3RD FLOOR							
NEW YORK, NY 10018	13-3530299	501(C)(3)	77,900.	0.			FUND FOR HEALTH EQUITY
	10 0000200		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
CONCILIO DE SALUD INTEGRAL DE							
LOIZA - CARRETERA 187,							ABBVIE PR MEDICALLY
INTERSECCION 188 - LOIZA, PR 00772	66-0314649	501(C)(3)	62,000.	0.			FRAGILE POPULATIONS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi (b) EIN	(c) IRC section (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 WHOLESALE 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 WHOLESALE 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		0.	59,764.	ESTIMATED WHOLESALE	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		0.	,	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990) DIRECT RELIEF							95-1831116 Page
Part II Continuation of Grants and Other A	ssistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), P	art II.)	
(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CORPORACIN LA FONDITA DE JESS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
704 CALLE MONSERRATE ESQ. FERNANDE	1				PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SAN JUAN, PR 00907	66-0426787	501(C)(3)	0.	31,969.	PURCHASED	EQUIPMENT	PATIENTS
CORPORACION DE SERVICIOS MEDICOS					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PRIMARIOS Y PREVENCION DE HATILLO,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC CARR. #2 KM86.6 INTERIOR,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MARGINAL - HATILLO, PR 00659	66-0427194	501(C)(3)	0.	79,400.	PURCHASED	EQUIPMENT	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							ABBVIE PR INFRASTRUCTURE
CAGUAS, PR 00726	66-0671421	501(C)(3)	75,000.	0.			EQUIPMENT
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CORPORACION SANOS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
AVE. RAFAEL CORDERO, ESQUINA TROCH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CAGUAS, PR 00725	66-0671421	501(C)(3)	0.	46,763.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CORPUS CHRISTI METRO MINISTRIES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC 1919 LEOPARD ST - CORPUS					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CHRISTI, TX 78408	74-2247261	501(C)(3)	٥.	80,621.	PURCHASED	SUPPLIES	PATIENTS
COSSAO CORPORACION DE SERVICIOS DE SALUD DESARROLLO SOCIOECONOMICO EL							
OTOAO - CENTRO COMMUNCAL RD 134							ABBVIE PR INFRASTRUCTURE
KM. 39.6 - BARRIO MAMEYES UTUADO,	66-0812599	501(C)(3)	271,250.	٥.			EQUIPMENT
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COSSMA, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
AVE. EL JIBARO CARR. 172 KM 13.3					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
CIDRA, PR 00739	66-0434923	501(C)(3)	0.	299,397.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(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							ABBVIE PR INFRASTRUCTURE
	66-0428488	501(0)(2)	220 000	0.			EQUIPMENT, ABBVIE PR MOBILE HEALTH
RINCON, PR 00677	00-0420400	501(C)(3)	220,000.	0.			
					ESTIMATED		SUPPORT TO US CLINICS &
COSTA SALUD COMMUNITY HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CENTERS RINCN - CALLE MUNOZ RIVERA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
#28 - RINCON, PR 00677	66-0428488	501(C)(3)	0.	15,616.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COUNTRY DOCTOR COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTERS - 2101 EAST YESLER WAY -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98122	23-7100868	501(C)(3)	0.	11,004.	PURCHASED	EQUIPMENT	PATIENTS
COUNTY OF MONTEREY HEALTH					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DEPARTMENT CLINIC SERVICES - 1615					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
BUNKER HILL WAY - SALINAS, CA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
93906	94-6000524	501(C)(3)	0.	139,023.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COUNTY OF SANTA CRUZ HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
SERVICES - 115A CORAL ST SANTA					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CRUZ, CA 95060	94-6000534	501(C)(3)	0.	8,819.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COVE HOUSE FREE CLINIC					WHOLESALE	OTHER	HEALTH CENTERS FOR
108 EAST HALSTEAD STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
COPPERAS COVE, TX 76522	74-2764062	501(C)(3)	0.	839,094.	PURCHASED	SUPPLIES .	, PATIENTS
,				,	ESTIMATED	, PHARMACEUTICALS	SUPPORT TO US CLINICS &
COVENANT COMMUNITY CARE, INC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
559 W GRAND BLVD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
DETROIT, MI 48216	38-3533998	501(C)(3)	0.	462 684	PURCHASED	EQUIPMENT	PATIENTS
JEIROIT, MI 40210	30 3333770	501(0)(3)		402,004.	ESTIMATED		SUPPORT TO US CLINICS &
COWETA SAMARITAN CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
137 JACKSON STREET	00 0510010	F01(0)(2)		27 000	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NEWNAN, GA 30263	80-0518912	DUT(C)(3)	0.	37,980.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COWLITZ FAMILY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1057 12TH AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LONGVIEW, WA 98632	91-0896241	501(C)(3)	0.	9,917.	PURCHASED	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	mestic Organizations (c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	art II.) (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		0.		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		0.	8,820.	ESTIMATED WHOLESALE	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		0.		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		250,000.				FUND FOR HEALTH EQUITY
CROSS-OVER HEALTHCARE MINISTRY 108 COWARDIN AVENUE RICHMOND, VA 23224	54-1371067		0.		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		0.		ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990) DIRECT RELIEF				(Cab			95-1831116 Pag
Part II Continuation of Grants and Other A (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	94 2606270	E01/(0)/(2)	250.000	0.			
FRESNO, CA 93703	84-3696370	501(C)(3)	250,000.	υ.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
URTIS V. COOPER PRIMARY HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
.06 E BROAD ST					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SAVANNAH, GA 31401	58-1136296	501(C)(3)	0.	256,332.	PURCHASED	SUPPLIES,	PATIENTS
DANIEL CHAPEL AMEZ							
15250 THIRD AVENUE							INCREASING IMMUNITY
	36-2903948	E01/(0)/(2)	10 500	0.			AWARDS - CVS
PHOENIX, IL 60426	30-2903940	501(C)(3)	12,500.	0.			AWARDS - CVS
DATA FOR INDIGENOUS JUSTICE							
205 COMMONS PL							
ANCHORAGE, AK 99502	85-0771076	501(C)(3)	75,000.	0.			FUND FOR HEALTH EQUITY
AVID RAINES COMMUNITY HEALTH			, .		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTERS SHREVEPORT PHARMACY - 1625					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
DAVID RAINES ROAD - SHREVEPORT, LA					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
/1107	58-2000630	501(C)(3)	0.	174 609	PURCHASED	EQUIPMENT	PATIENTS
DBA VIRGINIA B. ANDES VOLUNTEER					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY CLINIC VOLUNTEERS IN					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
EDICINE ALLIANCE - 21297 OLEAN					PRICE.	, OIMER, MEDICAL	LOW-INCOME, UNINSURED
BLVD UNIT B - PORT CHARLOTTE, FL	65-0958642	501(C)(3)	0.	201 139	PURCHASED	SUPPLIES	PATIENTS
JUD ONIT B - FORT CHARDOTTE, FL	05-0950042	501(0)(5)	· · ·	291,130.	FORCHASED	SOFFILLS,	FAITENIS
DELAWARE VALLEY COMMUNITY HEALTH							
.412 FAIRMOUNT AVENUE							
PHILADELPHIA, PA 19130	23-2077750	501(C)(3)	50,000.	0.			ABBVIE HEALTH EQUITY
	23 2011130	501(0)(5)	50,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ENVER INDIAN HEALTH AND FAMILY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
						,	
ERVICES, INC 2880 W. HOLDEN	04 0004055	501 (2) (2)			PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LACE - DENVER, CO 80204	84-0724261	DUT(C)(3)	0.	23,933.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ESERT AIDS PROJECT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
695 N. SUNRISE WAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	0.	74,441.	PURCHASED	EQUIPMENT	PATIENTS

 Schedule I (Form 990)
 DIRECT RELIEF

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

95-1831116

Page 1

(a) Name and address of organization or government	(b) 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
					ESTIMATED		SUPPORT TO US CLINICS &
DESERT STAR INST. FOR FAMILY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PLANNING - 5501 NORTH 19TH AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
- PHOENIX, AZ 85015	82-1523284	501(C)(3)	0.	27,464.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
DIABETES ASSOCIATION OF PIERCE					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
COUNTY PANTHER DAY CAMP - 2423 -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
172ND PLACE SE - BOTHELL, WA 98012	91-1192064	501(C)(3)	0.	7,022.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
DIABETES FOUNDATION OF THE HIGH					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
PLAINS CAMP NEW DAY - 1400 COULTER					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - AMARILLO, TX 79106	47-1596568	501(C)(3)	٥.	7,063.	PRICE	EQUIPMENT	PATIENTS
DIRECT RELIEF FOUNDATION 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	20-5983698	501(C)(3)	3,881,308.	0.			INTERCOMPANY TRANSFER O
					ESTIMATED		SUPPORT TO US CLINICS &
DIRNE HEALTH CENTERS INC DBA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
HERITAGE HEALTH - PO BOX 1387 -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HAYDEN, ID 83835	94-3036820	501(C)(3)	0.	8,290.	PURCHASED	SUPPLIES	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
,						PHARMACEUTICALS	SUPPORT TO US CLINICS &
DIVERSITY HEALTH CENTER, INC.					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
213 NORTH MCDONALD STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
LUDOWICI, GA 31316	20-5746618	501(C)(3)	0.	9,654.		, EQUIPMENT	PATIENTS
· · · ·				,	ESTIMATED		SUPPORT TO US CLINICS &
DOCTORS CARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
609 W LITTLETON BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LITTLETON, CO 80120	84-1150815	501(C)(3)	0.	6,628.	, PURCHASED	, SUPPLIES	PATIENTS
· ·				,	ESTIMATED		SUPPORT TO US CLINICS &
DOWNTOWN CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
611 S. 2ND ST.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LARAMIE WY 82070	83-0326354	501(C)(3)	0.	16 620	, PURCHASED	, SUPPLIES	, PATIENTS

Part II Continuation of Grants and Other	Assistance to Doi	neodo organizacióne	and Bonneotic do				
(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DR. GARY BURNSTEIN COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTH CLINIC - 45580 WOODWARD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AVENUE – PONTIAC, MI 48341	32-0015321	501(C)(3)	0.	91,043.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
DREAM CENTERS WOMEN'S CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4360 MONTEBELLO DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)	0.	292,324.	PURCHASED	SUPPLIES	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
					ESTIMATED		SUPPORT TO US CLINICS &
DUPAGE HEALTH COALITION					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
511 THORNHILL DRIVE, SUITE C					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CAROL STREAM, IL 60188	36-4448208	501(C)(3)	0.	5,058.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EAST CENTRAL MS HEALTH CARE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1490 HIGHWAY 487					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEBASTOPOL, MS 39359	64-0610471	501(C)(3)	0.	111,771.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
EAST GEORGIA HEALTHCARE, INC.					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
215 NORTH COLEMAN STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SWAINSBORO, GA 30401	58-2001607	501(C)(3)	0.	14,403.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EAST TEXAS COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SERVICES - 1401 S. UNIVERSITY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DRIVE - NACOGDOCHES, TX 75963	75-2184369	501(C)(3)	0.	42,451.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
EAST VALLEY COMMUNITY HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CENTER - 420 S. GLENDORA AVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WEST COVINA, CA 91790	23-7068586	501(C)(3)	0.	6,269.	PURCHASED	EQUIPMENT	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) DIRECT RELIEF Part II Continuation of Grants and Other A	Assistance to De	mostic Organizations	and Domostic Co	vornmonte (Sch	edule I (Form 990) P	art II)	95-1831116 Page
(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
					ESTIMATED		SUPPORT TO US CLINICS &
EL CENTRO DE CORAZON					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
7037 CAPITOL STREET, STE. N100					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HOUSTON, TX 77011	76-0442781	501(C)(3)	0.	151,619.	PURCHASED	SUPPLIES	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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EL DORADO COUNTY COMMUNITY HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CENTER - 4327 GOLDEN CENTER DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
- PLACERVILLE, CA 95667	42-1533531	501(C)(3)	٥.	48,999.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
EL HOGAR GUEST HOUSE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
600 BERCUT DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SACRAMENTO, CA 95811	68-0032730	501(C)(3)	٥.	7,767.	PURCHASED	SUPPLIES	PATIENTS
· · · · · · · · · · · · · · · · · · ·					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EL MILAGRO CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
901 EAST VERMONT AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MCALLEN, TX 78503	74-2784427	501(C)(3)	٥.	10,583.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EL PROYECTO DEL BARRIO					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
8902 WOODMAN AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ARLETA, CA 91331	95-2662606	501(C)(3)	٥.	529,954.	PURCHASED	EQUIPMENT	PATIENTS
ELLIS COUNTY COALITION FOR HEALTH					ESTIMATED		SUPPORT TO US CLINICS &
OPTION DBA HOPE CLINIC - 411 E.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
JEFFERSON STREET - WAXAHACHIE, TX					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
75165	75-2813621	501(C)(3)	٥.	102,378.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
END OVERDOSE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1055 E COLORADO BLVD #5006					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
PASADENA, CA 91101	83-0696963	501(C)(3)	0.	47,586.	PRICE	SUPPLIES	PATIENTS
ENLACE CHICAGO							
2759 S. HARDING AVE							
CHICAGO, IL 60623	36-3727669	501(C)(3)	50,000.	0.			COVID19-US

Schedule I (Form 990) DIRECT RELIEF							95-1831116 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa T	art II.)	I
(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
							SUPPORT TO US CLINICS &
ERIC B. CHANDLER HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
277 GEORGE STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
NEW BRUNSWICK, NJ 08901	22-3273811	501(C)(3)	0.	25,312.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
TOWAH BAPTIST CHARITY PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
.8901 E. ETOWAH ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
IOBLE, OK 73068	73-1637078	501(C)(3)	0.	8,331.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EUNICE COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
450 MOOSA BLVD, STE. E					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EUNICE, LA 70535	27-0213992	501(C)(3)	0.	467,131.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EXCELTH, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
L515 POYDRAS STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70112	72-1193464	501(C)(3)	٥.	584,242.	PURCHASED	SUPPLIES,	PATIENTS
EXTRA BASES							
PO BOX 4996							ABBVIE PR MEDICALLY
AGUADILLA, PR 00605	66-0594469	501(0)(3)	25,000.	0.			FRAGILE POPULATIONS
	00 0354405	501(0)(3)	23,000.	••	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AIRVIEW COMMUNITY HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
225 NATCHEZ TRACE AVENUE					PRICE,	, UINER, MEDICAL	
	61-1386859	E01(0)(2)	0.	467 161		SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
BOWLING GREEN, KY 42103	01-1300059	501(C)(3)	0.	407,101.	PURCHASED	,	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FAITH COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
510 S SIXTH STREET				50.005	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BRANSON, MO 65616	94-3467834	501(C)(3)	0.	59,025.	PURCHASED	EQUIPMENT	PATIENTS
FAITH COMMUNITY HEALTH CTR INC							
510 S 6TH ST							
BRANSON, MO 65616	94-3467834	501(C)(3)	46,399.	0.			BAXTER INNOVATION AWARD
,			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FAITH FAMILY MEDICAL CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
326 21ST AVENUE NORTH					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NASHVILLE, TN 37203	62-1816811	501(C)(3)	0.	913 398	PURCHASED	SUPPLIES,	, PATIENTS

Schedule I (Form 990) DIRECT RELIEF				· (0-1			95-1831116 Page
Part II Continuation of Grants and Other A (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					ESTIMATED WHOLESALE	PHARMACEUTICALS , MEDICAL	SUPPORT TO US CLINICS & HEALTH CENTERS FOR
661 W. 1ST ST. #G					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TUSTIN, CA 92780	20-0310654	501(C)(3)	٥.	51,815.	PURCHASED	EQUIPMENT	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.	٥.			COVID19-US
					ESTIMATED		SUPPORT TO US CLINICS &
FAMILY CHRISTIAN HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
31 WEST 155TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HARVEY, IL 60473	36-4346917	501(C)(3)	٥.	15,648.	PURCHASED	EQUIPMENT	PATIENTS
FAMILY HEALTH CARE CENTERS OF					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GREATER LOS ANGELES BELL GARDENS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
FAMILY MEDICAL CE - 6501 SOUTH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GARFIELD AVENUE - BELL GARDENS, CA	95-1641454	501(C)(3)	٥.	20,260.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
FAMILY HEALTH CARE, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
340 SOUTHWEST BOULEVARD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
KANSAS CITY, KS 66103	48 - 1067752	501(C)(3)	0.	142,193.	PURCHASED	SUPPLIES	PATIENTS
FAMILY HEALTH CENTER OF CLARK					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COUNTY DBA FAMILY HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
OF SOUTHERN INDIA - 1319 DUNCAN					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AVENUE - JEFFERSONVILLE, IN 47130	35-1842342	501(C)(3)	0.	28,818.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FAMILY HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
716 S. FIRST AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OKANOGAN, WA 98840	91-1275011	501(C)(3)	0.	14 295.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990) DIRECT RELIEF				. (0-1-			95-1831116 Page
Part II Continuation of Grants and Other A (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							FUND FOR HEALTH EQUITY,
823 GATEWAY CENTER WAY							ADDRESS MICRONUTRIENT DE
SAN DIEGO, CA 92102-4541	95-2833205	501(C)(3)	300,000.	0.			AWARDS BAYER
				·	ESTIMATED		SUPPORT TO US CLINICS &
FAMILY HEALTH CENTERS OF SOUTHWEST					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
FLORIDA - 2232 GRAND AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PHARMACY - FORT MYERS, FL 33901	59-1741273	501(C)(3)	0.	25 733.	PURCHASED	SUPPLIES	PATIENTS
,,,					ESTIMATED		SUPPORT TO US CLINICS &
FAMILY HEALTH PARTNERSHIP					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
401 CONGRESS PARKWAY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)	0.	21 845.	PURCHASED	, SUPPLIES	PATIENTS
,,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FAMILY HEALTH SERVICES					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
ADMINISTRATION - 794 EASTLAND DR -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
TWIN FALLS, ID 83301	82-0371093	501(C)(3)	0.	342,940.	PURCHASED	, EQUIPMENT	, PATIENTS
,					ESTIMATED	~	SUPPORT TO US CLINICS &
FAMILY HEALTH SERVICES OF DARKE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
COUNTY - 5735 MEEKER ROAD -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
GREENVILLE, OH 45331	34-1119524	501(C)(3)	0.	14,708.	PURCHASED	, SUPPLIES	, PATIENTS
/				,	ESTIMATED		SUPPORT TO US CLINICS &
FAMILY HEALTHCARE					WHOLESALE		HEALTH CENTERS FOR
25 NORTH 100 EAST					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ST. GEORGE, UT 84770	35-2163112	501(C)(3)	0.	5,804.	PURCHASED	SUPPLIES	PATIENTS
				, , , , , , , , , , , , , , , , , , , ,	ESTIMATED		SUPPORT TO US CLINICS &
FARGO CASS PUBLIC HEALTH FAMILY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PLANNING CLINIC - 1240 25TH ST S -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FARGO, ND 58103	45-6002069	501(C)(3)	0.	20,466.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
FAYETTE CARE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1260 HIGHWAY 54 W					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FAYETTEVILE, GA 30214	20-0314897	501(C)(3)	0.	73,021.	PURCHASED	, SUPPLIES	PATIENTS
			1		ESTIMATED		SUPPORT TO US CLINICS &
FEATHER RIVER TRIBAL HEALTH, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2145 5TH AVENUE					PRICE,	, OTHER,	LOW-INCOME, UNINSURED
OROVILLE, CA 95965	68-0440292	501(C)(3)	0.	22,377.	PURCHASED	EQUIPMENT	PATIENTS

 Schedule I (Form 990)
 DIRECT RELIEF

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

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(a) Name and address of organization or government	(b) 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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FEED MY SHEEP FREE CHILDREN'S					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC - 116 W AVENUE G - TEMPLE,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TX 76504	${\bf 46} - {\bf 3436384}$	501(C)(3)	0.	70,903.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
FEMHEALTH USA INC DBA CARAFEM					ESTIMATED		HEALTH CENTERS FOR
1001 CONNECTICUT AVENUE NW					WHOLESALE		LOW-INCOME, UNINSURED
WASHINGTON, DC 20036	46-4144274	501(C)(3)	٥.	25,732.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FERNCARE FREE CLINIC, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
751 E. NINE MILE ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FERNDALE, MI 48220	32-0246843	501(C)(3)	٥.	15,925.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FETTER HEALTH CARE NETWORK					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
51 NASSAU STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CHARLESTON, SC 29403	57-0604703	501(C)(3)	٥.	486,022.	PURCHASED	SUPPLIES,	PATIENTS
FINDLEY FOUNDATION INC THE FINDLEY					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FOUNDATION - 10721 W. CAPITOL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
DRIVE, STE 21 - WAUWATOSA, WI					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
53222	82-3097119	501(C)(3)	٥.	333,925.	PURCHASED	EQUIPMENT	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							INCREASING IMMUNITY
LOS ANGELES, CA 90018	95-6142291	501(C)(3)	12,500.	0.			AWARDS - CVS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FIRST BAPTIST MEDICAL/DENTAL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC - 1607 CHERRY STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VICKSBURG, MS 39181	64-0334158	501(C)(3)	٥.	58,270.	PURCHASED	EQUIPMENT	PATIENTS
FIRST CHOICE HEALTH CENTERS, INC. 94 CONNECTICUT BLVD EAST HARTFORD, CT 06108	06-1416492		50,000.	0.			COVID19-US

Schedule I (Form 990) DIRECT RELIEF Part II Continuation of Grants and Other A	esistance to Dor	nostic Organizations	and Domostic Co	vornmonte (Sch	edule I (Form 990) P		95-1831116 Pag
(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FIRST CHOICE PRIMARY CARE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
400 POPLAR STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MACON, GA 31201	20-4391090	501(C)(3)	0.	45,968.	PURCHASED	SUPPLIES,	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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLINIC FIRST BAPTIST DENTON					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
MINISTRY CENTER - 1701 BROADWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - DENTON, TX 76201	45-5606427	501(C)(3)	0.	14,758.	PURCHASED	EQUIPMENT	PATIENTS
FIRST RESPONSE EMERGENCY MEDICAL SERVICES - JUAN J. OSUNA ST. 785 -							ABBVIE PR EMERGENCY PR
SAN JUAN, PR 00922	66-0489666	501(C)(3)	350,000.	0.			& RESP
,			, .				SUPPORT TO US CLINICS &
FIRST RESPONSE EMERGENCY MEDICAL							HEALTH CENTERS FOR
SERVICES - URB. LOS MONTES					PURCHASED		LOW-INCOME, UNINSURED
PALOMA ST. 462 - DORADO PR 00646	66-0489666	501(C)(3)	0.	12,205.	PRICE	EOUIPMENT	, PATIENTS
				, .		PHARMACEUTICALS	SUPPORT TO US CLINICS &
FISH RIVER RURAL HEALTH					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
12 BOLDUC AVENUE - MEDICAL					WHOLESALE	, SUPPLIES,	LOW-INCOME, UNINSURED
FORT KENT, ME 04743	01-0452749	501(C)(3)	0.	25,191.	PRICE	, EQUIPMENT	, PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS
FIVE RIVERS HEALTH CENTERS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
21 S EDWIN C. MOSES BLVD.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
DAYTON, OH 45417	45-0914398	501(C)(3)	0.	26,659.	, PURCHASED	, SUPPLIES	, PATIENTS
,		· · ·		,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
LAGLER COUNTY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
703 E. MOODY BLVD.					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
BUNNELL, FL 32110	20-5036975	501(C)(3)	0.	236,760.	PURCHASED	EQUIPMENT	PATIENTS
,				,		PHARMACEUTICALS	SUPPORT TO US CLINICS
FLATHEAD CITY, COUNTY PHD FLATHEAD					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
FAMILY PLANNING - 1035 1ST AVE W -					WHOLESALE	SUPPLIES	LOW-INCOME, UNINSURED
XALISPELL, MT 59901	81-6001361	501(C)(3)	0.	48,218.		EOUIPMENT	PATIENTS

Schedule I (Form 990) DIRECT RELIEF							95-1831116 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	(e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (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 COUTH WITH DIABETES - CMS BUILDING A - GAINESVILLE, FL 32608	23-7098099		0.	,	ESTIMATED WHOLESALE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
, FLORIDA COMMUNITY HEALTH CENTERS 1450 SOUTH TIFFANY DRIVE WEST PALM BEACH, FL 33407	59-1671640		0.	6,353.	ESTIMATED WHOLESALE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLORIDA COUNCIL OF PRIMARY CARE 2340 HANSEN LANE FALLAHASSEE, 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

Part II Continuation of Grants and Other A	Assistance to Dor	nesuc Organizations	and Domestic Go			ut 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							SUPPORT TO US CLINICS &
WITH DIABETES FCYD CAMP UTADA -					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
1995 WEST 9000 SOUTH - WEST					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
JORDAN, UT 84088	87-0642251	501(C)(3)	0.	27,317.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FRANKLIN COUNTY COMMUNITY CARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
506 TEXAS STATE HIGHWAY 37					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MOUNT VERNON, TX 75457	35-2593143	501(C)(3)	0.	768,172.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FREE CLINIC OF CENTRAL VIRGINIA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC PHARMACY - 1016 MAIN STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LYNCHBURG, VA 24504	54-1420756	501(C)(3)	0.	18,576.	PURCHASED	EQUIPMENT	PATIENTS
FREE CLINIC OF FRANKLIN COUNTY					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BERNARD HEALTHCARE CLINIC PHARMACY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
- 1171 FRANKLIN STREET - ROCKY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MOUNT, VA 24151	54-1634138	501(C)(3)	0.	47,509.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
FREE CLINIC OF MERIDIAN, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4707 POPLAR SPRINGS DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MERIDIAN, MS 39305	45-5309446	501(C)(3)	0.	351,238.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FREE CLINIC OF ROCKINGHAM COUNTY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
315 S. MAIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
REIDSVILLE, NC 27320	56-2003143	501(C)(3)	0.	43,798.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FREE CLINIC OF ROME					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3 PROFESSIONAL COURT SW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ROME, GA 30165	20-5296305	501(C)(3)	0.	580,086.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
FREE CLINIC OF SIMI VALLEY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2003 ROYAL AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SIMI VALLEY, CA 93065	23-7108154	501(C)(3)	0.	124,270.	PURCHASED	SUPPLIES	PATIENTS
			1		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FREE CLINIC OF THE TWIN COUNTIES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
140 LARKSPUR LANE SUITE C					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GALAX, VA 24333	54-1632194	501(C)(3)	0.	6 979.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990) DIRECT RELIEF Part II Continuation of Grants and Other A	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa		95-1831116 Pag
(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
							SUPPORT TO US CLINICS &
FREE CLINICS OF HENDERSON COUNTY					ESTIMATED		HEALTH CENTERS FOR
341 CASE STREET					WHOLESALE		LOW-INCOME, UNINSURED
IENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	0.	300,154.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
REE CLINICS OF IOWA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
O BOX 12099					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ES MOINES, IA 50312	42 - 1428706	501(C)(3)	0.	8,657.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
FREE MEDICAL CLINIC OF DARLINGTON					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
COUNTY - 203 GROVE STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
DARLINGTON, SC 29532	58-2445265	501(C)(3)	0.	16,228.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
REE MEDICAL CLINIC OF OAK RIDGE,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
NC 116 EAST DIVISION ROAD -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
DAK RIDGE, TN 37830	90-0715369	501(C)(3)	0.	85,898.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FREE MEDICAL CLINIC OF THE OZARKS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
100 SOUTH SUNSHINE STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
BRANSON, MO 65616	73-1524435	501(C)(3)	0.	369,927.	PURCHASED	, EQUIPMENT	, PATIENTS
FREEDOM TEMPLE COGIC							
L459 WEST 74TH STREET							INCREASING IMMUNITY
CHICAGO, IL 60636	36-3206669	501(0)(3)	12,500.	0.			AWARDS - CVS
	30 3200003	501(0)(5)	12,500.	0.			SUPPORT TO US CLINICS &
RESNO COUNTY DEPARTMENT OF PUBLIC							HEALTH CENTERS FOR
					PURCHASED		
IEALTH - 1221 FULTON STREET -	04 6000510	F01(d)(2)		11 022			LOW-INCOME, UNINSURED
RESNO, CA 93721	94-6000512	501(C)(3)	0.	11,033.		EQUIPMENT	PATIENTS
DIENDA IN NEED HEALEH ARNESS					ESTIMATED		SUPPORT TO US CLINICS &
RIENDS IN NEED HEALTH CENTER,					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
NC 1105 WEST STONE DRIVE -				co a=c	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CINGSPORT, TN 37660	62-1541637	501(C)(3)	0.	63,276.	PURCHASED	SUPPLIES	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) DIRECT RELIEF							95-1831116 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art 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							INCREASING IMMUNITY
DALLAS, TX 75232	75-2226280		12,500.	0.			AWARDS - CVS
	75 2220200		12,500.	••			
FUND FOR ARMENIAN RELIEF							
630 SECOND AVENUE							
NEW YORK, NY 10016	13-3706646	501(C)(3)	50,000.	0.			COVID19-GLOBAL (INCL US)
	10 0,00010						
FUNDACION ATENCION ATENCION							
267 SIERRA MORENA, PMB 316							ABBVIE PR MEDICALLY
SAN JUAN, PR 00926	66-0812537	501(C)(3)	180,000.	0.			FRAGILE POPULATIONS
/			, .				
FUNDACION CAP INC.							
PO BOX 10807							ABBVIE PR MEDICALLY
SAN JUAN, PR 00922	66-0826249	501(C)(3)	100,000.	0.			FRAGILE POPULATIONS
FUNDACION CENTRO PEDIATRICO DE							
DIABETES - C/O MARIANA BENITEZ,							
260 CONVENTO S - SANTURCE, PR							ABBVIE PR MEDICALLY
00912	66-0597488	501(C)(3)	75,000.	0.			FRAGILE POPULATIONS
							ABBVIE PR INFRASTRUCTUR
FUNDACION HOSPITAL PEDIATRICO,							EQUIPMENT, ABBVIE PR
INC PO BOX 10728 - SAN JUAN, PR							MEDICALLY FRAGILE
00922	66-0817091	501(C)(3)	1,263,050.	0.			POPULATIONS
FUNDACION YO NO ME QUITO							
PO BOX 190816							ABBVIE PR MEDICALLY
SAN JUAN, PR 00919	66-0853785	501(C)(3)	25,000.	0.			FRAGILE POPULATIONS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
G A CARMICHAEL FHC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1668 WEST PEACE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CANTON, MS 39046	64 - 0580940	501(C)(3)	0.	10,029.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GAIN, INC GREATER ACCESS TO THOSE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
IN NEED - 712 W 3RD STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LITTLE ROCK, AR 72201	71-0763418	501(C)(3)	0.	116,176.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Doi (b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							SUPPORT TO US CLINICS &
GALES CREEK CAMP FOUNDATION					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
5950 SW HAMPTON STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
TIGARD, OR 97223	93-6010464	501(C)(3)	0.	11,477.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
ARFIELD HEALTH CENTER					ESTIMATED		HEALTH CENTERS FOR
701 S. ATLANTIC BLVD. #100					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
MONTEREY PARK, CA 91754	76-0733752	501(C)(3)	0.	10,907.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GENERATIONS FAMILY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
40 MANSFIELD AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WILLIMANTIC, CT 06226	22-3158253	501(C)(3)	0.	21,968.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SENESIS COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
215 WEST 35TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GARDEN CITY, ID 83714	82-0505073	501(C)(3)	0.	34,517.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
GENESIS COMMUNITY HEALTH INC.					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
639 EAST OCEAN AVENUE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
BOYNTON BEACH, FL 33435	80-0374741	501(C)(3)	0.	31,861.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GENESIS FAMILY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
224 N. TAYLOR AVE., #1					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GARDEN CITY, KS 67846	48-1049519	501(C)(3)	0.	82,778.	PURCHASED	EQUIPMENT	PATIENTS
·					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GENESIS HEALTH SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
707 7TH STREET W					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PALMETTO, FL 34221	65-0478868	501(C)(3)	0.	109,566.	PURCHASED	EQUIPMENT	PATIENTS
•			1	,			SUPPORT TO US CLINICS &
GEORGIA OVERDOSE PREVENTION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
345 CREEKSTONE RIDGE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
NOODSTOCK, GA 30188	58-2227958	501(C)(3)	0.	15,213.		, SUPPLIES	PATIENTS
			1	,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GET UP PROJECT DBA HOPE MEDICAL					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CLINIC - 8101 CAMERON ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AUSTIN, TX 78754	45-4931906		1		PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990) DIRECT RELIE							95-1831116 Page
Part II Continuation of Grants and Othe	er Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.) T	1
(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
WASHINGTON, DC 20009	00-1011000	501(0/(5/	250,000.		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD HEALTH CLINIC					WHOLESALE	_ MEDICAL	HEALTH CENTERS FOR
1555 OVERSEAS HIGHWAY, #2					PRICE	, MEDICAL SUPPLIES,	
,	04-3745805	501/(3)/(3)	0.		,	EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
FAVERNIER, FL 33070	04-3745805	501(C)(5)	· · ·	,	PURCHASED		
NOOD NETGUDOD HOUGE					ESTIMATED	PHARMACEUTICALS MEDICAL	SUPPORT TO US CLINICS &
GOOD NEIGHBOR HOUSE					WHOLESALE	/	HEALTH CENTERS FOR
627 EAST 1ST STREET	21 1254154	F01 (a) (2)			PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DAYTON, OH 45402	31-1374154	501(C)(3)	0.	,	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD NEWS CARE CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
7855 SW 104TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MIAMI, FL 33156	59-0914210	501(C)(3)	0.	,	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
GOOD NEWS CLINICS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
310 PINE STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GAINESVILLE, GA 30501	58-2058853	501(C)(3)	0.	245,059.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
GOOD NEWS HEALTH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2716 EAST WASHINGTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NDIANAPOLIS, IN 46201	35-0999233	501(C)(3)	0.	13,607.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SAMARITAN CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
515 NORTH B STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FORT SMITH, AR 72901	71-0863639	501(C)(3)	0.	814,817.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SAMARITAN CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
8880 WATERMELON ROAD, SUITE A					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TUSCALOOSA, AL 35473	63-1199900	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
GOOD SAMARITAN CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4435 GULF BREEZE PARKWAY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GULF BREEZE, FL 32563	59-3690750	501(C)(3)	0.		PURCHASED	, SUPPLIES	, PATIENTS

Schedule I (Form 990) DIRECT RELIEF							95-1831116 Page
Part II Continuation of Grants and Other	Assistance to Dou	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SAMARITAN CLINIC OF WEST					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
VOLUSIA COUNTY - 136 EAST PLYMOUTH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AVENUE - DELAND, FL 32724	30-0408193	501(C)(3)	0.	20,263.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SAMARITAN HEALTH AND WELLNESS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 175 SAMARITAN DRIVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JASPER, GA 30143	58-2576315	501(C)(3)	0.	14,810.	PURCHASED	EQUIPMENT	PATIENTS
GOOD SAMARITAN HEALTH CENTER, INC.							
1015 DONALD LEE HOLLOWELL PARKWAY	И						
ATLANTA, GA 30318	58-2373395	501(C)(3)	180,000.	0.			ABBVIE HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SAMARITAN HEALTH CLINIC OF					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
PASCO – 5334 ASPEN STREET – NEW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PORT RICHEY, FL 34652	59-3072334	501(C)(3)	0.	88,718.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
GOOD SAMARITAN HEALTH SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1422 E 71ST ST SUITE B					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
TULSA, OK 74136	73-1559561	501(C)(3)	0.	27,136.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
GOOD SAMARITAN PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2502 NO. TAMIAMI TRAIL					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NOKOMIS, FL 34275	26-2295558	501(C)(3)	0.	16,550.	PURCHASED	SUPPLIES	PATIENTS
GOOD SAMARITAN SHELTER					ESTIMATED		SUPPORT TO US CLINICS &
ADMINISTRATION - 245 E. INGER					WHOLESALE		HEALTH CENTERS FOR
DRIVE, #103B - SANTA MARIA, CA					PRICE,	OTHER, MEDICAL	LOW-INCOME, UNINSURED
93458	77-0133375	501(C)(3)	0.	22,096.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SHEPHERD CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
6392 MURPHY DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MORROW, GA 30260	58-2578581	501(C)(3)	0.	41,511.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GOOD SHEPHERD FREE MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
307 NORTH BROAD STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CLINTON, SC 29325	57-0996466	501(C)(3)	0.	23,957.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990) DIRECT RELIEF							95-1831116 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) 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
					ESTIMATED		SUPPORT TO US CLINICS &
GOOD SHEPHERD MEDICAL AND DENTAL					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
FOUNDATION - 20 12TH AVE. NW -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ARDMORE, OK 73401	73-1509801	501(C)(3)	0.	11,297.	PURCHASED	SUPPLIES	PATIENTS
GOSHEN MEDICAL CENTER INC.							
12 SW CENTER STREET, PO BOX 187							FUND FOR HEALTH EQUITY,
FAISON, NC 28341	56-1209062	501(C)(3)	250,000.	0.			LILLY HEALTH EQUITY
				- •			
GRACE BAPTIST CHURCH							
52 SOUTH 6TH AVENUE							INCREASING IMMUNITY
MOUNT VERNON, NY 10550	13-6017526		12,500.	٥.			AWARDS - CVS
					ESTIMATED		SUPPORT TO US CLINICS &
GRACE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
300 W CANAL DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
KENNEWICK, WA 99336	77-0592408	501(C)(3)	0.	34,660.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
GRACE COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1019 CUMBERLAND FALLS HWY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CORBIN, KY 40701	26-1779437	501(C)(3)	0.	59,031.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GRACE HEALTHCARE SERVICES CORP DBA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
GRACE PHARMACY - 1329 SW 16TH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - GAINESVILLE, FL 32610	81-4300044	501(C)(3)	0.	85,158.	PURCHASED	EQUIPMENT	PATIENTS
GRACE HOUSE MINISTRIES							
4309 DEBARDELEBEN AVENUE							
FAIRFIELD, AL 35064	57-0903169	501(C)(3)	50,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GRACE MEDICAL HOME					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
L417 E. CONDCORD ST.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DRLANDO, FL 32803	26-1817966	501(C)(3)	0.	633,539.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
GRACE OUTREACH TO HEALTH COMMUNITY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CLINIC - 837 EAST WALNUT STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GRAPEVINE, TX 76051	75-2195702	501(C)(3)	0.	63,895.	PURCHASED	SUPPLIES	PATIENTS

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	urt 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
					ESTIMATED		SUPPORT TO US CLINICS
GRANT PARK CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1340 BOULEVARD SE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ATLANTA, GA 30315	58-1577640	501(C)(3)	0.	29,865.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS
GREAT SALT PLAINS HEALTH CENTER,					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC 405 S. OKLAHOMA AVE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CHEROKEE, OK 73728	20-8787477	501(C)(3)	0.	18,400.	PURCHASED	SUPPLIES	PATIENTS
GREATER GREENWOOD UNITED MINISTRY					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
FREE MEDICAL CLINIC - 1404					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
EDGEFIELD STREET - GREENWOOD, SC					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
29646	57-1012393	501(C)(3)	0.	13,332.	PURCHASED	EQUIPMENT	PATIENTS
				<i>,</i>	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
GREATER HARTFORD HARM REDUCTION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
COALITION INC 28 GRAND ST					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
HARTFORD, CT 06106	47-4312705	501(C)(3)	0.	61,298.	PURCHASED	EQUIPMENT	PATIENTS
,				<i>,</i>			SUPPORT TO US CLINICS
GREATER HICKORY COOPERATIVE					ESTIMATED		HEALTH CENTERS FOR
COMMUNITY HEALTH CENTER - 31 1ST					WHOLESALE		LOW-INCOME, UNINSURED
AVENUE SE - HICKORY, NC 28602	56-0934855	501(C)(3)	0.	147,281.	PRICE	PHARMACEUTICALS	PATIENTS
				<i>,</i>	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
GREATER KILLEEN FREE CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
718 N. 2ND STREET, STE. A					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
XILLEEN, TX 76541	74-2724725	501(C)(3)	0.	963,108.	PURCHASED	SUPPLIES,	PATIENTS
<i>.</i>				<i>,</i>	ESTIMATED	,	SUPPORT TO US CLINICS
GREATER MERIDIAN HEALTH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC 2701 DAVIS STREET -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MERIDIAN, MS 39301	64-0732893	501(C)(3)	0.	8,238.	, PURCHASED	, SUPPLIES	, PATIENTS
GREATER PRINCE WILLIAM COMMUNITY				,		PHARMACEUTICALS	SUPPORT TO US CLINICS
HEALTH CENTER - 4379 RIDGEWOOD					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
CENTER DRIVE - WOODBRIDGE, VA					WHOLESALE	, SUPPLIES,	LOW-INCOME, UNINSURED
22192	83-0435138	501(C)(3)	0.	17,746.		EQUIPMENT	PATIENTS
				, •••	ESTIMATED	~ PHARMACEUTICALS	SUPPORT TO US CLINICS
GREENE COUNTY HEALTH CARE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
7 PROFESSIONAL DRIVE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
SNOW HILL, NC 28580	56-0992353	501(C)(3)	0.	169 803	PURCHASED	EQUIPMENT	PATIENTS

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

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

(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					ESTIMATED		SUPPORT TO US CLINICS &
CALDWELL HEALTH COUNCIL, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4330 COLLETTSVILLE ROAD -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
COLLETTSVILLE, NC 28611	59-1756933	501(C)(3)	0.	26,894.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ARBOR HEALTH SERVICES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
35 ATTUCKS LANE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
IYANNIS, MA 02601	23-7100550	501(C)(3)	0.	71,172.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
IARDEMAN COUNTY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
529 NUCKOLLS RD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BOLIVAR, TN 38008	58-1995646	501(C)(3)	0.	348,154.	PURCHASED	EQUIPMENT	PATIENTS
i					ESTIMATED		SUPPORT TO US CLINICS &
ARDIN COUNTY REGIONAL HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
ENTER - 765 FLORENCE ROAD -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAVANNAH, TN 38372	58-2053386	501(C)(3)	0.	302,251.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
ARM REDUCTION COALITION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
460 MISSION STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94103	94-3204958	501(C)(3)	0.	38,270.	PRICE	SUPPLIES	PATIENTS
· · · ·							SUPPORT TO US CLINICS &
ARM REDUCTION OHIO					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
35 RIVER ROAD SUITE G					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
RANVILLE, OH 43023	82-5110907	501(C)(3)	0.	27,492.	PRICE	SUPPLIES	PATIENTS
, ,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ARM REDUCTION SERVICES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
800 STOCKTON BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ACRAMENTO, CA 95817	68-0300656	501(C)(3)	0.	130,952.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS &
ARMONY HEALTH CLINIC VOLUNTEERS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
N MEDICINE - 201 EAST ROOSEVELT					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
OAD - LITTLE ROCK, AR 72206	20-5691313	501(C)(3)	0.	97,032.	, PURCHASED	, SUPPLIES	, PATIENTS
1		-	1	,	ESTIMATED		SUPPORT TO US CLINICS &
ARNEY COUNTY HEALTH DEPARTMENT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
120 NORTH FAIRVIEW AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BURNS, OR 97720	93-6002296	501(C)(3)	0.	29 437	PURCHASED	, SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A						art 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
					ESTIMATED		SUPPORT TO US CLINICS &
HAWAII H.O.M.E. PROJECT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
551 ILALO STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HONOLULU, HI 96813	99-0085260	501(C)(3)	0.	82,903.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS
HEAL THE CITY FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
509 S CAROLINA					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
AMARILLO, TX 79106	46-5694050	501(C)(3)	0.	71,385.	PURCHASED	SUPPLIES	PATIENTS
· ·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALING COMMUNITY CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3915 CASCADE RD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ATLANTA, GA 30331	26-3990559	501(C)(3)	0.	387 642.	PURCHASED	, EQUIPMENT	, PATIENTS
,					ESTIMATED	~	SUPPORT TO US CLINICS
HEALING HANDS HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
245 MIDWAY MEDICAL PARK					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BRISTOL IN 37620	62-1677000	501(C)(3)	0.	23 298	PURCHASED	, SUPPLIES	PATIENTS
,				,			
HEALING HANDS MINISTRIES							
8515 GREENVILLE AVENUE, SUITE N-113	2						INCREASING IMMUNITY
DALLAS, TX 75243	65-1259379		50,000.	0.			AWARDS - CVS
	00 1200070				ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HEALING HANDS MINISTRIES					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
3515 GREENVILLE AVE. N-112					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75243	65-1259379	501(0)(3)	0.	19 661	PURCHASED	EQUIPMENT	PATIENTS
	05-1259579	501(0)(5)	· · ·	49,001.	FORCHASED	EQUIFMENT	FAITENIS
HEALTH ACCESS FOR ALL							
1919 WEST 7TH ST 2ND FLOOR							INCREASING IMMUNITY
	46-2972741	E01(0)(2)	50,000.	0.			AWARDS - CVS
LOS ANGELES, CA 90057	40-29/2/41	501(C)(3)	50,000.	0.			
HEALTH ACCESS FOR ALL INC. DBA					ESTIMATED		SUPPORT TO US CLINICS
ANGELES COMMUNITY HEALTH CENTER -					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
L919 W 7TH STREET - LOS ANGELES,					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CA 90057	46-2972741	501(C)(3)	0.	219,328.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HEALTH ACCESS, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
489 WASHINGTON AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CLARKSBURG, WV 26301	55-0715066	501(C)(3)	0.	247,736.	PURCHASED	EQUIPMENT	PATIENTS

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

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(a) Name and address of organization or government	(b) 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	26 1700202	F01(d)(2)	F0 000	0			STRENGTHEN REPRODUCTIVE
OKLAHOMA CITY, OK 73112	26-1789292	501(C)(3)	50,000.	0.			HLTH AWARD BAYER
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH ALLIANCE FOR THE UNINSURED					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3000 UNITED FOUNDERS BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OKLAHOMA CITY, OK 73112	26-1789292	501(C)(3)	0.	,	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH AND HOPE CLINIC, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1718 EAST OLIVE ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	254,920.	PURCHASED	SUPPLIES,	PATIENTS
HEALTH BRIGADE							
1010 N. THOMPSON STREET							
RICHMOND, VA 23230	54-0927792	501(C)(3)	250,000.	0.			ABBVIE HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HEALTH BRIGADE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1010 N. THOMPSON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RICHMOND, VA 23230	54-0927792	501(C)(3)	٥.	323,466.	PURCHASED	EQUIPMENT	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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HOMELESS DBA ORANGE BLOSSOM FAMILY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTH CENTER - 232 NORTH ORANGE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BLOSSOM TRAIL - ORLANDO, FL 32805	59-3185020	501(C)(3)	0.	303,931.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HEALTH CENTER OF SOUTHEAST TEXAS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
307 N. WILLIAM BARNETT AVE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
CLEVELAND, TX 77327	56-2508501	501(C)(3)	0.		, PURCHASED	, EQUIPMENT	, PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH FOR ALL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3030 EAST 29TH STREET, SUITE 111					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
BRYAN, TX 77802	74-2624477	501(C)(3)	0.		PURCHASED	, EQUIPMENT	, PATIENTS

Schedule I (Form 990) DIRECT RELIEF				· (0-1-			95-1831116 Pag
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section (c) 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
							SUPPORT TO US CLINICS &
HEALTH HELP DBA WHITE HOUSE					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CLINICS - 1010 MAIN STREET SOUTH -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
MCKEE, KY 40447	61-0843731	501(C)(3)	0.	14,168.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH MINISTRIES CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
720 MEDICAL CENTER DR.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NEWTON, KS 67114	48 - 1091875	501(C)(3)	0.	55,841.	PURCHASED	EQUIPMENT	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.	٥.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH PARTNERS FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1300 NORTH COUNTY ROAD 25A					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ткоу, он 45373	31-1596731	501(C)(3)	0.	366,509.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH PARTNERS OF WESTERN OHIO					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
441 EAST 8TH STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
LIMA, OH 45804	56-2330309	501(C)(3)	0.	59,838.	PURCHASED	EQUIPMENT	, PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH PARTNERSHIP CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
405 S. CLAIREBORNE ROAD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
DLATHE, KS 66062	48-1115529	501(C)(3)	0.	12,602.	PURCHASED	, EQUIPMENT	, PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS &
HEALTH PROMED FOUNDATION, INC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
AVE. BORINQUEN #2020					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SANTURCE, PR 00915	66-0437924	501(C)(3)	0.	18,536.	PURCHASED	, EQUIPMENT	, PATIENTS
HEALTH PROMOTION DISEASE					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
PREVENTION (HPDP) FORT PECK TRIBES					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
- 417 13TH AVE EAST - POPLAR, MT					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
59255	81-0292623		0.	73 314	PURCHASED	EOUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HEALTH REACH COMMUNITY CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
400 EAST STATESVILLE AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MOORESVILLE, NC 28115	20-1020941	501(C)(3)	0.	295 716	PURCHASED	EQUIPMENT	PATIENTS

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

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

Schedule I (Form 990) DIRECT RELIEF							95-1831116 Page
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), P I	art 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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTHQUEST OF UNION COUNTY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
415 EAST FRANKLIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MONROE, NC 28112	56-2117596	501(C)(3)	0.	29,134.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTHREACH COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTERS - 10 WATER ST SUITE 305 -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WATERVILE, ME 04901	01-6023664	501(C)(3)	0.	33,692.	PURCHASED	EQUIPMENT	PATIENTS
HEALTHRIGHT 360/HAIGHT ASHBURY					ESTIMATED		SUPPORT TO US CLINICS &
FREE CLINIC MISSION STREET -					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
ADMINISTRATION - 1735 MISSION					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
STREET - SAN FRANCISCO, CA 94103	94-6129071	501(C)(3)	0.	68,745.	PURCHASED	SUPPLIES	PATIENTS
· · · ·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTHWORKS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
2508 E. FOX FARM ROAD #1B					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
CHEYENNE, WY 82007	87-0718984	501(C)(3)	0.	176,771.	PURCHASED	, EQUIPMENT	, PATIENTS
,				, ,	ESTIMATED		SUPPORT TO US CLINICS &
HEALTHWORKS FOR NORTH VIRGINIA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
163 FORT EVANS ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LEESBURG, VA 20176	20-2379419	501(C)(3)	0.	49 739.	PURCHASED	, SUPPLIES	, 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
,					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTHY MOTHERS HEALTHY BABIES					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
COALITION OF HAWAII - 245 N KUKUI					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ST #102A - HONOLULU, HI 96817	99-0299264	501(C)(3)	0.	60 172	PURCHASED	EQUIPMENT	PATIENTS
,							SUPPORT TO US CLINICS &
HEART AND SOUL CLINIC					ESTIMATED		HEALTH CENTERS FOR
17338 WESTFIELD PARK ROAD, SUITE #:					WHOLESALE		LOW-INCOME, UNINSURED
WESTFIELD, IN 46074	80-0390182	501(C)(3)	0.	6,527.		PHARMACEUTICALS	PATIENTS
"HOIT ILLD, IN 100/1	00 0000102	501(0/(3/	· · ·	0,527.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEART OF KANSAS FAMILY HEALTHCARE					WHOLESALE	_ MEDICAL	HEALTH CENTERS FOR
						'	
	10 11 <i>6</i> 10 -	501(C)(2)			PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BEND, KS 67530	48-1165405	pu1(C)(3)	0.	<i>8</i> ,050.	PURCHASED	EQUIPMENT	PATIENTS

(a) Name and address of							
(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
							SUPPORT TO US CLINICS &
HEART OF OHIO FAMILY HEALTH CENTER					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
5000 EAST MAIN STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
WHITEHALL, OH 43213	38-3765547	501(C)(3)	0.	5,131.	PRICE	EQUIPMENT	PATIENTS
HEARTLAND HEALTH CENTERS							
3048 N WILTON AVE, 2ND FLOOR							INCREASING IMMUNITY
CHICAGO, IL 60657	36-3843377	501(C)(3)	50,000.	0.			AWARDS - CVS
			, ,		ESTIMATED		SUPPORT TO US CLINICS &
HEARTLAND MEDICAL CLINIC, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1312 W 6TH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LAWRENCE, KS 66044	48-1221800	501(C)(3)	0.	47,613.	PURCHASED	, SUPPLIES	, PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HELPING HANDS CLINIC, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
310 HARPER AVE NW					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
LENOIR, NC 28645	56-2076541	501(C)(3)	0.	29,283.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HELPING HANDS HEALTH AND WELLNESS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 5100 KARL ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COLUMBUS, OH 43229	20-5937457	501(C)(3)	0.	8,594.	PURCHASED	EQUIPMENT	PATIENTS
HELPING HANDS OF TENNESSEE							
1408 NORTH HIGHLAND AVENUE							GENERAL U.S. EMERGENCY
JACKSON, TN 38301	81-1043752	501(C)(3)	50,000.	0.			PREP & RESPONSE
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HENDERSON BEHAVIORAL HEALTH HILL					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
ROGRAM - 4700 NORTH STATE ROAD 7					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
- LAUDERDALE LAKES, FL 33319	59-0711167	501(C)(3)	0.	40,173.	PURCHASED	, EQUIPMENT	, PATIENTS
HERITAGE COMMUNITY CLINIC OHIO				,	ESTIMATED	~ PHARMACEUTICALS	SUPPORT TO US CLINICS &
JNIVERSITY HERITAGE COLLEGE OF					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
OSTEOPATHIC MEDICI - 1 OHIO					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
JNIVERSITY - ATHENS, OH 45701	31-6402113	501(C)(3)	0.	13,052.	, PURCHASED	, EQUIPMENT	, PATIENTS
					1		1
NERITAGE HEALTH							

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HIGHLAND MEDICAL CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
120 JACKSON RIVER RD.					PRICE.	, SUPPLIES,	LOW-INCOME, UNINSURED
MONTEREY, VA 24465	54-1652356	501(C)(3)	0.	6,087.	, PURCHASED	, EQUIPMENT	PATIENTS
, HIGHLANDS HEALTH LAUREL HIGHLANDS					ESTIMATED	~ PHARMACEUTICALS	SUPPORT TO US CLINICS
FREE & CHARITABLE CLINIC - 315					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
LOCUST STREET - JOHNSTOWN, PA					PRICE	SUPPLIES	LOW-INCOME, UNINSURED
15901	23-2922409	501(C)(3)	0.	126 140.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
HILL COUNTRY HEALTH AND WELLNESS					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 29632 HWY 299 EAST -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ROUND MOUNTAIN, CA 96084	94-2831597	501(C)(3)	0.	6,247.		, MIDICAL SUPPLIES	PATIENTS
	54 2031357	501(0/(5/		0,217.	ESTIMATED		SUPPORT TO US CLINICS
HILL COUNTRY MISSION FOR HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
122 COMMERCE AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BOERNE, TX 78006	48-1262832	501(C)(3)	0.	159 550	PURCHASED	SUPPLIES	PATIENTS
BOERNE, IX 70000	40-1202032	501(0/(5/	0.	139,330.	ESTIMATED	SOLLITES	SUPPORT TO US CLINICS
HINDS MOBILE MD					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
8485 EAST MCDONALD DRIVE #214						_ MEDICAL	
	82-5152803	E01/(0)/(2)	0.	7 007	PRICE,	, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
SCOTTSDALE, AZ 85250	02-5152005	501(C)(3)	0.	1,997.	PURCHASED		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HIS BRANCHES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
340 ARNETT BLVD.				22.000	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ROCHESTER, NY 14619	23-7060337	501(C)(3)	0.	33,226.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HISPANIC COMMUNITY SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
211 VANDYNE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JONESBORO, AR 72401	68-0561016	501(C)(3)	0.	16,072.	PURCHASED	EQUIPMENT	PATIENTS
HISPANIC COMMUNITY SERVICES, INC. I)						
211 VANDYNE ST.							
JONESBORO, AR 72401	68-0561016	501(C)(3)	162,839.	0.			FUND FOR HEALTH EQUITY
			,,				
HISPANIC COMMUNITY SERVICES, INC.)						
211 VANDYNE ST.							
JONESBORO, AR 72401	68-0561016	501(C)(3)	50,000.	0.			COVID19-US

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(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
ULCOANTO REDERATION INC							
HISPANIC FEDERATION, INC.							
55 EXCHANGE PLACE	12 2572052	F01 (d) (2)	F0.000	0			
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
	75 2555400	501(0)(5)					
HISPANIC HEALTH COALITION OF							
GEORGI - 11175 CICERO DRIVE, SUITE							
, 100 - ALPHARETTA, GA 30022	75-2995466	501(C)(3)	250,000.	٥.			FUND FOR HEALTH EQUITY
,					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HIV ALLIANCE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
L195A CITY VIEW STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
EUGENE, OR 97402	93-0963546	501(C)(3)	0.	89,081.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HIV/AIDS ALLIANCE FOR REGION TWO					WHOLESALE	, OTHER ,	HEALTH CENTERS FOR
4550 NORTH BLVD SUITE 250					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BATON ROUGE, LA 70806	72-1283359	501(C)(3)	0.	23,528.	PURCHASED	SUPPLIES,	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS
HOGAR DEL BUEN PASTOR					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
250 AVENIDA DE LA CONSTITUCION PUER	ł				WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SAN JUAN, PR 00901	66-0488299		0.	11,124.	PRICE	EQUIPMENT	PATIENTS
HOGAR DEL BUEN PASTOR INC							
250 AVENIDA DE LA CONSTITUCION							ABBVIE PR MEDICALLY
SAN JUAN, PR 00901	66-0488299	501(C)(3)	400,000.	٥.			FRAGILE POPULATIONS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
IOLLAND FREE HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
9 WEST 26TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HOLLAND, MI 49423	30 - 0072620	501(C)(3)	0.	43,782.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
OMESTEAD COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
.51 NW 11 ST.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HOMESTEAD, FL 33030	84-2514662	501(C)(3)	0.	5,162.	PURCHASED	EQUIPMENT	PATIENTS

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOPE CARE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
414 S COLUMBIA ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VENATCHEE, WA 98801	84-3948838	501(C)(3)	0.	6,828.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
IOPE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
18 HARRIET STREET					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
PSILANTI, MI 48197	38-2469007	501(C)(3)	0.	95,015.	PURCHASED	EQUIPMENT	PATIENTS
· ·				, .	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HOPE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
203 NORTH STREET					PRICE.	, SUPPLIES,	LOW-INCOME, UNINSURED
BAYBORO, NC 28515	56-2114681	501(C)(3)	0.	158,479.	, PURCHASED	, EQUIPMENT	, PATIENTS
HOPE CLINIC 2001 CORPORATE, SUITE 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	50,000.	0.			SAFETY NET SUPPORT
100STON, TX //036	31-1/20010	501(C)(3)	50,000.	U.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
HOPE CLINIC AND CARE CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
L814 APPLETON RD						, MEDICAL SUPPLIES,	
IENASHA, WI 54952	47-3031346	501(C)(3)	0.	503 152	PRICE, PURCHASED	EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
ENASHA, WI 54952	47-5051540	501(C)(3)	· · ·	595,452.	FORCHASED	EQUIPMENI	SUPPORT TO US CLINICS
HOPE CLINIC FOR WOMEN					ESTIMATED		HEALTH CENTERS FOR
.602 21ST STREET					WHOLESALE		LOW-INCOME, UNINSURED
RANITE CITY, IL 62040	37-1017984		0.	6,638.		PHARMACEUTICALS	PATIENTS
MANITE CITT, TH 02040	57 1017504			0,030.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
OPE CLINIC OF MCKINNEY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
.03 E. LAMAR STREET					PRICE,	, MEDICAL SUPPLIES,	LOW-INCOME, UNINSURED
ICKINNEY, TX 75069	81-3813928	501(C)(3)	0.	391 992	PURCHASED	EQUIPMENT	PATIENTS
CRIMEL, IX 75005	01 3013920	501(0/(5/	· · ·	551,552.	ESTIMATED	EQUITMENT	SUPPORT TO US CLINICS
OPE HEALTH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
025 SANIBEL WAY, SUITE E					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
AGRANGE, KY 40031	45-2340606	501(C)(3)	0.	204 457	PURCHASED	, MEDICAL SUPPLIES	PATIENTS
Monande, NI 40031		501(0)(5)		204,437.	ESTIMATED	50110100	SUPPORT TO US CLINICS
OPE MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
.50 BEACH DRIVE					PRICE,	_ MEDICAL	LOW-INCOME, UNINSURED
DESTIN, FL 32541	26-3811078	F01/(3)/(2)	0.		PURCHASED	, MEDICAL SUPPLIES	PATIENTS

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOPELIGHT MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
351 COLLYER STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ONGMONT, CO 80501	46-4657471	501(C)(3)	0.	45,691.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ORIZON HEALTH CARE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
, DMINISTRATION - 109 NORTH MAIN					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
TREET - HOWARD, SD 57349	46-0341255	501(C)(3)	0.	1,275,571.		EQUIPMENT	, PATIENTS
				, , -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ORIZONS HEALTH COASTAL HORIZONS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CENTER, INC 613 SHIPYARD BLVD -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ILMINGTON NC 28412	56-0950370	501(C)(3)	0.	37 766.	PURCHASED	EQUIPMENT	PATIENTS
				,•	ESTIMATED		SUPPORT TO US CLINICS &
OSPITAL COMUNITARIO BUEN					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
AMARITANO, - CARR. EST. PR-460,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
M. 0.2 - AGUADILLA, PR 00603	66-0571457		0.	89 218	PURCHASED	, SUPPLIES	PATIENTS
,					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OSPITAL GENERAL DE CASTAER, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CARRETERA 135, KM. 4.5					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CASTANER, PR 00631	66-0352014	501(C)(3)	0.	370 051	PURCHASED	SUPPLIES,	PATIENTS
ADIANER, IR 00031	00 0332014	501(0/(5/		570,051.	I OKCHADED	50111115,	TATIENTS
IOSPITAL GENERAL DE CASTANER							
PO BOX 1003							ABBVIE PR MEDICALLY
ASTANER, PR 00631-1003	66-0352014	501(C)(3)	245,000.	0.			FRAGILE POPULATIONS
<i>,</i>			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OT SPRINGS HEALTH PROGRAM					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
90 MEDICAL PARK DRIVE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ARSHALL, NC 28753	56-0986537	501(C)(3)	0.	5,376.	, PURCHASED	, EQUIPMENT	, PATIENTS
				, -			
IPM FOUNDATION HEALTHPRO MED							
020 AVE. BORINQUEN							ABBVIE PR INFRASTRUCTUR
SAN JUAN, PR 00915	66-0437924	501(C)(3)	1,520,000.	0.			EQUIPMENT
,			, , ,				
HUDSON RIVER HEALTHCARE, INC.							
.037 MAIN STREET							
EEKSKILL, NY 10566-2913	13-2828349	501(C)(3)	50,000.	0.			COVID19-US

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi (b) EIN	(c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	(e) Amount of noncash assistance	edule I (Form 990), Pa (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					ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS , MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
- ARCATA, CA 95521	47-2822261	501(C)(3)	0.	49,317.	PURCHASED	EQUIPMENT	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					ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
SWAN QUARTER, NC 27885	56-6000308	501(C)(3)	0.	15 465	PURCHASED	EQUIPMENT	PATIENTS
2000 2000 2000			.		ESTIMATED		SUPPORT TO US CLINICS &
HYNDMAN AREA HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
104 RAILROAD STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BEDFORD, PA 15522	25-1343824	501(C)(3)	0.	97,372.	PURCHASED	SUPPLIES	PATIENTS
ICNA RELIEF USA							
1092 JOHNNIE DODDS BLVD	04 2010101	F01(0)(0)	F0 000				
MT PLEASANT, SC 29464 ICNA RELIEF USA PROGRAMS INC DBA	04-3810161	501(C)(3)	50,000.	0.	ESTIMATED	PHARMACEUTICALS	HURRICANE FLORENCE SUPPORT TO US CLINICS &
SHIFA FREE CLINIC - 1092 JOHNNIE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
DODDS BLVD, SUITE 108 - MOUNT					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
PLEASANT, SC 29464	04-3810161	501(C)(3)	0.	289 274	PURCHASED	EQUIPMENT	PATIENTS
	04 5010101	501(0)(3)	••	205,274.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
INCLUSIVCARE					WHOLESALE	OTHER,	HEALTH CENTERS FOR
4028 US HWY 90					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
AVONDALE, LA 70094	56-2439708	501(C)(3)	0.	241 794.	PURCHASED	SUPPLIES	PATIENTS
,				,			SUPPORT TO US CLINICS
INDIAN HEALTH BOARD OF					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
MINNEAPOLIS, INC 1315 E. 24TH					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - MINNEAPOLIS, MN 55404	41-0977740	501(C)(3)	0.	16,769.		, EQUIPMENT	, 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 U

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INDIGENOUS PEOPLES TASK FORCE							
1335 E 23RD STREET							
MINNEAPOLIS, MN 55404	36-3617906	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
			, .		ESTIMATED		SUPPORT TO US CLINICS &
INHEALTH COMMUNITYFREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
109 1/2 E BLUFF ST					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BOSCOBEL, WI 53805	33-1170597	501(C)(3)	0.	7,380.	PURCHASED	, SUPPLIES	, PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
INLAND BEHAVIORAL HEALTH SERVICES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC 1963 NORTH E STREET - SAN					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BERNARDINO, CA 92405	95-3246624	501(C)(3)	0.	24,258.	PURCHASED	EQUIPMENT	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							ABBVIE PR MEDICALLY
SAN JUAN, PR 00925	66-0725105	501(C)(3)	167,300.	0.			FRAGILE POPULATIONS
					ESTIMATED		SUPPORT TO US CLINICS
INTERCAMBIOS PUERTO RICO, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
165 CALLE DIEGO ZALDUONDO (ALTOS)	66 0721005	F01(a)(2)		17 205	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FAJARDO, PR 00738	66-0731885	501(C)(3)	0.	17,305.	PURCHASED ESTIMATED	SUPPLIES	PATIENTS SUPPORT TO US CLINICS &
INTERFAITH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2305 CHAMPAGNOLLE RD.					PRICE,	_ MEDICAL	LOW-INCOME, UNINSURED
EL DORADO, AR 71730	71-0236863	501(C)(3)	0.	111 560	PURCHASED	, MEDICAL SUPPLIES	PATIENTS
	,1 0230303	501(0)(3)		111,500.		00110100	SUPPORT TO US CLINICS &
IOWA HARM REDUCTION COALITIONS					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1216 2ND AVENUE SE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
CEDAR RAPIDS, IA 52403	82-1864287	501(C)(3)	0.	8,007.		SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS (
IRONBOUND COMMUNITY HEALTH CENTER,					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC 788 MOUNT PROSPECT AVENUE,					PRICE	MEDICAL	LOW-INCOME, UNINSURED
FLOOR 2 - NEWARK, NJ 07104	85-0829120	501(C)(3)	0.	128 550	PURCHASED	SUPPLIES	PATIENTS

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

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					ESTIMATED		SUPPORT TO US CLINICS &
JWCH INSTITUTE, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
5650 JILLSON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
COMMERCE, CA 90040	95-2289916	501(C)(3)	0.	36,290.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KANSAS CITY CARE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3515 BROADWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
KANSAS CITY, MO 64111	43-0967292	501(C)(3)	0.	238,251.	PURCHASED	EQUIPMENT	PATIENTS
· · ·				,	ESTIMATED		SUPPORT TO US CLINICS &
KATAHDIN VALLEY HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
30 HOULTON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PATTEN, ME 04765	23-7411014	501(C)(3)	0.	6 105.	, PURCHASED	, EQUIPMENT	, PATIENTS
				,	ESTIMATED	~	SUPPORT TO US CLINICS &
KATHLEEN LUTON LAURA MARTINEZ					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
12320 PARKLAWN DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ROCKVILLE, MD 20852	23-7022588	501(C)(3)	0.	27 503.	PURCHASED	, SUPPLIES	, PATIENTS
,					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KATY TRAIL COMMUNITY HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
SEDALIA - 821 WESTWOOD DRIVE -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
SEDALIA, MO 65301	43-1879853	501(C)(3)	0.	25 426	PURCHASED	EQUIPMENT	PATIENTS
	10 10,000	501(0)(5)					SUPPORT TO US CLINICS &
KEE CHA E NAR					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
230 KLAMATH BLVD., SUITE A					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
KLAMATH, CA 95548	47-4098140	501(C)(3)	0.	5,658.		, MIDICAL SUPPLIES	PATIENTS
	47 4050140	501(0/(5/		5,050.		50111115	
KEE CHAR E NAR							
230 KLAMATH BLVD.							
KLAMATH, CA 95548	47-4098140	501(C)(3)	76,000.	0.			FUND FOR HEALTH EQUITY
MAAAIII, CA 55540	47 4050140	501(0/(5/	/0,000.	0.			SUPPORT TO US CLINICS &
KEYSTONE DIABETIC KIDS CAMP CAMP					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
VICTORY - 58 CAMP VICTORY ROAD -					WHOLESALE		
	23-2481065	501(0)(2)	0.	7,445.		SUPPLIES, EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
MILLVILLE, PA 17846	23-2401005	201(C)(2)	0.	/,445.			
KINGMON CONTINUES WERE ALL CONTROL					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KINSTON COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
324 N. QUEEN STREET	FC 1000075	F01(a)(2)			PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
KINSTON, NC 28501	56-1833275	DUT(C)(3)	0.	269,201.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section 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.		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	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		0.		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 KANEOHE, HI 96744	99-0118209		50,000.	0.			COVID19-US

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

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(a) Name and address of organization or government	(b) 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
	27 1707313	501(0)(3)		••	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LA CLINICA CRISTIANA					WHOLESALE	_ MEDICAL	HEALTH CENTERS FOR
380 WILSON LAKE SHORES						'	
	20 1624284	E01(0)(2)	0	100 275	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)	0.	198,375.	PURCHASED	EQUIPMENT	PATIENTS
LA CLINICA DEL PUEBLO							
2831 15TH ST NW							
	ED 1040EE1	E01(0)(2)	E0 000	0.			COVID19-US
WASHINGTON, DC 20009	52-1942551	501(C)(3)	50,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
LA COMUNIDAD HISPANA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
731 W. CYPRESS STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
KENNETT SQUARE, PA 19348	23-2041915	501(C)(3)	0.	102,439.	PURCHASED	EQUIPMENT	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
					ESTIMATED		SUPPORT TO US CLINICS
LACKEY CLINIC PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1620 OLD WILLIAMSBURG ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
YORKTOWN, VA 23690	54-1850915	501(C)(3)	0.	,	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
LAHAI HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2152 NORTH 122ND STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98133	33-1052418	501(C)(3)	٥.	50,451.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS
LAKE AREA FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
856 ARMOUR ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
OCONOMOWOC, WI 53066	39-2006388	501(C)(3)	0.	5 441	PURCHASED	SUPPLIES	PATIENTS

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 Part II
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(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LAKE COUNTY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
125 EAST ERIE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PAINESVILLE, OH 44077	34-1081191	501(C)(3)	0.	281,464.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LAKE COUNTY TRIBAL HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
925 BEVINS CT					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LAKEPORT, CA 95453	94-2847137	501(C)(3)	0.	17,308.	PURCHASED	EQUIPMENT	PATIENTS
LAKE HEALTH DISTRICT FUND					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NORTHEAST OHIO DRUG REPOSITORY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
PROGRAM - 7757 AUBURN ROAD UNIT 6					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- PAINESVILLE, OH 44077	34-1598598	501(C)(3)	0.	37,677.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
LAKE NORMAN FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
14230 HUNTERS ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HUNTERSVILLE, NC 28078	04-3723062	501(C)(3)	0.	278,938.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
LAKELAND VOLUNTEERS IN MEDICINE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
600 W PEACHTREE ST					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LAKELAND, FL 33815	52-2351630	501(C)(3)	0.	40,350.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LANAI COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
333 SIXTH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LANAI CITY, HI 96763	20-2509287	501(C)(3)	0.	288,733.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
LANCASTER HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
304 NORTH WATER STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LANCASTER, PA 17603	23-2160896	501(C)(3)	0.	25,701.	PRICE	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
LAS VEGAS RECOVERY CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
3321 N. BUFFALO DRIVE #200					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LAS VEGAS, NV 89129	20-3380211	501(C)(3)	0.	8,007.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LASANTE HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
672 PARKSIDE AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BROOKLYN, NY 11226	46-4149537	501(C)(3)	0.	351 970.	PURCHASED	EQUIPMENT	PATIENTS

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(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		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		0.		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.		ESTIMATED WHOLESALE PRICE, FURCHASED	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.		ESTIMATED WHOLESALE PRICE, FURCHASED	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		0.		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		0.		ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of	Assistance to Dor (b) EIN	mestic Organizations (c) IRC section	and Domestic Go	vernments (Sch (e) Amount of	edule I (Form 990), Pa	art II.) (g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
LIFESPRING COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1042 E 3RD STREET, SUITE 300					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CHATTANOOGA, TN 37404	27-3856741	501(C)(3)	0.	5,396.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
LIGHT OF THE WORLD CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
5333 N. DIXIE HWY #201					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
OAKLAND PARK, FL 33334	$65 \!-\! 0266070$	501(C)(3)	0.	528,698.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
LIGHTHOUSE MEDICAL MINISTRIES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2801 S. ROBINSON AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
OKLAHOMA CITY, OK 73109	20-0503733	501(C)(3)	0.	464,375.	PURCHASED	SUPPLIES	PATIENTS
LITTLE HAVANA ACTIVITIES &							
NUTRITIO - 700 SW 8 STREET -							
MIAMI, FL 33130	23-7378008	501(C)(3)	150,000.	٥.			FUND FOR HEALTH EQUITY
LITTLE HAVANA ACTIVITIES &							
NUTRITIO - 700 SW 8 STREET -							
MIAMI, FL 33130	23-7378008	501(C)(3)	50,000.	٥.			COVID19-US
							SUPPORT TO US CLINICS &
LLOYD F. MOSS FREE CLINIC PHARMACY					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1301 SAM PERRY BLVD. STE 100					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)	0.	492,988.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
LONE STAR COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
605 S. CONROE MEDICAL DR.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CONROE, TX 77304	30-0038860	501(C)(3)	0.	63,097.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
LONG ISLAND FQHC HUDSON RIVER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
HEALTHCARE - 1600 STEWART AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SUITE 300 - WESTBURY, NY 11590	27-0216316	501(C)(3)	0.	159,610.	, PURCHASED	, SUPPLIES	, PATIENTS
,			1	, , ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LONG ISLAND SELECT HEALTHCARE,					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
INC 159 CARLETON AVENUE -					PRICE	SUPPLIES	LOW-INCOME, UNINSURED
CENTRAL ISLIP, NY 11722	47-1001464	501(C)(3)	0.	18 426	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(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
					ESTIMATED		SUPPORT TO US CLINICS &
LONG VALLEY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
50 BRANSCOMB ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LAYTONVILLE, CA 95454	94-2536128	501(C)(3)	0.	5,689.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LORAIN COUNTY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
5040 OBERLIN AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LORAIN, OH 44053	34-1506180	501(C)(3)	0.	52,143.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LOS ANGELES CHRISTIAN HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTERS - 453 S. SPRING ST LOS					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ANGELES, CA 90013	95-4315734	501(C)(3)	0.	61,410.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LOS ANGELES COMMUNITY CLINIC, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1830 W. OLYMPIC BLVD. #124					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90006	46-3963600	501(C)(3)	0.	54,523.	PURCHASED	EQUIPMENT	PATIENTS
LOS BARRIOS UNIDOS COMMUNITY CLINIC - 809 SINGLETON BLVD							
DALLAS, TX 75212	75-1378664	501(C)(3)	220,000.	٥.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LOS BARRIOS UNIDOS COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC - 809 SINGLETON BLVD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75212	75-1378664	501(C)(3)	٥.	150,100.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
LOUISIANA LIONS CAMP					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
292 L BEAUFORD DRIVE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ANACOCO, LA 71403	72-0544373	501(C)(3)	0.	7,935.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LOVE IN ACTION OF THE TRI-CITIES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
326 N FERRY STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GRAND HAVEN, MI 49417	38-2856482	501(C)(3)	0.	22,923.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LSS HEALTH CENTER AT FAITH MISSION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
245 N. GRANT AVE.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COLUMBUS, OH 43215	31-4412586	501(C)(3)	0.	72,956.	PURCHASED	EQUIPMENT	PATIENTS

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LUKE 52 CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
9615 MAIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WHITMORE LAKE, MI 48843	81-2779813	501(C)(3)	0.	129,041.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
MABEL WADSWORTH CENTER					ESTIMATED		HEALTH CENTERS FOR
700 MOUNT HOPE AVENUE					WHOLESALE		LOW-INCOME, UNINSURED
BANGOR, ME 04401	22-2667466	501(C)(3)	0.	13,283.	PRICE	PHARMACEUTICALS	PATIENTS
MACEDONIA BAPTIST CHURCH 1751 E 114TH ST	95-3913821		12 500	0.			INCREASING IMMUNITY
LOS ANGELES, CA 90059	95-3913021		12,500.	0.			AWARDS - CVS
NA GON NOT INTERD OF THE					ESTIMATED		SUPPORT TO US CLINICS &
MACON VOLUNTEER CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
376 ROGERS AVE				20 545	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MACON, GA 31204	74-3055376	501(C)(3)	0.	30,547.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MAMOU HEALTH RESOURCES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
300 SOUTH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MAMOU, LA 70554	72-0949444	501(C)(3)	0.	29,904.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MANNA MEDICAL CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
120 STREET A, SUITE A					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PICAYUNE, MS 39466	20-1788094	501(C)(3)	0.	35,504.	PURCHASED	SUPPLIES	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
							SUPPORT TO US CLINICS &
MARJORIE WILSON					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
2717 W. BANNOCK ST. SUITE 100					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
BOISE, ID 83702	84-2505295	501(C)(3)	0.	16,014.	PRICE	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(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
	72 1079721	501(0/(3)	130,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MARTIN LUTHER KING HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
865 OLIVE STREET					PRICE	, OINER, MEDICAL	LOW-INCOME, UNINSURED
SHREVEPORT, LA 71104	72-1079721	501(C)(3)	0.		PURCHASED	SUPPLIES	PATIENTS
SHREVEPORI, LA /1104	72-1079721	501(C)(3)	0.	709,304.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MADELI WACHINGTON DICEDICE						_ MEDICAL	
MARTIN-TYRRELL-WASHINGTON DISTRICT					WHOLESALE	,	HEALTH CENTERS FOR
HEALTH - 198 NC HWY 45 N -			0	00 100	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PLYMOUTH, NC 27962	56-1066387	WASHINGTON COUNT	0.	29,136.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
MARY'S CENTER FOR MATERNAL AND					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CHILD CARE, INC 2333 ONTARIO RD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NW - WASHINGTON, DC, DC 20009	52-1594116	501(C)(3)	0.	30,920.	PURCHASED	SUPPLIES	PATIENTS
MATAGORDA EPISCOPAL HEALTH					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OUTREACH PROGRAM MEDICAL CLINIC -					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
101 AVENUE F NORTH - BAY CITY, TX					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
77414	20-0537948	501(C)(3)	0.	19,850.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MATTAWA COMMUNITY MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
210 GOVERNMENT ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MATTAWA, WA 99349	91-1499763	501(C)(3)	0.	93,924.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MATTHEW 25, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
413 EAST JEFFERSON BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FORT WAYNE, IN 46802	35-1484951	501(C)(3)	0.	1,097,071.	PURCHASED	EQUIPMENT	PATIENTS
MED CENTRO INC.							ABBVIE PR INFRASTRUCTURE
1034 HOSTOS AVENUE							EQUIPMENT, ABBVIE PR
PONCE, PR 00716	66-0292961	501(C)(3)	700,000.	0.			ENERGY PROJECTS
					ESTIMATED		SUPPORT TO US CLINICS &
MED CENTRO, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1034 HOSTOS AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PONCE, PR 00716	66-0292961	501(C)(3)	Ο.	59,688.	PURCHASED	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi (b) EIN	mestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sch (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV,	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MEDICAL ASSOCIATES PLUS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2467 GOLDEN CAMP ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NUGUSTA, GA 30906	31-1591242	501(C)(3)	0.	193,258.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS a
EDICAL OUTREACH MINISTRIES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
741 CARMICHAEL PARKWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
IONTGOMERY, AL 36117	63-1204645	501(C)(3)	0.	65,801.	PURCHASED	EQUIPMENT	PATIENTS
EDICAL SCIENCES CAMPUS UNIVERSITY							SUPPORT TO US CLINICS
OF PUERTO RICO SAN JUAN - PASEO							HEALTH CENTERS FOR
DR. JOSE CELSO BARBOSA - SAN JUAN,					PURCHASED		LOW-INCOME, UNINSURED
R 00921	66-0433762	PUERTO RICO	0.	8,210.	PRICE	EQUIPMENT	PATIENTS
EDICAL SOCIETY OF MOBILE COUNTY							
701 AIRPORT BLVD.							
MOBILE, AL 36606	63-0435364	501(C)(3)	118,000.	0.			FUND FOR HEALTH EQUITY
						PHARMACEUTICALS	SUPPORT TO US CLINICS
EDLINK GEORGIA, INC.					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
1 CHARLIE MORRIS ROAD					WHOLESALE	, SUPPLIES,	LOW-INCOME, UNINSURED
OLBERT, GA 30628	58-1394645	501(C)(3)	0.	16,485.	PRICE	EQUIPMENT	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
EL LEAMAN FREE CLINIC OF SMYTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
OUNTY - 601 RADIO HILL ROAD -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ARION, VA 24354	54-1993876	501(C)(3)	0.	9 314.	, PURCHASED	, EOUIPMENT	, PATIENTS
						~	SUPPORT TO US CLINICS
ENTAL WELLNESS CENTER					ESTIMATED		HEALTH CENTERS FOR
17 GARDEN STREET					WHOLESALE		LOW-INCOME, UNINSURED
CANTA BARBARA, CA 93101	95-1962659	501(C)(3)	0.	7,911.		OTHER	PATIENTS
			+	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
ERCI CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
315 TATUM DRIVE						, OIHER, MEDICAL	
	56-2034052	501(C)(2)	0.	107 500	PRICE,		LOW-INCOME, UNINSURED PATIENTS
EW BERN, NC 28560	50-2034052	501(0)(3)	U.	407,388.	PURCHASED	SUPPLIES,	
TRAV OF TOTAL MODELL					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
ERCY CLINIC OF FORT WORTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
75 WEST BOWIE ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FORT WORTH, TX 76110	45-3841621	501(C)(3)	0.	12,283.	PURCHASED	EQUIPMENT	PATIENTS

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(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MERCY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
700 OGLETHORPE AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ATHENS, GA 30606	58-2603523	501(C)(3)	0.	527,591.	PURCHASED	EQUIPMENT	, PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MERCY HOUSING NORTHWEST					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
6930 MARTIN LUTHER KING JR. WAY S					PRICE.	, SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98118	91-1546525	501(C)(3)	0.	17,683.	, PURCHASED	, EQUIPMENT	, PATIENTS
,				, .	ESTIMATED	~	SUPPORT TO US CLINICS &
MERCY MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
615 WASHINGTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SHELBYVILLE, KY 40065	61-1211189	501(C)(3)	0.	150 449	PURCHASED	, SUPPLIES	PATIENTS
,					ESTIMATED		SUPPORT TO US CLINICS &
MERCY MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
300 ARLINGTON DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
VIDALIA, GA 30474	27-1107136	501(C)(3)	0.	8 646	PURCHASED	, MIDICAL SUPPLIES	PATIENTS
VIDADIA, GA 50474	27 1107130	501(0/(5/	0.	0,040.	I OKCHASED	50111115	SUPPORT TO US CLINICS &
MERCY MEDICINE FREE CLINIC					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
500 S. COIT STREET					WHOLESALE	_ MEDICAL	
	31-1693093	F(1/q)/2)	0.	6 959		, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
FLORENCE, SC 29501	21-1032032	501(C)(3)	0.	6,858.		SUPPLIES	
METROPOLITAN COMMUNITY HEALTH					ESTIMATED		SUPPORT TO US CLINICS &
SERVICES DBA AGAPE HEALTH SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
- 120 W. MARTIN LUTHER KING DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
- WASHINGTON, NC 27889	56-2143419	501(C)(3)	0.	10,568.	PURCHASED	SUPPLIES	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
							SUPPORT TO US CLINICS &
MIAMI BEACH COMMUNITY HEALTH					ESTIMATED		HEALTH CENTERS FOR
CENTER - 710 ALTON ROAD - MIAMI					WHOLESALE		LOW-INCOME, UNINSURED
BEACH, FL 33139	59-1829984	501(C)(3)	0.	1,144,115.	PRICE	PHARMACEUTICALS	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section 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							
	45-1481860	501(c)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
MIAMI, FL 33127	42-1401000	501(0/(5/	250,000.	••	ESTIMATED		SUPPORT TO US CLINICS &
MIAMI RESCUE MISSION CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2015 N.W. 1ST AVENUE					PRICE,	MEDICAL	
	45-1481860	501/(3)/(3)	0.	24 011	PURCHASED	, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
MIAMI, FL 33127	45-1461660	501(C)(5)	· · ·	24,011.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MID DELTA HEALTH SYSTEMS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
245 MADISON STREET					PRICE	, MEDICAL SUPPLIES,	
	71 0629760	E01/(0)/(2)	0.		,	,	LOW-INCOME, UNINSURED
CLARENDON, AR 72029	71-0638760	501(C)(3)	0.	68,646.	PURCHASED	EQUIPMENT	PATIENTS
MIGRANT HEALTH CENTER WESTERN					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
REGION, INC CALLE RAMON E.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
BETANCES #491 SUR - MAYAGUEZ, PR					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
00680	66-0427801	501(C)(3)	0.	55,093.	PURCHASED	SUPPLIES,	PATIENTS
							ABBVIE PR INFRASTRUCTUR
MIGRANT HEALTH CTR WESTERN REGION							EQUIPMENT, ABBVIE PR
PO BOX 190							MOBILE HEALTH, ABBVIE F
MAYAGUEZ, PR 00681	66-0427801	501(C)(3)	345,000.	0.			MEDICALLY FRAGILE
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MILAN PUSKAR HEALTH RIGHT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
341 SPRUCE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MORGANTOWN, WV 26505	31-1118673	501(C)(3)	٥.	111,656.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MILWAUKEE HEALTH SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2555 N. MARTIN LUTHER KING DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MILWAUKEE, WI 53212	39-1664109	501(C)(3)	0.	55,674.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MISSION ARLINGTON MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
210 W. SOUTH STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ARLINGTON, TX 76010	75-2354962	501(C)(3)	0.	1,346,432.	•	, EQUIPMENT	, PATIENTS
,				, , .	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MISSION CITY COMMUNITY NETWORK,					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
INC 15206 PARTHENIA STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NORTH HILLS, CA 91343	95-4226189	501(C)(3)	0.	161 109	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MISSION EAST DALLAS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4550 GUS THOMASSON ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MESQUITE, TX 75150	72-2935803	501(C)(3)	0.	31,071.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
IISSION MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
125 E. LA SALLE STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)	0.	32,263.	PURCHASED	SUPPLIES	PATIENTS
				-	ESTIMATED		SUPPORT TO US CLINICS &
MISSION OF MERCY - ARIZONA CLINICS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
360 E. CORONADO ROAD, STE 160					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PHOENIX, AZ 85004	86-0704883	501(C)(3)	0.	647,040.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
IISSION OF MERCY ADMINISTRATION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
D/PA CLINICS - 103 WEST MIDDLE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - GETTYSBURG, PA 17325	86-0704883	501(C)(3)	0.	408,700.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
AISSOURI INSTITUTE OF MENTAL					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
HEALTH - 4633 WORLD PARKWAY CIRCLE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
- ST. LOUIS, MO 63134	43-6003859	501(C)(3)	0.	32,027.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
10AB FREE HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
880 N 500 W					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
IOAB, UT 84532	26-2082745	501(C)(3)	0.	28,427.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MOLOKAI OHANA HEALTH CARE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
30 OKI PLACE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
KAUNAKAKAI, HI 96748	51-0437659	501(C)(3)	0.	7,473.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
IONTANA MIGRANT COUNCIL					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
318 THIRD AVENUE N, STE. 200					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
BILLINGS, MT 59101	81-0350430	501(C)(3)	0.	66,994.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
IONTANA YOUTH DIABETES ALLIANCE					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
5 THIRTEENTH AVENUE EAST					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
POLSON, MT 59860	84-3705917	501(C)(3)	0.	5,360.	PRICE	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	ssistance to Do	mestic Organizations	and Domestic Go	o vernments (Sch	edule I (Form 990), Pa I	art 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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MORGAN COUNTY MEDICAL CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
224 OLD MILL ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WARTBURG, TN 37887	62-0913596	501(C)(3)	0.	280,406.	PURCHASED	EQUIPMENT	PATIENTS
MOROVIS COMMUNITY HEALTH CENTER							
PO BOX 518							ABBVIE PR MEDICALLY
MOROVIS, PR 00687	66-0480948	501(C)(3)	85,000.	0.			FRAGILE POPULATIONS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MOROVIS COMMUNITY HEALTH CENTER,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC CALLE PATRON #2 AVE.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COROZAL Y PATR - MOROVIS, PR 00687	66-0480948	501(C)(3)	0.	64,918.	PURCHASED	EQUIPMENT	PATIENTS
MORTON COMPREHENSIVE HEALTH							
SERVICE - P.O. BOX 481090 - TULSA							
OK 74148	73-1177858	501(C)(3)	50,000.	0.			LILLY NAVIGATOR GRANT
	/3 11//030	501(0)(3)	50,000.		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MORTON COMPREHENSIVE HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
SERVICES - 1334 N LANSING AVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TULSA, OK 74106	73-1177858	501(C)(3)	0.	46 197	PURCHASED	EQUIPMENT	PATIENTS
	/3 11//030	501(0)(3)		40,197.	ESTIMATED		SUPPORT TO US CLINICS &
MOUNTAIN FAMILY COMMUNITY HEALTH					WHOLESALE		HEALTH CENTERS FOR
CENTER - 1905 BLAKE AVENUE SUITE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
101 - GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	0.	7 777	PURCHASED	SUPPLIES	PATIENTS
	01 0,12110	501(0)(0)		,,,,, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MOUNTAIN HOME CHRISTIAN CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
421 WEST WADE AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MOUNTAIN HOME, AR 72653	71-0835511	501(C)(3)	0.	120 362	PURCHASED	EQUIPMENT	PATIENTS
	/1 0033311	501(0)(3)		120,302.	ESTIMATED		SUPPORT TO US CLINICS &
MOUNTAIN VALLEYS HEALTH CENTERS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
554-850 MEDICAL CENTER DRIVE					PRICE,	_ MEDICAL	LOW-INCOME, UNINSURED
BIEBER, CA 96009	94-2533006	501(C)(3)	0.	20 701	PURCHASED	, MEDICAL SUPPLIES	PATIENTS
	74 7222000		<u>0.</u>	20,194.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MOUNTAINLANDS COMMUNITY					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
TO OLUTION TO COLUMN TI		1	1			/ mubican	
589 SOUTH STATE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED

Part II Continuation of Grants and Other A	ssistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section 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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
M-POWER MINISTRIES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4022 FOURTH AVENUE SOUTH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BIRMINGHAM, AL 35222	31-1639601	501(C)(3)	0.	61,422.	PURCHASED	EQUIPMENT	PATIENTS
MT. ZION MISSIONARY BAPTIST CHURCH							
1203 WILLOW STREET							INCREASING IMMUNITY
OAKLAND, CA 94607	95-0162894		12,500.	0.			AWARDS - CVS
,			, ~		ESTIMATED		SUPPORT TO US CLINICS &
MYALLY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4700 SOUTH WASHINGTON STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
GRAND FORKS, ND 58201	45-0342671	501(C)(3)	0.	152 328.	PURCHASED	, SUPPLIES	, PATIENTS
				,	ESTIMATED		SUPPORT TO US CLINICS &
N.E.W. COMMUNITY CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
622 BODART STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
GREEN BAY, WI 54301	39-1200636	501(C)(3)	٥.	262,589.	, PURCHASED	, SUPPLIES	, 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	22 7104005	E01(C)(2)	248,000				
SILVER SPRING, MD 20910	23-7194995	501(C)(3)	248,000.	0.			FUND FOR HEALTH EQUITY
NATIVE ACTION INC.							
4805 24TH AVE #A							GENERAL U.S. EMERGENCY
MISSOULA, MT 59801	81-0450694	501(C)(3)	30,000.	0.			PREP & RESPONSE
NATIVE ACTION INC. 4805 24TH AVE #A							
MISSOULA, MT 59801	81-0450694	501(C)(3)	281,068.	0.			FUND FOR HEALTH EQUITY

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	nedule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMINE AMERICAN DEVELOPMENT CORD							
NATIVE AMERICAN DEVELOPMENT CORP							
BILLINGS, MT 59101	81-0512124	501(C)(3)	50,000.	0.			COVID19-US
NATIVE AMERICANS FOR COMMUNITY	01 0512124	501(0)(5)	50,000.	••	,		SUPPORT TO US CLINICS &
ACTION, INC. ADMINISTRATION - 1500					ESTIMATED		HEALTH CENTERS FOR
E CEDAR AVENUE - FLAGSTAFF, AZ					WHOLESALE		LOW-INCOME, UNINSURED
86004	86-0268489	501(C)(3)	0.	5 917	PRICE	EQUIPMENT	PATIENTS
	00 0200409	501(0/(5/	••	5,517.	IKICE		
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
	52 0555552	501(0)(0)					SUPPORT TO US CLINICS &
JAVAJO NATION DEPARTMENT OF HEALTH					ESTIMATED	OTHER, MEDICAL	HEALTH CENTERS FOR
ADMINISTRATION BUILDING NO. 2					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
WINDOW ROCK, AZ 86515	86-0092335	NAVAJO NATION	0.	68,694.		EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NC MEDASSIST					WHOLESALE	OTHER.	HEALTH CENTERS FOR
4428 TAGGART CREEK ROAD, SUITE 101					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CHARLOTTE, NC 28208	56-2018957	501(C)(3)	0.	16,543,590.	,	SUPPLIES,	PATIENTS
,,				,,,		,	SUPPORT TO US CLINICS &
NCADA					ESTIMATED		HEALTH CENTERS FOR
355 OLIVE BLVD					WHOLESALE		LOW-INCOME, UNINSURED
ST. LOUIS, MO 63132	43-0827852	501(C)(3)	0.	15,000.		PHARMACEUTICALS	PATIENTS
				,			SUPPORT TO US CLINICS &
JEIGHBORCARE HEALTH					ESTIMATED		HEALTH CENTERS FOR
200 12TH AVENUE, S, SUITE 901					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
SEATTLE, WA 98144	91-0893287	501(C)(3)	0.	5 479.	PRICE	SUPPLIES	PATIENTS
				-,,,,,,,,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EIGHBORHOOD CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
.323 S. YAKIMA AVENUE					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
CACOMA, WA 98405	91-1318144	501(C)(3)	0.	24 250	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
JEIGHBORHOOD FREE HEALTH CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
.520 VERNON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STOUGHTON, WI 53589	20-8566062	501(C)(3)	0.	5 633	PURCHASED	EQUIPMENT	PATIENTS

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEIGHBORHOOD HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
6677 RICHMOND HIGHWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	0.	275,589.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEIGHBORHOOD HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
517 SOUTH 8TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NASHVILLE, TN 37206	62-1032792	501(C)(3)	0.	41,404.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEIGHBORHOOD HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
88 12TH STREET NORTH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NAPLES, FL 34102	59-3546884	501(C)(3)	0.	461,337.	PURCHASED	EQUIPMENT	PATIENTS
NEIGHBORHOOD HEALTHCARE							SUPPORT TO US CLINICS
ADMINISTRATION - 425 N. DATE					ESTIMATED		HEALTH CENTERS FOR
STREET, SUITE 203 - ESCONDIDO, CA					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
92025	95-2796316	501(C)(3)	0.	5,004.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEIGHBORHOOD MEDICAL CENTER, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
438 WEST BREVARD STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TALLAHASSEE, FL 32301	23-7422549	501(C)(3)	0.	281,274.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
NEIGHBORHOOD SERVICE ORGANIZATION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
TUMAINI CENTER - 3430 THIRD STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- DETROIT, MI 48201	38-1561624	501(C)(3)	0.	66,675.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
NEOMED CENTER, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CARR. 941 SALIDA BO. JAGUAS					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GURABO, PR 00778	66-0485440	501(C)(3)	0.	24,209.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
NETWORK MEDICAL					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
185 S. PATTERSON AVENUE #C					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93111	77-0116381	501(C)(3)	0.	7,198.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
NEVADA DIABETES ASSOCIATION CAMP					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
BUCK - 18 STEWART STREET - RENO,					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
NV 89501	88-0386000	501(C)(3)	0.	22,208.	PRICE	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) 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							INCREASING IMMUNITY
STONECREST, GA 30038	58-1711477		12,500.	0.			AWARDS - CVS
NEW HANOVER COMMUNITY HEALTH	50 1/114//		12,500.	0.	ESTIMATED		SUPPORT TO US CLINICS &
CENTER DBA MEDNORTH HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
- 925 NORTH 4TH ST - WILMINGTON,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NC 28401	58-2003803	501(0)(3)	0.	60 221	PURCHASED	, MEDICAL SUPPLIES	PATIENTS
NC 20401	50-2003003	501(0)(5)	0.	00,221.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEW HEIGHTS CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
						, ·	
8000 NE 58TH AVENUE	01 0000670	F01(d)(2)		F F01	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VANCOUVER, WA 98665	91-2009672	501(C)(3)	0.	5,591.	PURCHASED	EQUIPMENT	PATIENTS
NEW HODE OF THIS					ESTIMATED		SUPPORT TO US CLINICS &
NEW HOPE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
201 WEST BOILING SPRING ROAD	21 1614250	501 (0) (2)		21 865	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SOUTHPORT, NC 28461	31-1614379	501(C)(3)	0.	31,765.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEW HOPE SERVICES, INC. DBA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HOPECARE CLINIC - 1302 WALL STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- JEFFERSONVILLE, IN 47130	35-1022158	501(C)(3)	0.	46,099.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
NEW HORIZON FAMILY HEALTH SERVICES					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
975 W. FARIS ROAD					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
GREENVILLE, SC 29605	57-0932597	501(C)(3)	0.	18,509.	PRICE	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
NEW JERSEY HARM REDUCTION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
COALITION - 137 W. HANOVER STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
- TRENTON, NJ 08618	91-1435394	501(C)(3)	0.	16,653.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NEW LIFE COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
32-10 QUEENS BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ELMHURST, NY 11373	11 - 3204890	501(C)(3)	0.	16,813.	PURCHASED	EQUIPMENT	PATIENTS
NEW SONG HEALTH CENTER DBA					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BOLINBROOK CHRISTIAN HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
- 151 EAST BRIARCLIFF ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BOLINGBROOK, IL 60440	36-4401468	501(C)(3)	0.	611,519.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art 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
	20 3000343	501(0)(3)	230,000.		ESTIMATED		SUPPORT TO US CLINICS &
NEWHOPE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1 S. COURT STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
DWINGSVILLE, KY 40360	61-1363437	501(C)(3)	0.	118 453	PURCHASED	, MEDICAL SUPPLIES	PATIENTS
MINGSVIELE, KI 40500	01 1303437	501(0/(3)	0.	110,455.	I OKCHABED	50111115	SUPPORT TO US CLINICS &
NEXT HARM REDUCTION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
22 WEST 27TH STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
NEW YORK, NY 10001	83-1333112	501(C)(3)	0.	49,010.		SUPPLIES	PATIENTS
NEW TORR, NI TOUUT	05 1555112	501(0/(3)	0.	49,010.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HAN HOA COMPREHENSIVE HEALTH CARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC - 7761 GARDEN GROVE BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GARDEN GROVE, CA 92841	33-0477323	501(C)(3)	0.	38 180	PURCHASED	EQUIPMENT	PATIENTS
SANDEN GROVE, CR 52041	55 0477525	501(0/(3)	0.	50,100.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
IKY HEALTH DEPARTMENT					WHOLESALE	_ MEDICAL	HEALTH CENTERS FOR
3001 VETERANS MEMORIAL DR					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FLORENCE, KY 41042	61-1008505	STATE OF KENTUCK	0.	88 833	PURCHASED	EQUIPMENT	PATIENTS
HORENCE, RI 41042	01-1000303	SIALE OF REMIDER	0.	00,033.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NO AIDS TASK FORCE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
631 ELYSIAN FIELDS AVENUE					PRICE,	SUPPLIES,	
	72-1059635	501(0)(2)	0.	107 010	,	EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
NEW ORLEANS, LA 70117	72-1039035	501(C)(3)	υ.	107,818.	PURCHASED	EQUIPMENI	FAITENIS
NOELA COMMUNITY HEALTH CENTER							
13085 CHEF MENTEUR HIGHWAY							
	20-4929600	501(0)(2)	187 000	0.			FIND FOR UFALMU FOULTRY
NEW ORLEANS, LA 70129	20-4929000	501(C)(3)	187,000.	υ.			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	20-4204212	501(0)(3)	230,000.	υ.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
,						, MEDICAL	
FAMILY HEALTH CLINICS OF					WHOLESALE	'	HEALTH CENTERS FOR
BURLINGTON, CARROLL - 901 PRINCE	26 1552200	E01(0)(2)	•	1 204 207	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WILLIAM RD., SUITE A - DELPHI, IN	26-1553382	DUT(C)(3)	٥.	1,384,367.	PURCHASED	EQUIPMENT	PATIENTS

 Schedule I (Form 990)
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 Part II
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(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					ESTIMATED		SUPPORT TO US CLINICS &
HEALTHCARE CENTER - 200 MARTIN					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
LUTHER KING JR BOULEVARD - WICHITA					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FALLS, TX 76301	75-2429644	501(C)(3)	0.	52,155.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NORTH DALLAS SHARED MINISTRIES					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
FREE MEDICAL CLINIC - 2875 MERRELL					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ROAD - DALLAS, TX 75229	75-1908563	501(C)(3)	0.	22,257.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
NORTH EAST MEDICAL SERVICES					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1520 STOCKTON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94133	94-1722562	501(C)(3)	0.	12,640.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
NORTH HUDSON COMMUNITY ACTION					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CORPORATION - ADMINISTRATION - 800					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
31ST STREET - UNION CITY, NJ 07087	22-1818699	501(C)(3)	0.	204,273.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NORTH JEFFERSON COUNTY CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
PHARMACY - 1295 PEARL STREET -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BEAUMONT, TX 77701	74-6000291	501(C)(3)	0.	585,336.	PURCHASED	SUPPLIES,	PATIENTS
NORTH MIAMI BEACH MEDICAL CENTER					ESTIMATED		SUPPORT TO US CLINICS &
MERCY MOBILE CLINIC - 13899					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
BISCAYNE BLVD. STE. 132 - NORTH					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MIAMI BEACH, FL 33181	65-1032266	501(C)(3)	0.	8,054.	PURCHASED	, SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
NORTH MISSISSIPPI PRIMARY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CARE INC 15921 BOUNDARY DRIVE -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ASHLAND, MS 38603	64-0686443	501(C)(3)	0.	28,527.	, PURCHASED	, SUPPLIES	, PATIENTS
,							
NORTHEAST VALLEY HEALTH							
CORPORATION - 1172 NORTH MACLAY							HELPING BUILD HEALTHY
AVENUE - SAN FERNANDO, CA 91340	23-7120632	501(C)(3)	270,000.	0.			COMM AWARDS - BD
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NORTHERN NECK FREE HEALTH CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
PHARMACY - 51 WILLIAM B. GRAHAM					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COURT - KILMARNOCK, VA 22482	54-1679279	501(C)(3)	0.	10 308	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi (b) EIN	(c) IRC section (c) applicable	and Domestic Go (d) Amount of cash grant	vernments (Sch (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV,	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
				assistance	appraisal, other)		
					ESTIMATED		SUPPORT TO US CLINICS &
NORTHERN NEVADA HOPES CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
580 W. 5TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ENO, NV 89503	86-0865357	501(C)(3)	0.	20,835.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
ORTHLAKES COMMUNITY CLINIC					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
665 US HIGHWAY 2					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
RON RIVER, WI 54847	35-2297925	501(C)(3)	0.	6,570.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NORTHLAND COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
ADMINISTRATION - 104 N. MAIN					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TREET - TURTLE LAKE, ND 58575	33-1029318	501(C)(3)	0.	242,683.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ORTHSHORE HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
050 STERLING CREEK ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ORTAGE, IN 46368	35-2028588	501(C)(3)	0.	36,175.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ORTHWEST COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
320 E. 2ND ST.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
IBBY, MT 59923	81-0542127	501(C)(3)	0.	10,275.	PURCHASED	SUPPLIES	PATIENTS
IORTHWEST MICHIGAN HEALTH					ESTIMATED		SUPPORT TO US CLINICS &
ERVICES, INC. TRAVERSE CITY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
LINIC - 10767 TRAVERSE HIGHWAY -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
RAVERSE CITY, MI 49684-5549	38-1958790	501(C)(3)	0.	217,107.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ORWALK COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
20 CONNECTICUT AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NORWALK, CT 06854	06-1436620	501(C)(3)	0.	13,437.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NOVA SCRIPTSCENTRAL INC PHARMACY					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
400 ARLINGTON BLVD. #120					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ALLS CHURCH, VA 22042	65-1275162	501(C)(3)	0.	734,590.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NURSES GLOBAL OUTREACH ICT STREET					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
EAM - 402 N TOPEKA AVE - WICHITA,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
S 67202	83-1687039	501(C)(3)	0.	81,397.	PURCHASED	EQUIPMENT	PATIENTS

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

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(a) Name and address of organization or government	(b) 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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OASIS FREE CLINICS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
66 BARIBEAU DRIVE, STE. 5B					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BRUNSWICK, ME 04011	01-0497587	501(C)(3)	0.	119,975.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
OCCUPY MEDICAL					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
34248 GAROUTTE ROAD					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
COTTAGE GROVE, OR 97424	46-0903989	501(C)(3)	٥.	26,049.	PRICE	EQUIPMENT	PATIENTS
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ODA PRIMARY CARE HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
74 WALLABOUT AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BROOKLYN, NY 11249	11-2329960	501(C)(3)	٥.	1,355,991.		EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ODYSSEY HOUSE COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 1125 N. TONTI STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70119	72-0743677	501(C)(3)	٥.	74,607.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
OHIO VALLEY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
423 SOUTH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
STEUBENVILLE, OH 43952	20-3924355	501(C)(3)	٥.	27,253.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
OHSU FAMILY MEDICINE AT RICHMOND					ESTIMATED		HEALTH CENTERS FOR
3930 SE DIVISION STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
PORTLAND, OR 97202	20-2222618	501(C)(3)	٥.	6,250.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OLDE TOWNE MEDICAL AND DENTAL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 5249 OLDE TOWNE ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	٥.	49,366.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OLYMPIC PENINSULA COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
819 GEORGIANA STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PORT ANGELES, WA 98362	01-0590704	501(C)(3)	٥.	123,571.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OMNI FAMILY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4900 CALIFORNIA AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BAKERSFIELD, CA 93309	95-3218000	501(C)(3)	٥.	173,310.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi (b) EIN	mestic Organizations (c) IRC section if applicable	(d) Amount of cash grant	vernments (Sch (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US CLINICS &
ONE COMMUNITY HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1500 21ST ST					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
SACRAMENTO, CA 95811	68-0162903	501(C)(3)	0.	8,160.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ONE HEALTH					WHOLESALE		HEALTH CENTERS FOR
501 MAIN STREET					PRICE,	OTHER, MEDICAL	LOW-INCOME, UNINSURED
ASHLAND, MT 59003	27-3113428	501(C)(3)	0.	33,385.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ONEWORLD COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4920 SOUTH 30TH STREET, STE. 103					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ОМАНА, NE 68107	47-0548990	501(C)(3)	0.	603,900.	PURCHASED	EQUIPMENT	PATIENTS
· · ·				,			SUPPORT TO US CLINICS &
OPEN AID ALLIANCE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
715 RONAN STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
MISSOULA, MT 59801	36-3652244	501(C)(3)	0.	32,027.	PRICE	, SUPPLIES	, PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OPEN ARMS CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
109 BIG A ROAD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
TOCCOA, GA 30577	20-3296577	501(C)(3)	0.	140,017.	, PURCHASED	, EQUIPMENT	, PATIENTS
				, , ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OPEN ARMS HEALTH CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
3311 LITTLE RD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ARLINGTON, TX 76016	45-0621201	501(C)(3)	0.	697 953.	PURCHASED	, EQUIPMENT	, PATIENTS
,					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OPEN DOOR COMMUNITY HEALTH CENTERS					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
- ADMINISTRATION - 1275 8TH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
- ARCATA, CA 95521	95-2671433	501(C)(3)	0.	226 434	PURCHASED	SUPPLIES,	PATIENTS
	50 2072100			,,	ESTIMATED		SUPPORT TO US CLINICS &
OPEN DOOR HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
151 NW 11 STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
HOMESTEAD, FL 33030	83-0375996	501(C)(3)	0.	823 120	PURCHASED	, MEDICAL SUPPLIES	PATIENTS
TE 55050	05 05 05 05 55 50			000,420.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OPEN DOOR MISSION					WHOLESALE	MEDICAL	
						,	HEALTH CENTERS FOR
2828 NORTH 23RD STREET EAST	47 0411275	E01(0)(2)		C 200	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ОМАНА, NE 68110	47-0411375		0.	6,302.	PURCHASED	EQUIPMENT	PATIENTS

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(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OPEN DOOR URBAN MINISTRIES OF WAKE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
COUNTY - 1390 CAPITAL BLVD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RALEIGH, NC 27603	58-1422700	501(C)(3)	0.	168,820.	PURCHASED	EQUIPMENT	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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ORANGE COUNTY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
101 C WOODWARK STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ORANGE, VA 22960	25-1922019	501(C)(3)	0.	74,586.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
OUTLOOK HEALTH SERVICES					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
10510 SOUTH AVE W					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
CHISAGO CITY, MN 55013	41-1707647	501(C)(3)	0.	10,151.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OUTREACH COMMUNITY HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
711 W. CAPITOL DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MILWAUKEE, WI 53206	39-1353282	501(C)(3)	0.	161,623.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
OUTREACH HEALTH SERVICES, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
130 NORTH HIGH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SHUBUTA, MS 39360	64-0736857	501(C)(3)	0.	194,935.	PURCHASED	SUPPLIES	PATIENTS
							GENERAL U.S. EMERGENCY
OXNARD FIREFIGHTERS FOUNDATION							PREP & RESPONSE, 2018
PO BOX 5503							CALIFORNIA WILDFIRES,
OXNARD, CA 93031	45-5239547	501(C)(3)	265,000.	0.			FLORIDA BUILDING COLLAPS
					ESTIMATED		SUPPORT TO US CLINICS &
OZANAM CHARITABLE PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
109 S. CEDAR STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MOBILE, AL 36602	72-1386236	501(C)(3)	0.	250,392.	PURCHASED	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Do	nestic Organizations	and Domestic Go	o vernments (Sch	edule I (Form 990), Pa T	irt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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							SUPPORT TO US CLINICS &
CONSORTIUM DBA ACCESS FAMILY CARE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
- 475 NELSON AVENUE - NEOSHO, MO					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
64850	43-1752799	501(C)(3)	0.	5,106.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
P.STEST					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
55 E TACHEVAH SUITE 1E-201					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PALM SPRINGS, CA 92262	84-2497311	501(C)(3)	0.	29,041.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PACE COMMUNITY ACTION AGENCY, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTH CONNECTION - 525 N. 4TH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - VINCENNES, IN 47591	35-1120537	501(C)(3)	0.	37,191.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PACIFIC GARDEN MISSION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
458 S. CANAL STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CHICAGO, IL 60607	36-2445391	501(C)(3)	0.	27,674.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
PALMETTO HEALTH COUNCIL, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
543 MAIN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PALMETTO, GA 30268	58-1307597	501(C)(3)	0.	1,801,196.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PANCARE OF FLORIDA INC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
403 EAST 11TH ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PANAMA CITY, FL 32401	91-2189932	501(C)(3)	0.	1,760,083.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
PARK DUVALLE COMMUNITY HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 3015 WILSON AVENUE -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LOUISVILLE, KY 40211	61-0666209	501(C)(3)	0.	11,882.	PRICE	SUPPLIES	PATIENTS
·					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PARK STREET HEALTHSHARE, LLC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
.45 STATE STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
RUTLAND, VT 05701	83-0427544	501(C)(3)	0.	31,972.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PARKVIEW OUTREACH COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1205 DR. MARTIN LUTHER KING JR. WA	z				PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
HAINES CITY, FL 33844	01-0790991	501(C)(3)	0.	183 946.	, PURCHASED	, EQUIPMENT	, PATIENTS

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

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Part II Continuation of Grants and Other (a) Name and address of organization or government	Assistance to Dor (b) EIN	(c) IRC section (c) IRC section if applicable	(d) Amount of cash grant	vernments (Sch (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PEOPLE'S HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
650 ROUND VALLEY DRIVE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
PARK CITY, UT 84068	87-0638042	501(C)(3)	0.	1,978,669.	PURCHASED	EQUIPMENT	PATIENTS
				, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PERSON FAMILY MEDICAL CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
702 NORTH MAIN STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ROXBORO, NC 27573	58-1387324	501(C)(3)	0.	15 860.	PURCHASED	, EQUIPMENT	, PATIENTS
				,			
PHILANTHROPY NETWORK GREATER							
PHILAD - 230 S BROAD STREET -							
PHILADELPHIA, PA 19102-4121	23-2518417	501(C)(3)	50,000.	0.			COVID19-US
	23 2310417	501(0)(3)	50,000.	<u>.</u>	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PHOENIX ALLIES FOR COMMUNITY					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
HEALTH - 2902 W CLARENDON -					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
PHOENIX, AZ 85017	46-0650798	501(0)(3)	0.	112 163	PURCHASED	EQUIPMENT	PATIENTS
FROENIX, AZ 05017	40-0030798	501(0)(5)	0.	142,403.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PIEDMONT ACCESS TO HEALTH					WHOLESALE	_ MEDICAL	
						,	HEALTH CENTERS FOR
SERVICES, INC 705 MAIN STREET -		F01 (q) (2)		167 000	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DANVILLE, VA 24541	54-2026502	501(C)(3)	0.	107,989.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
PLAN A HEALTH, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1454 MAIN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LOUISE, MS 39097	83-2144751	501(C)(3)	0.	141,301.	PURCHASED	SUPPLIES	PATIENTS
PLAN A HEALTH, INC.							
1454 MAIN STREET							STRENGTHEN REPRODUCTIVE
LOUISE, MS 39097	83-2144751	501(C)(3)	50,000.	0.			HLTH AWARD BAYER
					ESTIMATED		SUPPORT TO US CLINICS &
PLANNED PARENTHOOD CALIFORNIA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTRAL COAST - 518 GARDEN ST -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93101	95-2319356	501(C)(3)	0.	7,134.	PURCHASED	SUPPLIES	PATIENTS
PLANNED PARENTHOOD INDIANA AND							
KENTUCKY - 200 S. MERIDIAN ST.							STRENGTHEN REPRODUCTIVE
SUITE 400 - INDIANAPOLIS, IN 46225	35-0874276	501(C)(3)	50,000.	0.			HLTH AWARD BAYER

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa T	art II.)	I
(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
					ESTIMATED		SUPPORT TO US CLINICS &
PLANNED PARENTHOOD KEYSTONE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
610 LOUIS DR. STE 300					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WARMINSTER, PA 18974	23-2450112	501(C)(3)	0.	54,676.	PURCHASED	SUPPLIES	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
			,				SUPPORT TO US CLINICS &
PLANNED PARENTHOOD OF GREATER OHIO					ESTIMATED		HEALTH CENTERS FOR
25350 ROCKSIDE ROAD					WHOLESALE		LOW-INCOME, UNINSURED
BEDFORD HEIGHTS, OH 44146	34-1015976	501(C)(3)	0.	7,465.	PRICE	PHARMACEUTICALS	, PATIENTS
PLANNED PARENTHOOD OF SOUTH, EAST,				, ,			SUPPORT TO US CLINICS &
AND NORTH FLORIDA PEMBROKE PINES -					ESTIMATED		HEALTH CENTERS FOR
263 NORTH UNIVERSITY DRIVE -					WHOLESALE		LOW-INCOME, UNINSURED
PEMBROKE PINES, FL 33024	59-1391115	501(C)(3)	0.	32,399.	PRICE	PHARMACEUTICALS	, PATIENTS
							SUPPORT TO US CLINICS &
PLANNED PARENTHOOD OF THE GULF					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
COAST SPRING HEALTH CENTER - 4747					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LOUETTA ROAD - SPRING, TX 77388	74-1100163	501(C)(3)	0.	128,381.	PRICE	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
PLANNED PARENTHOOD SOUTH TEXAS					ESTIMATED		HEALTH CENTERS FOR
BABCOCK - 2140 BABCOCK ROAD - SAN					WHOLESALE		LOW-INCOME, UNINSURED
ANTONIO, TX 78229	20-2851515	501(C)(3)	0.	29,059.	PRICE	PHARMACEUTICALS	PATIENTS
PLANNED PARENTHOOD SOUTHEAST, INC.							SUPPORT TO US CLINICS &
EAST ATLANTA VILLAGE HEALTH CENTER					ESTIMATED		HEALTH CENTERS FOR
- 440 MORELAND AVENUE, SE -					WHOLESALE		LOW-INCOME, UNINSURED
ATLANTA, GA 30316	58-6045874	501(C)(3)	0.	24,902.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
POCATELLO FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1001 N. 7TH AVENUE SUITE 155					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
POCATELLO, ID 83201	82-0351133	501(C)(3)	0.	393,652.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
POINT WASHINGTON MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1290 N. CO. HWY 395					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SANTA ROSA BEACH, FL 32459	83-1125021	501(C)(3)	0.	63,478.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section 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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PONCE MEDICAL SCHOOL FOUNDATION					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
388 DR. LUIS F. SALA STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PONCE, PR 00716	66-0379122	501(C)(3)	0.	15,692.	PURCHASED	SUPPLIES,	PATIENTS
POR LOS NUESTROS							
CALLE JACARANDA #91							
SAN JUAN, PR 00912	66-0776227	501(C)(3)	1,695,000.	0.			ABBVIE PR ENERGY PROJECT
,			, ,				SUPPORT TO US CLINICS &
POR LOS NUESTROS, INC.							HEALTH CENTERS FOR
4 AVE. DE DIEGO					PURCHASED		LOW-INCOME, UNINSURED
SAN JUAN, PR 00927	66-0894050	501(C)(3)	0.	21,542.	PRICE	EQUIPMENT	, PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PORTLAND COMMUNITY FREE CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
39 FOREST AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PORTLAND, ME 04101	46-2965702	501(C)(3)	0.	17 001	PURCHASED	EOUIPMENT	PATIENTS
	10 1909/01	501(0)(0)		1,,001.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PORTLAND COMMUNITY HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
180 PARK AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PORTLAND, ME 04102	45-4960453	501(0)(3)	0.	138 242	PURCHASED	EQUIPMENT	PATIENTS
PORTSMOUTH COMMUNITY HEALTH	43-4900455	501(0)(3)	0.	130,242.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTER, INC. DEA HAMPTON ROADS					WHOLESALE	_ MEDICAL	HEALTH CENTERS FOR
COMMUNITY HEALTH CENT - 3415					PRICE,	, MEDICAL SUPPLIES,	
	54-1626757	E01(0)(2)	0.	20 002		EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
GRANBY STREET - NORFOLK, VA 23504	54-1020/5/	501(C)(3)	0.	39,902.	PURCHASED	EQUIPMENT	
DEGNANCY HELD CENTER OF FOR							SUPPORT TO US CLINICS &
PREGNANCY HELP CENTER OF FORT					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
WORTH - 7700 CAMP BOWIE BLVD. WEST					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
- FORT WORTH, TX 76116	75-2125380	501(C)(3)	0.	7,782.		SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
PRESTON-TAYLOR COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTERS - 725 N. PIKE STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GRAFTON, WV 26354	55-0665614	501(C)(3)	0.	33,862.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
PRETERM					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
12000 SHAKER BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CLEVELAND, OH 44120	23-7314836	501(C)(3)	0.	12,835.	PURCHASED	SUPPLIES	PATIENTS

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PRIMARY CARE AT HOME, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
100 - 29TH STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
DAKLAND, CA 94609	47-5519154	501(C)(3)	0.	111,644.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
RIMARY CARE OF SOUTHWEST GEORGIA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
60 COLLEGE ST					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SLAKELY, GA 39823-2554	31-1840668	501(C)(3)	0.	30,789.	PURCHASED	SUPPLIES	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PRIMARY HEALTH SERVICES CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2913 BETIN AVENUE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
IONROE, LA 71201	72-1347028	501(C)(3)	0.	53,468.	PURCHASED	EQUIPMENT	PATIENTS
ROGRAM FOR HEALTH CARE TO				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NDERSERVED POPULATIONS BIRMINGHAM					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
REE CLINIC - UPMC MONTEFIORE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
IOSPITAL - PITTSBURGH, PA 15213	23-2919472	501(C)(3)	0.	74,278.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PROJECT H.O.P.E.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
519-525 WEST ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AMDEN, NJ 08103	20-4133180	501(C)(3)	0.	128,401.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
PROJECT HEALTH, INC. DBA LANGLEY					ESTIMATED		HEALTH CENTERS FOR
EALTH SERVICES - 1425 SOUTH US					WHOLESALE	PHARMACEUTICALS	LOW-INCOME, UNINSURED
WY 301 - SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	0.	8,815.	PRICE	, OTHER	PATIENTS
							SUPPORT TO US CLINICS &
PROJECT LAZARUS					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
368 NC HWY 16 S					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
IORAVIAN FALLS, NC 28654	56-2087110	501(C)(3)	0.	11,842.	PRICE	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
PROTEUS, INC.					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
221 CENTER STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
DES MOINES, IA 50309	42-1186501	501(C)(3)	0.	6,055.	PRICE	, SUPPLIES	, PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PROTOTYPE HEALTH, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
055 E SOUTHERN AVE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
IESA, AZ 85282	86-0975231	501(C)(3)	0.	246,279.	PURCHASED	, EQUIPMENT	, PATIENTS

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PRYMED MEDICAL CARE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CARRETERA 149, KM. 13.0					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CIALES, PR 00638	66 - 0428120	501(C)(3)	0.	33,686.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PUBLIC HEALTH SEATTLE & KING					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
COUNTY - 401 5TH AVE SUITE 1000 -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98104	91-6001327	501(C)(3)	0.	107,515.	PURCHASED	EQUIPMENT	PATIENTS
PUENTES DE SALUD							
1700 SOUTH STREET							
PHILADELPHIA, PA 19146	26-1973303	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PUERTO RICO DEPARTMENT OF HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
BO. MONACILLOS					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SAN JUAN, PR 00921-0619	66-0437470	501(C)(3)	٥.	290,549.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PUERTO RICO SALUD INC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
560 AVE CONSTITUCIN					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SAN JUAN, PR 00917	85-3051049	501(C)(3)	0.	417,759.	PURCHASED	EQUIPMENT	PATIENTS
PURDUE UNIVERSITY SPONSORED							
PROGRAM SERV - 23510 NETWORK PLACE							FUND FOR HEALTH EQUITY,
- CHICAGO, IL 60673-1235	35-6005697		300,000.	0.			ABBVIE HEALTH EQUITY
							SUPPORT TO US CLINICS &
QC HARM REDUCTION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1600 2ND AVENUE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ROCK ISLAND, IL 61201	47-2839109	501(C)(3)	0.	35,655.		SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
QUEENSCARE HEALTH CENTERS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
950 SOUTH GRAND AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90015	95-3702136	501(C)(3)	0.	51,387.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
R.E.A.C.H. OUT PROJECT					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
12 KEREMA AVENUE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
MILFORD, CT 06460	46-5541608	501(C)(3)	0.	16,014.	PRICE	SUPPLIES	PATIENTS

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(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RAPHA CLINIC OF WEST GEORGIA					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
253 HIGHWAY 78					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
TEMPLE, GA 30179	27-1188932	501(C)(3)	0.	200,639.	, PURCHASED	, EQUIPMENT	' PATIENTS
,				, , ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
APIDES PRIMARY HEALTH CARE CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
217 WILLOW GLEN RIVER ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LEXANDRIA, LA 71302	72-1252422	501(C)(3)	0.	208 766.	PURCHASED	SUPPLIES	PATIENTS
,,				,		,	SUPPORT TO US CLINICS &
REACH OUT WORLDWIDE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
700 S FLOWER STREET					WHOLESALE	, OTHER,	LOW-INCOME, UNINSURED
BURBANK, CA 91502	27-3237943	501(C)(3)	0.	5,545.		, CILLI, EQUIPMENT	PATIENTS
				-,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
ECOVERY CONSULTANTS OF ATLANTA					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
NC 4229 SNAPFINGER WOODS DRIVE					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
- DECATUR, GA 30035	58-2480021	501(C)(3)	0.	23 011	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
REDWOODS RURAL HEALTH CENTER INC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
101 WEST COAST ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
REDWAY, CA 95560	94-2337367	501(C)(3)	0.	137 313	PURCHASED	EOUIPMENT	PATIENTS
	54 2557507	501(0/(5/		137,313.		PHARMACEUTICALS	SUPPORT TO US CLINICS
REGENCE HEALTH NETWORK HOMELESS					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
CLINIC - 713 N. TAYLOR - AMARILLO					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
X 79107	75-1414940	501(0)(3)	0.	6,365.		SUPPLIES	PATIENTS
X / 510/	75 1414940	501(0)(5)		0,303.	ESTIMATED	50111115	SUPPORT TO US CLINICS
ENEWED HOPE HEALTH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
394 MARSHALL					PRICE,	_ MEDICAL	LOW-INCOME, UNINSURED
ALLEGAN, MI 49010	16-1760734	501(0)(2)	0.	00 602	PURCHASED	, MEDICAL SUPPLIES	PATIENTS
LILEGAN, MI 49010	10-1/00/34	501(0)(5)	· · ·	50,055.	FORCHASED	SOLLUIES	FAITENIS
HODE ISLAND FREE CLINIC							
555 BROAD ST							
PROVIDENCE, RI 02907	05-0501276	501(C)(3)	100,600.	0.			FUND FOR HEALTH EQUITY
·			1		ESTIMATED		SUPPORT TO US CLINICS
RICHARD F. CLARKE HELP FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PHARMACY - 1320 LASALLE AVENUE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
IAMPTON, VA 23669	54-1209213	501(C)(3)	0.	11 219.	, PURCHASED	, SUPPLIES	, PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.)	
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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RICHFORD HEALTH CENTER, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
44 MAIN STREET, SUITE 200					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RICHFORD, VT 05476	03-0215982	501(C)(3)	0.	111,465.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ISING SUNS PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
6 WEST GREEN DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ATHENS, OH 45701	84-2852530	501(C)(3)	0.	5,158.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
RITESH SHAH CHARITABLE PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
224 SHREWSBURY AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
RED BANK, NJ 07701	87-2441191	501(C)(3)	0.	16,070.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KM PRIMARY CARE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1990 JACKSON STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CLINTON, LA 70722	72-1443732	501(C)(3)	0.	11,725.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ROANE COUNTY FAMILY HEALTH CARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
146 WILLIAMS DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SPENCER, WV 25276	55-0627933	501(C)(3)	0.	91,849.	PURCHASED	SUPPLIES	PATIENTS
ROANOKE CHOWAN COMM HLTH CTR							
120 HEALTH CENTER DRIVE							
HOSKIE, NC 27910	42-1638714	501(C)(3)	200,000.	0.			ABBVIE HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COANOKE CHOWAN COMMUNITY HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CENTER - 120 HEALTH CENTER ROAD -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
AHOSKIE, NC 27910	42-1638714	501(C)(3)	٥.	37,039.	PURCHASED	SUPPLIES,	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
OBERT RUTLEDGE-SHRYOCK PORTLAND					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
STREET MEDICINE - 2717 NE BROADWAY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ST - PORTLAND, OR 97232	82-4209837	501(C)(3)	0.	17,572.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ROBESON HEALTH CARE CORPORATION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
50 COMMERCE PLAZA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PEMBROKE, NC 28372	58-1622664	501(C)(3)	0.	11,590.	PURCHASED	EQUIPMENT	PATIENTS

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					ESTIMATED		SUPPORT TO US CLINICS &
ROLETTE COUNTY PUBLIC HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
DISTRICT - 114 3RD STREET NE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ROLLA, ND 58367	02-0761623	501(C)(3)	0.	11,336.	PURCHASED	SUPPLIES	PATIENTS
ROOTS COMMUNITY HEALTH CENTER 9925 INTERNATIONAL BOULEVARD							INCREASING IMMUNITY
OAKLAND, CA 94603	26-2583954	501(C)(3)	50,000.	0.			AWARDS - CVS
					ESTIMATED		SUPPORT TO US CLINICS &
ROTACARE, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
875 JERUSALEM AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
UNIONDALE, NY 11553	11-3135331	501(C)(3)	٥.	82,655.	PURCHASED	SUPPLIES	PATIENTS
RURAL ALLIANCE FOR BETTER HEALTH					ESTIMATED		SUPPORT TO US CLINICS &
AKA MISSOURI COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 1137 INDEPENDENCE DRIVE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WEST PLAINS, MO 65775	43-1932702	501(C)(3)	0.	6,759.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RURAL MEDICAL SERVICE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
NEWPORT - 207 MURRAY DRIVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NEWPORT, TN 37821	62-1102683	501(C)(3)	0.	349,930.	PURCHASED	EQUIPMENT	PATIENTS
RURAL PARISH CLINIC OF THE					ESTIMATED		SUPPORT TO US CLINICS &
ARCHDIOCESE OF ST. LOUIS - 20					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
ARCHBISHOP MAY DRIVE - ST. LOUIS,					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MO 63108	84-3396327	501(C)(3)	0.	148,839.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RUTH'S PLACE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1411 CRAWFORD AVENUE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
GRANBURY, TX 76048	20-4594680	501(C)(3)	0.	26,265.	PURCHASED	, EQUIPMENT	PATIENTS
•				, .			SUPPORT TO US CLINICS &
RWJBARNABAS HEALTH							HEALTH CENTERS FOR
95 OLD SHORT HILLS ROAD					PURCHASED		LOW-INCOME, UNINSURED
WEST ORANGE, NJ 07052	22-2405279	501(C)(3)	0.	34,000.		EQUIPMENT	PATIENTS
		,	1		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
SABAN COMMUNITY CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
8405 BEVERLY BLVD.					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90048	95-2539105	501(C)(3)	0.	26 762	PURCHASED	EQUIPMENT	PATIENTS
105 ANGELLES, CA 30040	32-2233102		· · ·	20,702.	L OKCHASED	POTEMPNI	LUITONIO

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi (b) EIN	(c) IRC section (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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SACRED HEART COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
620 ROUND ROCK WEST DR. BLD #8					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ROUND ROCK, TX 78681	27-2901548	501(C)(3)	0.	46,248.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AFE HARBOR FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
209 265TH STREET NW					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
TANWOOD, WA 98292	26-3825107	501(C)(3)	0.	20,262.	PURCHASED	, EQUIPMENT	, PATIENTS
SAFER ALTERNATIVES THROUGH				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
IETWORKING & EDUCATION (SANE) -					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC SITE - 2211 DEL PASO BLVD.					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
- SACRAMENTO, CA 95815	94-3390723	501(C)(3)	0.	36,439.	PURCHASED	, EQUIPMENT	, PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ALINA FAMILY HEALTHCARE CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
51 E. PRESCOTT ROAD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
SALINA, KS 67401	48-0858197	501(C)(3)	0.	202,709.	PURCHASED	, EQUIPMENT	, PATIENTS
SALUD INTEGRAL EN LA MONTANA PO BOX 515 NARANJITO, PR 00719	66-0329532	501(C)(3)	85,000.	0.			ABBVIE PR INFRASTRUCTUR EQUIPMENT
·			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SALUD INTEGRAL EN LA MONTANA					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CARR 164 BARRIO ACHIOTE SECTOR EL 1	D				PRICE,	MEDICAL	LOW-INCOME, UNINSURED
IARANJITO, PR 00719	66-0329532	501(C)(3)	0.	60,485.	PURCHASED	SUPPLIES,	PATIENTS
· · · · ·					ESTIMATED		SUPPORT TO US CLINICS &
SALUD PARA LA GENTE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
L95 AVIATION WAY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WATSONVILLE, CA 95076	94-2705747	501(C)(3)	0.	16,633.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAMARITAN HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
03 DACUSVILLE HIGHWAY					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ASLEY, SC 29640	57-0947115	501(C)(3)	0.	25,251.	PURCHASED	, EQUIPMENT	, PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAMARITAN HOUSE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
14 FIFTH AVENUE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
REDWOOD CITY, CA 94063	23-7416272	501(C)(3)	0.	330 519.	PURCHASED	, EQUIPMENT	, PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	ssistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sch (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAMARITAN REGIONAL HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
24 NORTH SPRIGG STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)	0.	236 834.	PURCHASED	, EQUIPMENT	, PATIENTS
,					ESTIMATED	~ PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAMARITANS TOUCH CARE CENTER, INC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
015 HERRING AVE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
SEBRING, FL 33870	02-0773338	501(C)(3)	0.	59,101.	, PURCHASED	, EQUIPMENT	, PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAMUEL DIXON FAMILY HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
25115 AVENUE STANFORD, SUITE A-104					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
/ALENCIA, CA 91355	95-4278726	501(C)(3)	0.	21,288.	PURCHASED	, EQUIPMENT	PATIENTS
,				/	ESTIMATED	~	SUPPORT TO US CLINICS &
AN DIEGO FAMILY CARE LINDA VISTA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
EALTH CARE CENTER - 6973 LINDA					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
VISTA ROAD - SAN DIEGO, CA 92111	95-2700856	501(C)(3)	0.	8,665.	, PURCHASED	, SUPPLIES	, PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS &
SAN FRANCISCO FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4900 CALIFORNIA STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	0.	244,630.	, PURCHASED	, SUPPLIES	, PATIENTS
,				/	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAN JOSE CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
2615 FANNIN STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
IOUSTON, TX 77002	76-0373703	501(C)(3)	0.	458,149.	, PURCHASED	SUPPLIES .	, PATIENTS
				,	ESTIMATED	,	SUPPORT TO US CLINICS &
SAN JUDAS COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC - 1080 NORTH WESTERN AVENUE -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90029	81-3135863	501(C)(3)	0.	8 957.	, PURCHASED	, SUPPLIES	, PATIENTS
SAN YSIDRO HEALTH							
.601 PRECISION PARK LANE							
SAN DIEGO, CA 92173	95-2801772	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
,	· · · · · · · · ·			- •	ESTIMATED		SUPPORT TO US CLINICS &
SAN YSIDRO HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1004 BEYER BOULEVARD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAN YSIDRO, CA 92173	95-2801772	501(C)(3)	0.	16 745	PURCHASED	, SUPPLIES	PATIENTS

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(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
							SUPPORT TO US CLINICS &
SANDGAARD FOUNDATION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
9655 MAROON CIR					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ENGLEWOOD, CO 80112	83-1476001	501(C)(3)	0.	33,131.	PRICE	SUPPLIES	PATIENTS
SANTA BARBARA BUCKET BRIGADE							
224 SOUTH MILPAS							
SANTA BARBARA, CA 93103	85-1156413	501(0)(3)	50,000.	0.			CALIFORNIA WILDFIRES
	05 1150415	501(0)(3)	50,000.		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SANTA BARBARA COUNTY EXECUTIVE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
OFFICE - 105 EAST ANAPAMU STREET,					PRICE,	, OIMER, MEDICAL	LOW-INCOME, UNINSURED
SUITE 3 - SANTA BARBARA, CA 93103	95-6002833	501(C)(3)	0.	751 749	PURCHASED	SUPPLIES,	PATIENTS
	55 0002000	501(0)(3)	••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ESTIMATED		SUPPORT TO US CLINICS &
SANTA BARBARA COUNTY OFFICE OF					WHOLESALE		HEALTH CENTERS FOR
EDUCATION - 4400 CATHEDRAL OAKS					PRICE,	OTHER, MEDICAL	LOW-INCOME, UNINSURED
ROAD - SANTA BARBARA, CA 93160	95-6000940	501(C)(3)	0.	10 580	PURCHASED	SUPPLIES	PATIENTS
SANTA BARBARA NEIGHBORHOOD CLINICS			- •	,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EASTSIDE NEIGHBORHOOD CLINIC - 915					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
N. MILPAS STREET - SANTA BARBARA,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CA 93103	77-0496382	501(C)(3)	0.	179,067.	PURCHASED	SUPPLIES,	, PATIENTS
				,	ESTIMATED	,	SUPPORT TO US CLINICS &
SANTA BARBARA UNIFIED SCHOOL					WHOLESALE		HEALTH CENTERS FOR
DISTRICT - 720 SANTA BARBARA					PRICE,	OTHER, MEDICAL	LOW-INCOME, UNINSURED
STREET - SANTA BARBARA, CA 93101	30-0690985	501(C)(3)	0.	17,431.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SANTA CLARA COUNTY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
725 E. SANTA CLARA STREET #202					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SAN JOSE, CA 95112	94-6400533	SANTA CLARA COUN	0.	2,066,607.	PURCHASED	EQUIPMENT	PATIENTS
SANTA CRUZ BARRIOS UNIDOS							
1817 SOQUEL AVENUE							
SANTA CRUZ, CA 95062	77-0333450	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SANTA CRUZ COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTERS - 125 WATER STREET SUITE			_		PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
A2 - SANTA CRUZ, CA 95060	23-7428303	501(C)(3)	0.	15,796.	PURCHASED	EQUIPMENT	PATIENTS

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(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					ESTIMATED		SUPPORT TO US CLINICS & HEALTH CENTERS FOR
FAMILY CENTER - 105 N. LINCOLN					WHOLESALE		LOW-INCOME, UNINSURED
STREET - SANTA MARIA, CA 93458	95-3144808	501(C)(3)	0.	11,952.		OTHER	PATIENTS
,				,			SUPPORT TO US CLINICS &
SAVIE HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
111 E. OCEAN AVENUE SUITE 2					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LOMPOC, CA 93436	86-1668790	501(C)(3)	٥.	7,031.	PRICE	SUPPLIES	PATIENTS
SB COUNTY SEARCH & RESCUE, INC							
56 S SAN ANTONIO ROAD							GENERAL LOCAL PROGRAM
SANTA BARBARA, CA 93110	95-6193608	501(C)(3)	80,000.	0.			SUPPORT
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SCOTLAND COMMUNITY HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
L405-B WEST BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LAURINBURG, NC 28352	20-2841940	501(C)(3)	0.	53,114.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
SCRANTON PRIMARY HEALTH CARE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 959 WYOMING AVENUE -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
SCRANTON, PA 18509	23-2024511	501(C)(3)	0.	159,815.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SEA MAR COMMUNITY HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1040 SOUTH HENDERSON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98108	91-1020139	501(C)(3)	0.	17,513.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
SEATTLE INDIAN HEALTH BOARD					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
511 12TH AVENUE S					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98144	91-0869056	501(C)(3)	0.	12,188.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
SECOND CHRISTIAN CHURCH							HEALTH CENTERS FOR
PO BOX 1021					PURCHASED		LOW-INCOME, UNINSURED
MAYFIELD, KY 42066	61-1338627	501(C)(3)	0.	12,808.	PRICE	EQUIPMENT	PATIENTS
SELF-HELP FOR THE ELDERLY 731 SANSOME ST, SUITE 100							

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(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
AN FRANCISCO, CA SHIII	54 1750717	501(0)(5)	23,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
SEMO HEALTH NETWORK SOUTHEAST					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
ISSOURI HEALTH NETWORK - 311 MAIN					PRICE,	SUPPLIES,	
	42 1052101	E01(0)(2)	0.	202 000	,	,	LOW-INCOME, UNINSURED
TREET - NEW MADRID, MO 63869	43-1253101	501(C)(3)	0.	392,090.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
SERVE THE PEOPLE COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 1206 E 17TH STREET SUITE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
101 - SANTA ANA, CA 92701	27-0421556	501(C)(3)	0.	65,505.	PURCHASED	EQUIPMENT	PATIENTS
SERVICIOS DE SALUD PRIMARIOS DE							SUPPORT TO US CLINICS
BARCELONETA D/B/A ATLANTIC MEDICAL							HEALTH CENTERS FOR
CENTER - CARR. 2 1995 -					PURCHASED		LOW-INCOME, UNINSURED
BARCELONETA, PR 00617	66-0426667	501(C)(3)	0.	6,515.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS
SETEBAID SERVICES, INC.					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
1157 WESTBRANCH HIGHWAY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
VINFIELD, PA 17889	23-2979076	501(C)(3)	0.	11,430.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
SHACKELFORD COUNTY COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
RESOURCE CENTER - 725 PATE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- ALBANY, TX 76430	75-2541970	501(C)(3)	0.	5,254.	PURCHASED	, EQUIPMENT	, PATIENTS
,				/		~	
SHARE OUR SELVES CORPORATION							
1550 SUPERIOR AVE							HELPING BUILD HEALTHY
COSTA MESA, CA 92627	95-3222316	501(C)(3)	270,000.	0.			COMM AWARDS - BD
		, ,		••			
SHARED HARVEST FOUNDATION							
10000 WASHINGTON BLVD SUITE 600							
CULVER CITY, CA 90232	32-0556686	501(C)(3)	270,000.	0.			LILLY HEALTH EQUITY
OLVER CITT, CR 50252	27 0220000	501(0)(5)	270,000.	0.			PIPPI URVIU PÕOIII
SHARED HARVEST FOUNDATION							
10000 WASHINGTON BLVD SUITE 600							
	32-0556686	F01(C)(2)	50.000	0.			COVID19-US
CULVER CITY, CA 90232	32-030000		50,000.	υ.			C01113-02

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organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US CLINICS &
SHARED HARVEST FUND MYCOVIDMD						MEDICAL	HEALTH CENTERS FOR
10000 WASHINGTON BLVD					PURCHASED	SUPPLIES,	LOW-INCOME, UNINSURED
CULVER CITY, CA 90232	32 - 0556686		0.	7,609.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SHAWANO AREA MATTHEW 25 INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
(SAM25) - 105 E. RICHMOND STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SHAWANO, WI 54166	46-5493989	501(C)(3)	0.	12,977.	PURCHASED	SUPPLIES	PATIENTS
SHEEP INC. HEALTH CARE CENTER					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MONROEVILLE ASSEMBLY OF GOD -					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
11817 FRANKSTOWN RD PENN HILLS,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PA 15235	45-5532140	501(C)(3)	0.	11,022.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SHEPHERD'S CLINIC, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2800 KIRK AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BALTIMORE, MD 21218	52-1739001	501(C)(3)	0.	26,642.	PURCHASED	EQUIPMENT	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
					ESTIMATED		SUPPORT TO US CLINICS &
SHEPHERD'S HOPE MEDICAL CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2404 S. TYLER ST.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LITTLE ROCK, AR 72204	20-8811505	501(C)(3)	0.	5,285.	PURCHASED	SUPPLIES	PATIENTS
SHEPHERD'S HOPE, INC							
455 9TH STREET							
	59-3420727	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
WINTER GARDEN, FL 34787	55-5420727	501(C)(3)	230,000.	0.	ESTIMATED		SUPPORT TO US CLINICS &
SHERIDAN HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
31 E. WHITNEY STREET						MEDICAL	
	20-1389307	501(C)(3)	0.	25 201	PRICE, PURCHASED	, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
SHERIDAN, WY 82801	70-T303301	JOT(C)(3)	· · ·	25,291.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SHINGLETOWN MEDICAL CENTER					WHOLESALE	OTHER	HEALTH CENTERS FOR
			1		MITOTEOVIE	V^{THER}	HERDIN CENTERS LOK
31292 ALPINE MEADOWS ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED

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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SIERRA HEALTH CENTER - FULLERTON					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
501 S. BROOKHURST ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FULLERTON, CA 92833	95-3447973	501(C)(3)	0.	105,459.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SILOAM FAMILY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
820 GALE LANE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NASHVILLE, TN 37204	58-1867940	501(C)(3)	0.	364,197.	PURCHASED	SUPPLIES	PATIENTS
				,			SUPPORT TO US CLINICS &
SINCLAIR HEALTH CLINIC PHARMACY					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
301 N. CAMERON STREET, STE. #100					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
WINCHESTER, VA 22601	54-1373296	501(C)(3)	0.	223,384.	PRICE	, SUPPLIES	, PATIENTS
				,,			
SISTERLOVE, INC.							
3709 BAKERS FERRY ROAD, SW							
ATLANTA, GA 30331	58-2016070	501(C)(3)	225,000.	0.			FUND FOR HEALTH EQUITY
	30 2010070	501(0)(3)	223,000.	••			
SITKA CONSERVATION SOCIETY							
PO BOX 6533							
SITKA, AK 99835	92-0096633	501(0)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
511KA, AK 99055	92-0090033	501(0)(5)	250,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHORN NOTIVER THE HARN DEDUCETON							
SMOKY MOUNTAIN HARM REDUCTION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3261 GEORGIA ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FRANKLIN, NC 28734	84-3522087	501(C)(3)	0.	135,086.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SNAKE RIVER COMMUNITY CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
215 TENTH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LEWISTON, ID 83501	31-1726460	501(C)(3)	0.	73,582.	PURCHASED	SUPPLIES	PATIENTS
SOAR WV SOLUTIONS ORIENTED							SUPPORT TO US CLINICS &
ADDICTION RESPONSE WEST VIRGINIA -					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
520 KANAWHA BLVD W - CHARLESTON,					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
WV 25302	11-3660992	501(C)(3)	0.	8,007.	PRICE	SUPPLIES	PATIENTS
SOCIAL WELFARE BOARD COUNTY OF							
BUCHANAN - 904 S. 10TH SUITE A -							
ST. JOSEPH, MO 64503-2405	44-6000455	501(C)(3)	20,000.	٥.			LILLY NAVIGATOR GRANT

Schedule I (Form 990) DIRECT RELIEF				. (O-h			95-1831116 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	it 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		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 DEA ST. VINCENT DE PAUL PHARMACY - 5750 PINELAND DRIVE, SUITE 280 -	23 / 10 4 30 /	501(0)(3)	,50,000		ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS , MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
DALLAS, TX 75231 SOLAR RESPONDER	26-3273175	501(C)(3)	0.	3,503,042.	PURCHASED	EQUIPMENT	PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR
902 BROADWAY NEW YORK, NY 10010	83-3822965	501(C)(3)	0.	8,413.	PURCHASED PRICE	EQUIPMENT	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	20.0750000	501 (2) (2)		156 140	ESTIMATED WHOLESALE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
PHOENIX, AZ 85020 SOUTH BAY FAMILY HEALTH CARE 23430 HAWTHORNE BLVD., STE. 210	30-0760098		0.	176,149.	ESTIMATED WHOLESALE PRICE,	SUPPLIES PHARMACEUTICALS , MEDICAL	PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
TORRANCE, CA 90505 SOUTH BROWARD COMMUNITY HEALTH SERVICES MEMORIAL HALLANDALE PHARMACY - 1750 E. HALLANDALE	23-7049937	501(C)(3)	0.	5,524.	PURCHASED PURCHASED	SUPPLIES PHARMACEUTICALS MEDICAL	PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
BEACH BLVD - HALLANDALE BEACH, FL	59-6014973	501(C)(3)	0.	1,037,474.		SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(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							INCREASING IMMUNITY
4425 S. CENTRAL AVE.	95-3877793	501/(3)/(3)	50.000	0.			AWARDS - CVS
LOS ANGELES, CA 90011	33-3877733	501(C)(3)	50,000.	0.		PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTH CENTRAL PRIMARY CARE CENTER					ESTIMATED	_ MEDICAL	HEALTH CENTERS FOR
406 WEST 5TH STREET					WHOLESALE	,	
	E9 2010024	E01/(0)/(2)		20 610		SUPPLIES,	LOW-INCOME, UNINSURED
OCILLA, GA 31774	58-2019024	501(C)(3)	0.	38,618.		EQUIPMENT	PATIENTS
SOUTH COUNTY COMMUNITY CLINIC DBA					ESTIMATED		SUPPORT TO US CLINICS &
INTERFAITH COMMUNITY CLINIC - 101					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PINE MANOR DRIVE - OAK RIDGE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NORTH, TX 77385	75-2634623	501(C)(3)	0.	33,966.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTH PLAINS RURAL HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1000 FM 300, UNIT A					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LEVELLAND, TX 79336	75-2123252	501(C)(3)	0.	160,290.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTHEAST COMMUNITY HEALTH SYSTEMS					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
6351 MAIN STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ZACHARY, LA 70791	72-1212880	501(C)(3)	٥.	375,292.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTHEAST MS RURAL HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INITIATIVE, INC 5488 US HWY 49					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- HATTIESBURG, MS 39403	64-0625076	501(C)(3)	0.	455,542.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SOUTHEAST, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
16 W. LONG STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
COLUMBUS, OH 43215	31-0940189	501(C)(3)	0.	67,759.	PURCHASED	SUPPLIES	PATIENTS
SOUTHEASTERN DIABETES EDUCATION				-			SUPPORT TO US CLINICS &
SERVICES CAMP SEALE HARRIS - 500					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CHASE PARK SOUTH - BIRMINGHAM, AL					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
35244	63-1091899	501(C)(3)	0.	49,542.	PRICE	, EQUIPMENT	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTHERN TRINITY HEALTH CARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SERVICES - 321 VAN DUZEN ROAD -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
MAD RIVER, CA 95526	94-2507342	501(C)(3)	0.	13 631	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section (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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTHLAND INTEGRATED SERVICES,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC 9862 CHAPMAN AVENUE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GARDEN GROVE, CA 92841	95-3403526	501(C)(3)	0.	31,939.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
SOUTHWESTERN DIABETIC FOUNDATION					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CAMP SWEENEY - 10687 FM 678 -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
WHITESBORO, TX 76273	75-6002547	501(C)(3)	0.	153,468.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SPACE COAST VOLUNTEERS IN MEDICINE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2555 JUDGE FRAN JAMIESON WAY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
VIERA, FL 32940	27-2135914	501(C)(3)	0.	105,199.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SPECTRA HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
212 SOUTH 4TH STREET, STE 301					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GRAND FORKS, ND 58201	27-0056777	501(C)(3)	0.	25,843.	PURCHASED	EQUIPMENT	PATIENTS
SPRING BRANCH COMMUNITY HEALTH					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTER - 800 W. SAM HOUSTON					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
PARKWAY S., SUIT - HOUSTON, TX					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
77042	30-0198705	501(C)(3)	0.	29,026.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SPRINGVALE HEALTH CENTERS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
204 S BELLEVUE AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
DOVER, OH 44622	34-1135374	501(C)(3)	0.	7,075.	PURCHASED	, SUPPLIES	, PATIENTS
ST GABRIEL COMMUNITY HEALTH CTR							
5760 MONTICELLO STREET							
ST GABRIEL, LA 70776	72-1241592	501(C)(3)	250,000.	٥.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST THOMAS EAST END MEDICAL CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
4605 TUTU PARK MALL					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ST. THOMAS, VI 00802	66-0585077	501(C)(3)	0.	165,623.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ST. CLAIR COMMUNITY HEALTH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
205 EDWIN HOLLADAY PLACE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PELL CITY, AL 35125	63-0570609	501(C)(3)	0.	33,601.	PURCHASED	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa T	art II.)	I
(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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. CLARE MEDICAL OUTREACH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1407 YORK ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LUTHERVILLE, MD 21093	46-2097818	501(C)(3)	0.	209,653.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. GABRIEL EASTSIDE COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
HEALTH CENTER - 5760 MONTICELLO					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - ST. GABRIEL, LA 70776	72-1241592	501(C)(3)	0.	1,086,559.	PURCHASED	EQUIPMENT	PATIENTS
ST. JOHN'S WELL CHILD & FAMILY							
CENT - 808 W 58TH ST LOS							INCREASING IMMUNITY
ANGELES, CA 90037	95-4067758	501(C)(3)	35,000.	0.			AWARDS - CVS
							SUPPORT TO US CLINICS
ST. JOHN'S WELL CHILD AND FAMILY					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTERS - 808 WEST 58TH STREET -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90037	95-4067758	501(C)(3)	0.	22,223.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. JOSEPH SOCIAL WELFARE BOARD					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
904 S. 10TH, SUITE A					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ST. JOSEPH, MO 64503	80-0308973	501(C)(3)	0.	1,107,485.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ST. JOSEPH'S/CANDLER HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
SYSTEMS, INC 11705 MERCY BLVD.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
- SAVANNAH, GA 31419	58-2288758	501(C)(3)	0.	100,831.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
ST. JUDE NEIGHBORHOOD HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTERS - 731 S. HIGHLAND AVE -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
FULLERTON, CA 92832	45-3977605	501(C)(3)	0.	7,212.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. LUKE COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
316 N ROYAL AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FRONT ROYAL, VA 22630	54-1801220	501(C)(3)	0.	45,602.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS
ST. LUKE'S CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
132 SEYMOUR AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
JACKSON, MI 49201	32-0038675	501(C)(3)	0.	39,461.	PURCHASED	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	mestic Organizations (c) IRC section if applicable	s and Domestic Go (d) Amount of cash grant	vernments (Sch (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
ST. MARTIN'S HEALTHCARE, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1359 SOUTH RANDOLPH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GARRETT, IN 46738	20-8609620	501(C)(3)	0.	23,865.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. MARY'S HEALTH WAGON					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
233 CHASE STREET, SUITE 100					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CLINTWOOD, VA 24228	04-3739083	501(C)(3)	0.	56,860.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ST. MICHAEL'S MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
LO05 WEST 18TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ANNISTON, AL 36201	82-5246184	501(C)(3)	0.	631,016.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
T. PETERSBURG FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
5501 4TH STREET NORTH					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ST. PETERSBURG, FL 33703	23-7208280	501(C)(3)	0.	178,558.	PURCHASED	SUPPLIES	PATIENTS
,				<i>,</i>	ESTIMATED		SUPPORT TO US CLINICS &
ST. THOMAS CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
500 PAUL HAND BOULEVARD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FRANKLIN, IN 46131	35-1449379	501(C)(3)	0.	40,064.	PURCHASED	, SUPPLIES	PATIENTS
ST. VINCENT DE PAUL CHARITABLE 1125 BANK STREET							
CINCINNATI, OH 45214	30-0272954	501(C)(3)	15,000.	0.			LILLY NAVIGATOR GRANT
					ESTIMATED		SUPPORT TO US CLINICS &
T. VINCENT DE PAUL CHARITABLE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PHARMACY - 1146 BANK STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CINCINNATI, OH 45214	30-0272954	501(C)(3)	0.	2,078,851.	PURCHASED	SUPPLIES	PATIENTS
				,	ESTIMATED		SUPPORT TO US CLINICS &
T. VINCENT DE PAUL CHARITABLE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PHARMACY - 2033 FISH HATCHERY ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MADISON, WI 53725	39-0824876	501(C)(3)	0.	118,773.	PURCHASED	, SUPPLIES	, PATIENTS
,				, ,	ESTIMATED		SUPPORT TO US CLINICS &
T. VINCENT DE PAUL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
20 W. WATKINS					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	347 704	PURCHASED	, SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) 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
					ESTIMATED		SUPPORT TO US CLINICS &
ST. VINCENT DE PAUL COMMUNITY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PHARMACY - 502 GRAMMONT STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MONROE, LA 71201	90-0014479	501(C)(3)	0.	81,722.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ST. VINCENT'S STUDENT RUN FREE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
LINIC - 2817 POST OFFICE STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GALVESTON, TX 77550	74-1384864	501(C)(3)	٥.	143,298.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
START CORPORATION (CHC)					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
235 CIVIC CENTER BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HOUMA, LA 70360	58-1687098	501(C)(3)	٥.	166,770.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TAYWELL HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
0 PHOENIX AVENUE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
WATERBURY, CT 06702-1516	22-3160873	501(C)(3)	0.	51,714.	PURCHASED	, EQUIPMENT	, PATIENTS
,				, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
STERLING AREA HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
725 E STATE STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
STERLING, MI 48659-9548	38-2205859	501(C)(3)	0.	12,703.	, PURCHASED	, EQUIPMENT	, PATIENTS
,				/		~	SUPPORT TO US CLINICS &
STEVE RUMMLER HOPE NETWORK					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
233 UNIVERSITY AVE W, SUITE 325					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
T PAUL, MN 55114	45-2903444	501(C)(3)	0.	185,136.	PRICE	, SUPPLIES	, PATIENTS
,				, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TREET MEDICINE DETROIT					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
320 E. CANFIELD ST. STE. 315					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
DETROIT, MI 48201	38-3982723	501(C)(3)	0.	56.180.	PURCHASED	, EQUIPMENT	, PATIENTS
,				· · · , - · · ·	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
STREET OUTREACH TEAMS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
642 WOODWARD AVENUE					PRICE	SUPPLIES	LOW-INCOME, UNINSURED
DETROIT, MI 48202	33-0875386	501(C)(3)	0.	87 435	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SULZBACHER HEALTH CENTER DOWNTOWN					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CLINIC - 611 EAST ADAMS STREET -					PRICE,	, OIMER, MEDICAL	LOW-INCOME, UNINSURED
	59-3229898				PURCHASED		PATIENTS

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(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
							SUPPORT TO US CLINICS &
SUNCOAST COMMUNITY HEALTH CENTERS,					ESTIMATED		HEALTH CENTERS FOR
INC 313 S. LAKEWOOD DR					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
BRANDON, FL 33511	59-1741303	501(C)(3)	0.	7,212.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SUNRISE COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2930 11TH AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EVANS, CO 80620	84-0613289	501(C)(3)	0.	52,435.	PURCHASED	EQUIPMENT	PATIENTS
SUSTAINABLE MOLOKAI							
PO BOX 250							
KAUNAKAKAI, HI 96748	27-3261673	501(C)(3)	50,000.	0.			COVID19-US
							SUPPORT TO US CLINICS &
SWLA CENTER FOR HEALTH SERVICES					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
2000 OPELOUSAS STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LAKE CHARLES, LA 70601	72-1015384	501(C)(3)	0.	6,760.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SYMBA CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
20601 HWY 18 SUITE 171					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
APPLE VALLEY, CA 92307	84-3729902	501(C)(3)	0.	140,770.	PURCHASED	SUPPLIES	PATIENTS
SYRIAN AMERICAN MEDICAL SOCIETY							
FOUNDATI - 1012 14ST STREET NW							
SUITE #1500 - WASHINGTON DC, MD							GENERAL EMERGENCY PREP &
20005	16-1717058	501(C)(3)	113,598.	0.			RESPONSE
TALBERT HOUSE HEALTH CENTER DBA							SUPPORT TO US CLINICS &
CENTERPOINT HEALTH - 231 NORTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
BREIEL BLVD MIDDLETOWN, OH					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
45042	46-1068818	501(C)(3)	0.	24,856.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TAMPA FAMILY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
302 W FLETCHER AVE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
TAMPA, FL 33612	59-2420282	501(C)(3)	0.	52,932.	PURCHASED	, EQUIPMENT	, PATIENTS
				· · ·	ESTIMATED		SUPPORT TO US CLINICS &
TANDEM HEALTH SC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1278 N. LAFAYETTE DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SUMTER, SC 29150	57-1095992	501(C)(3)	0.	16.095.	PURCHASED	, SUPPLIES	, PATIENTS

Schedule I (Form 990) DIRECT RELIEF Part II Continuation of Grants and Other A	Accietance to De	montin Organizations	and Domostic Co	wornmanta (Sch			95-1831116 Pag
(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
					ESTIMATED		SUPPORT TO US CLINICS &
TARZANA TREATMENT CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
8330 RESEDA BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NORTHRIDGE, CA 91324	94-2219349	501(C)(3)	0.	225,616.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
FECHE ACTION CLINIC					ESTIMATED		HEALTH CENTERS FOR
115 WEBER STREET					WHOLESALE	PHARMACEUTICALS	LOW-INCOME, UNINSURED
FRANKLIN, LA 70538	72-6073441	501(C)(3)	0.	22,274.	PRICE	, OTHER	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
TEEN HEALTH CENTER, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4115 AVENUE O					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GALVESTON, TX 77550	76-0163235	501(C)(3)	0.	25,052.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TEMPLE COMMUNITY FREE CLINIC, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1905 CURTIS B ELLIOTT DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TEMPLE, TX 76501	74-2634500	501(C)(3)	0.	450,763.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FENDER CARE COMMUNITY CLINIC INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
7862 FIRESTONE BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DOWNEY, CA 90241	81-2610616	501(C)(3)	0.	260,522.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
FENNESSEE CAMP FOR DIABETIC					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CHILDREN - 2622 LEE PIKE - SODDY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
DAISY, TN 37379	62-6020901	501(C)(3)	0.	7,601.	PRICE	EQUIPMENT	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			100,000.		ESTIMATED		SUPPORT TO US CLINICS
HEALTH PROFESSIONS DBA VCARES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CLINICS - 8121 BROADWAY STREET -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
HOUSTON, TX 77061	46-1267820	501(C)(3)	0.	425 456	PURCHASED	SUPPLIES	PATIENTS
	10 1207020			120,100.			SUPPORT TO US CLINICS
FEXAS LIONS CAMP					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
4100 SAN ANTONIO HWY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
XERVILLE, TX 78028	74-1189679	501(0)(3)	0.	0 272	PRICE	EQUIPMENT	PATIENTS

 Schedule I (Form 990)
 DIRECT RELIEF

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

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(a) Name and address of organization or government	(b) 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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TEXAS OVERDOSE NALOXONE INITIATIVE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1909 38 1/2 STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
AUSTIN, TX 78751	74-2752554	501(C)(3)	0.	197,431.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THAT NEIGHBORHOOD FREE HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CLINIC (TNFHC) - 306 BUSH STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
TOLEDO, OH 43604	27-1052744	501(C)(3)	0.	165,590.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE ATHENS NURSES CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
240 NORTH AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ATHENS, GA 30601	58-2490925	501(C)(3)	0.	14,782.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
THE BARTON CENTER FOR DIABETES					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
EDUCATION - 150 RICHARDSONS CORNER					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ROAD - CHARLTON, MA 01507	22-2701822	501(C)(3)	0.	36,332.	PRICE	EQUIPMENT	PATIENTS
THE BEACON OF DOWNTOWN HOUSTON 1117 TEXAS AVE. HOUSTON, TX 77002	71-0933434	501(C)(3)	50,000.	0.			FUND FOR HEALTH EQUITY
	,1 0,00101	501(0)(3)			ESTIMATED		SUPPORT TO US CLINICS &
THE BERKELEY FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2339 DURANT AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BERKELEY, CA 94704	94-1697002	501(C)(3)	0.	54 714	PURCHASED	, MIDICAL SUPPLIES	PATIENTS
THE BOYS AND GIRLS CLUB OF PUERTO RICO - PO BOX 79526 - CAROLINA, PR 00984	66-0327584		100,000.	0.			ABBVIE PR MEDICALLY FRAGILE POPULATIONS
					ESTIMATED		SUPPORT TO US CLINICS &
THE BREVARD HEALTH ALLIANCE INC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
2120 SARNO ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MELBOURNE, FL 32935	90-0068515	501(C)(3)	0.	23,862.	PURCHASED	EQUIPMENT	PATIENTS
,					ESTIMATED	~	SUPPORT TO US CLINICS &
THE CHILDREN'S CLINIC					WHOLESALE		HEALTH CENTERS FOR
					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
701 EAST 28TH STREET							

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

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

Schedule I (Form 990) DIRECT RELIEF Part II Continuation of Grants and Other A	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa		95-1831116 Pa
(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
					ESTIMATED		SUPPORT TO US CLINICS
THE HALEY CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
122 WEST CENTRAL AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WINTER HAVEN, FL 33880	59-0766974	501(C)(3)	0.	156,129.	PURCHASED	SUPPLIES	PATIENTS
,				, , , , , , , , , , , , , , , , , , , ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
THE HEALTH AND WELLNESS CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3834 S. WESTERN AVENUE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90062	23-7351622	501(C)(3)	0.	62,904.	PURCHASED	EQUIPMENT	, PATIENTS
· ·			1	,	ESTIMATED		SUPPORT TO US CLINICS
THE HEALTH HUT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
310 WEST MISSISSIPPI AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
RUSTON, LA 71270	27-3764078	501(C)(3)	0.	876,457.	PURCHASED	, SUPPLIES	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
THE HEARTS AND HANDS CLINIC, INC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
127 NORTH COLLEGE STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
STATESBORO, GA 30458	26-4597700	501(C)(3)	0.	10,937.	PURCHASED	, EQUIPMENT	, PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS
THE NEIGHBORHOOD CHRISTIAN CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1929 W. FILLMORE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PHOENIX, AZ 85009	86-0839580	501(C)(3)	0.	105,317.	PURCHASED	, SUPPLIES	PATIENTS
				,	ESTIMATED		SUPPORT TO US CLINICS
THE NEVER ALONE PROJECT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1100 WEST 42ND STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
INDIANAPOLIS, IN 46208	91-1435394	501(C)(3)	0.	10,999.	, PURCHASED	, SUPPLIES	PATIENTS
, THE NIGHT MINISTRY 1735 NORTH ASHLAND AVENUE CHICAGO, IL 60622	36-3145764		300,000.	0.			INCREASING IMMUNITY AWARDS - CVS, ABBVIE HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
THE NIGHT MINISTRY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1735 N. ASHLAND					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
CHICAGO, IL 60622	36-3145764	501(C)(3)	0.	54,679.	PURCHASED	EQUIPMENT	PATIENTS
			1		ESTIMATED		SUPPORT TO US CLINICS
THE PIC PLACE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
87 MERCHANT DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MONTROSE, CO 81401	47-0891200	501(C)(3)	0.	98 011.	PURCHASED	, SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa I	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE SHALOM PROJECT MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
639 S. GREEN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WINSTON-SALEM, NC 27101	20-2136431	501(C)(3)	٥.	415,322.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE SPAHR CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
150 NELLEN AVENUE STE. 100					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CORTE MADERA, CA 94925	$68\!-\!0072470$	501(C)(3)	0.	7,098.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE URBAN CLINIC OF ATLANTA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
777 CLEVELAND AVE SW					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ATLANTA, GA 30315	27 - 0000606	501(C)(3)	0.	71,773.	PURCHASED	SUPPLIES	PATIENTS
THE WAHIAWA CENTER FOR COMMUNITY							
HE - 302 CALIFORNIA AVENUE STE 106							HELPING BUILD HEALTHY
- WAHIAWA, HI 96786	45-5114944	501(C)(3)	270,000.	0.			COMM AWARDS - BD
					ESTIMATED		SUPPORT TO US CLINICS &
THE WAY FREE MEDICAL CLINIC, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
479 HOUSTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GREEN COVE SPRINGS, FL 32043	76-0828154	501(C)(3)	٥.	51,541.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE WELLNESS PLAN PHARMACY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2888 W GRAND BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DETROIT, MI 48202	38-2008890	501(C)(3)	0.	25,239.	PURCHASED	EQUIPMENT	PATIENTS
THOMAS JEFFERSON UNIVERSITY							
125 S. 9TH STREET							
PHILADELPHIA, PA 19107	23-1352651		210,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED		SUPPORT TO US CLINICS &
TIBURCIO VASQUEZ HEALTH CENTER					WHOLESALE		HEALTH CENTERS FOR
33255 9TH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
UNION CITY, CA 94587	23-7118361	501(C)(3)	0.	7,168.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TOMAGWA HEALTHCARE MINISTRIES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
455 SCHOOL STREET SUITE 30					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TOMBALL, TX 77375	76-0280324	501(C)(3)	0.	150,651.	PURCHASED	EQUIPMENT	PATIENTS

Part II Continuation of Grants and Other A	Assistance to Do	nestic organizations	and Domestic Go	Verninenits (Och	edule I (I 0111 330), I a	art 11.)	
(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
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
TRAVERSE HEALTH CLINIC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
1719 S. GARFIELD AVENUE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
TRAVERSE CITY, MI 49686	30-0224028	501(C)(3)	0.	9,334.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TREASURE COAST COMMUNITY HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
12196 COUNTY ROAD 512					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
FELLSMERE, FL 32948	59-3219191	501(C)(3)	0.	295,967.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TREE OF LIFE HEALTHCARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2200 NORTH AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COLUMBUS, GA 31904	30-0791060	501(C)(3)	0.	25,290.	PURCHASED	EQUIPMENT	PATIENTS
TREE OF LIFE HEALTHCARE							
1968 NORTH AVENUE							
COLUMBUS, GA 31901	30-0791060	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED		SUPPORT TO US CLINICS &
TRI CITY HEALTH PARTNERSHIP					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
318 WALNUT STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ST. CHARLES, IL 60174	36-4475369	501(C)(3)	0.	124,381.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS
TRIANGLE AREA NETWORK					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1495 N 7TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BEAUMONT, TX 77702	76-0226835	501(C)(3)	0.	131,754.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
TRI-AREA COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
14168 DANVILLE PIKE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LAUREL FORK, VA 24352	54-1112330	501(C)(3)	0.	22,306.	PURCHASED	SUPPLIES	PATIENTS
TRI-COUNTY COMMUNITY HEALTH					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COUNCIL, INC. DBA COMMWELL HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
- 6114 HWY 301 SOUTH - FOUR OAKS,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NC 27524	58-1319204	501(C)(3)	0.	60,316.	PURCHASED	SUPPLIES,	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)
 DIRECT RELIEF

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

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

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) 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		STATE OF CALIFOR	0.	12,007.	PURCHASED	, 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, FURCHASED	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		0.		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.		ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990) DIRECT RELIEF							95-1831116 Page
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa T	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US CLINICS &
UNC HEALTH CARE					ESTIMATED		HEALTH CENTERS FOR
4400 EMPEROR BLVD					WHOLESALE		LOW-INCOME, UNINSURED
DURHAM, NC 27703	56-1118388	STATE OF N CAROL	0.	2,335,978.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
JNDERGROUND CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2217 UNIVERSITY SQUARE MALL					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
TAMPA, FL 33612	20 - 4722214	501(C)(3)	0.	6,883.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
UNICARE COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
437 NORTH EUCLID AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ONTARIO, CA 91762	95-4746420	501(C)(3)	0.	137,352.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
JNION COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
260 EAST 188TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BRONX, NY 10457	13-4074478	501(C)(3)	0.	19,746.	PURCHASED	SUPPLIES	PATIENTS
UNION COUNTY DEPARTMENT OF HUMAN					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SERVICES DIVISION OF PUBLIC HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
- 2330 CONCORD AVENUE - MONROE, NC					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
, , , , , , , , , , , , , , , , , , , ,	56-6000345	501(C)(3)	0.	81,565.	PURCHASED	, EQUIPMENT	, PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
JNION GOSPEL MISSION					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
3211 IRVING BLVD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75247	75-6003612	501(C)(3)	0.	266 886.	PURCHASED	, EQUIPMENT	, PATIENTS
,					ESTIMATED	~ PHARMACEUTICALS	SUPPORT TO US CLINICS &
JNITY HEALTH ON MAIN					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
505C NORTH MAIN ST					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
GREENVILLE, SC 29601	81-1080067	501(C)(3)	0.	403 193	PURCHASED	EQUIPMENT	PATIENTS
	01 1000007	501(0)(3)	0.	403,193.			
JNIVERSAL COMMUNITY HEALTH CENTER							FUND FOR HEALTH EQUITY,
2801 S. SAN PEDRO ST.							INCREASING IMMUNITY
	27_060007	501(0)(3)	250 000	0.			
LOS ANGELES, CA 90011	27-0600887	501(C)(3)	250,000.	U.			AWARDS - CVS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
UNIVERSAL COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1005 E. WASHINGTON BLVD. #A			-		PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90021	27-0600887	501(C)(3)	0.	55,936.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), P	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
UNIVERSITY HEALTH - TRUMAN MEDICAL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 2301 HOLMES STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
KANSAS CITY, MO 64108	44-0661018	501(C)(3)	0.	2,801,541.	PURCHASED	EQUIPMENT	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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
JPHAM'S CORNER HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
415 COLUMBIA ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DORCHESTER, MA 02125	23-7211732	501(C)(3)	0.	121,019.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
UPPER VALLEY COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
SERVICES - 20 NORTH 3RD EAST -				= 4 . 0.00	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAINT ANTHONY, ID 83445	82-0527562	501(C)(3)	0.	74,829.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
JPSTATE FAMILY HEALTH CENTER, INC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1001 NOYES STREET	47 4000500			05 546	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JTICA, NY 13502	47-4829539	501(C)(3)	0.	95,546.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
JRBAN HEALTH PLAN, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
L065 SOUTHERN BLVD.	00 500005				PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BRONX, NY 10459	23-7360305	501(C)(3)	0.	95,038.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
JTAH NALOXONE - ANDY'S					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
295 CHIPETA WAY		501(0)(2)			WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
SALT LAKE CITY, UT 84108	87-6000525	DUT(C)(3)	0.	23,928.	-	SUPPLIES	PATIENTS
JTAH PARTNERS FOR HEALTH DBA					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MID-VALLEY HEALTH CLINIC - 9103					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SOUTH 1300 W #102 - WEST JORDAN,	00.0001001	501(0)(2)		14 450	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
UT 84088	27 - 0021804	501(C)(3)	0.	14,459.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Doi (b) EIN	(c) IRC section (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
					ESTIMATED		SUPPORT TO US CLINICS &
VALLE DEL SOL					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
3807 NORTH 7TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PHOENIX, AZ 85014	86-0251255	501(C)(3)	0.	29,718.	PURCHASED	, SUPPLIES	, PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS &
VALLEY COMMUNITY HEALTHCARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
6801 COLDWATER CYN AVE					PRICE.	MEDICAL	LOW-INCOME, UNINSURED
NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)	0.	31 861.	, PURCHASED	, SUPPLIES	, PATIENTS
,				,			
VECINOS, INC.							
3971 LITTLE SAVANNAH ROAD							
CULLOWHEE, NC 28723	57-1192063	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VENICE FAMILY CLINIC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
604 ROSE AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VENICE_ CA 90291	95-2769432	501(C)(3)	0.	64 090	PURCHASED	EQUIPMENT	PATIENTS
VERNON J. HARRIS EAST END CHC DBA	55 2705452	501(0/(5/		01,050.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CAPITAL AREA HEALTH NETWORK - 2025					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
E. MAIN STREET - RICHMOND, VA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
23223	54-1884190	501(0)(2)	0.	15 120	PURCHASED	,	PATIENTS
VIA CARE CHRONIC DISEASE	54-1004190	501(C)(3)	· · ·	15,159.	ESTIMATED	EQUIPMENT PHARMACEUTICALS	SUPPORT TO US CLINICS &
					WHOLESALE	_ MEDICAL	
MANAGEMENT CLINIC - 615 SOUTH						<i>'</i>	HEALTH CENTERS FOR
ATLANTIC BOULEVARD - LOS ANGELES,	00 000150	501 (9) (2)		10.000	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CA 90022	80-0699156	501(C)(3)	0.	10,808.	PURCHASED	EQUIPMENT	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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VIDA SENIOR CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1842 CALVERT STREET, NW					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WASHINGTON, DC 20009	23-7161537	501(C)(3)	0.	8,240.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	ssistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
VIP COMMUNITY SERVICES INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
770 EAST 176TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BRONX, NY 10460	13-3224700	501(C)(3)	0.	40,462.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
IRGINIA UNITED INC. DBA PAGE FREE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
LINIC - 250 MEMORIAL DRIVE SUITE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
2 - LURAY, VA 22835	27-1421176	501(C)(3)	0.	6,094.	PURCHASED	SUPPLIES	PATIENTS
LIGTON & GONDROWIGO							
VISION Y COMPROMISO							
15808 HESPERIAN BLVD	22 0071651	E01(0)(2)	200 000	0			
SAN LORENZO, CA 94580	32-0071651	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
VISION Y COMPROMISO							
L5808 HESPERIAN BLVD							
SAN LORENZO, CA 94580	32-0071651	501(C)(3)	50,000.	0.			COVID19-US
ISITING NURSE ASSOCIATION OF			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ENTRAL JERSEY COMMUNITY HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CENTER, INC 1301 MAIN STREET -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ASBURY PARK, NJ 07712	22-3321236	501(C)(3)	0.	72,172.	PURCHASED	, EQUIPMENT	PATIENTS
OCES COALICION DE VACUNACION DE				, ,	ESTIMATED		SUPPORT TO US CLINICS &
UERTO RICO, INC PBM 290 JUAN C					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
ORBON STREET 37 - GUAYNABO PR					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
0969	66-0798610	501(C)(3)	0.	47,508.	PURCHASED	, SUPPLIES	, PATIENTS
				, ,	ESTIMATED		SUPPORT TO US CLINICS &
OLUNTEER HEALTHCARE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
215 MEDICAL PARKWAY					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
AUSTIN, TX 78756	74-6082464	501(C)(3)	0.	17,455.	PURCHASED	, SUPPLIES	PATIENTS
· · · ·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
OLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
195 W SAN ANTONIO ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
IEW BRAUNFELS, TX 78130	26-2221231	501(C)(3)	0.	138,409.	PURCHASED	EQUIPMENT	PATIENTS
		-		, ,	ESTIMATED		SUPPORT TO US CLINICS &
OLUNTEERS IN MEDICINE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1 EAST DUVAL STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ACKSONVILLE, FL 32202	75-3002172	501(C)(3)	0.	392 593	PURCHASED	, SUPPLIES	, PATIENTS

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Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Dor (b) EIN	nestic Organizations (c) IRC section if applicable	and Domestic Go (d) Amount of cash grant	vernments (Sch (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	art II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE					WHOLESALE	_ MEDICAL	HEALTH CENTERS FOR
190 N PENNSYLVANIA AVE					PRICE,	SUPPLIES	LOW-INCOME, UNINSURED
WILKES BARRE, PA 18702	20-3531527	501(0)(3)	0.	21 316	PURCHASED	EQUIPMENT	PATIENTS
THRES BARRE, IA 10702	20 3331327	501(0/(5/	••	24,340.	ESTIMATED	EQUITMENT	SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
417 SE BALBOA AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
STUART, FL 34994	65-1115793	501(C)(3)	0.	254 030	PURCHASED	, MEDICAL SUPPLIES	PATIENTS
510AR1, FL 54994	05-1115795	501(0/(5/	· · ·	254,050.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VOLUNTEERS IN MEDICINE CLINIC OF					WHOLESALE	_ MEDICAL	HEALTH CENTERS FOR
						ľ	
THE CASCADES - 2300 NE NEFF ROAD -	02 1227047	F01/(d)/(2)			PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
3END, OR 97701	93-1327847	501(C)(3)	0.	345,461.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS
OLUNTEERS IN MEDICINE DBA CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
BY THE BAY - 4877 MISSION STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94112	26-2593712	501(C)(3)	0.	9,078.	PURCHASED	SUPPLIES	PATIENTS
VOLUNTEERS IN MEDICINE HILTON HEAD 15 NORTHRIDGE DRIVE							
HILTON HEAD ISLAND, SC 29926	57-0959206	501(C)(3)	50,000.	٥.			HURRICANE FLORENCE
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
VOLUNTEERS IN MEDICINE HILTON HEAD					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
ISLAND - 15 NORTHRIDGE DRIVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
HILTON HEAD, SC 29926	57-0959206	501(C)(3)	0.	881,190.	PURCHASED	EQUIPMENT	PATIENTS
VOLUNTEERS IN MEDICINE JACKSONVILLE - 41 EAST DUVAL							
STREET - JACKSONVILLE, FL 32202	75-3002172	501(C)(3)	50,000.	0.	L		HURRICANE MICHAEL
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
VOLUNTEERS IN MEDICINE OF SOUTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
JERSEY - 423 N ROUTE 9 - CAPE MAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COURT HOUSE, NJ 08210	52-2257585	501(C)(3)	0.	101,790.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS
OLUNTEERS IN MEDICINE OF SOUTHERN					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
NEVADA - 1240 NORTH MARTIN LUTHER					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
KING BLVD - LAS VEGAS, NV 89106	39-2072453	501(C)(3)	0.	177,677.	PURCHASED	SUPPLIES	PATIENTS

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations				art 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							
VELLNESS - 1 MERCHANTS PLAZA -							
BANGOR, ME 04401	04-3337456	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
AIANAE DISTRICT COMPREHENSIVE			, ,				SUPPORT TO US CLINICS &
EALTH AND HOSPITAL BOARD DBA					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
NAIANAE COAST COMPR - 86-260					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
FARRINGTON HIGHWAY - WAIANAE, HI	99-0148164	501(C)(3)	0.	5,020.	PRICE	, SUPPLIES	, PATIENTS
WASATCH HOMELESS HEALTH CARE DBA					ESTIMATED		SUPPORT TO US CLINICS &
FOURTH STREET CLINIC - 409 WEST					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
400 SOUTH - SALT LAKE CITY, UT					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
34101	87-0569356	501(C)(3)	٥.	62,787.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
NASHINGTON STATE DEPARTMENT OF					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
HEALTH - 111 ISRAEL RD SE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
TUMWATER, WA 98501	91-1444603	501(C)(3)	٥.	107,221.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
NATCH HEALTHCARE PROGRAM					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2700 WAYNE MEMORIAL DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GOLDSBORO, NC 27534	58-1881912	501(C)(3)	٥.	97,804.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
VAUKESHA FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
237 WISCONSIN AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
VAUKESHA, WI 53186	39-1273248	501(C)(3)	٥.	60,991.	PURCHASED	, SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WAYNE COUNTY HEALTH DEPARTMENT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
301 N HERMAN ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GOLDSBORO, NC 27530	56-6001520	501(C)(3)	٥.	26,004.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990) DIRECT RELIEF Part II Continuation of Grants and Other J	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) P:	art II)	95-1831116 Pag
(a) Name and address of organization or government	(b) 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
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WELCOMEHEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1100 NORTH WOOSLEY AVENUE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
FAYETTEVILLE, AR 72703	58-1691790	501(C)(3)	0.	13,350.	PURCHASED	EQUIPMENT	PATIENTS
· · ·				,	ESTIMATED		SUPPORT TO US CLINICS &
WELLNESS AND STRESS CLINIC OF					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
MEMPHIS - 3885 TCHULAHOMA ROAD -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MEMPHIS, TN 38118	31-1672935	501(C)(3)	0.	286,330.	PURCHASED	, SUPPLIES	, PATIENTS
				, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WELLNESS POINTE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1011 E. WHALEY ST.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	797,627.	PURCHASED	SUPPLIES	, PATIENTS
,				,	ESTIMATED	, PHARMACEUTICALS	SUPPORT TO US CLINICS
VELLSPACE HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
5321 STOCKTON BLVD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
SACRAMENTO, CA 95820	94-1713704	501(C)(3)	0.	12 573.	PURCHASED	, EQUIPMENT	, PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
WELVISTA					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
121 GREYSTONE BLVD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
COLUMBIA, SC 29210	56-2034627	501(C)(3)	0.	31,448,341.		, EQUIPMENT	, PATIENTS
,					ESTIMATED	~	SUPPORT TO US CLINICS
VESLEY COMMUNITY AND HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTERS - 1300 SOUTH 10TH STREET -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PHOENIX, AZ 85034	86-0133770	501(C)(3)	0.	945 815.	PURCHASED	, SUPPLIES	, PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
VEST CECIL HEALTH CENTER, INC.					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
49 ROCK SPRINGS ROAD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
CONOWINGO, MD 21918	20-5860113	501(C)(3)	0.	14,087.	, PURCHASED	, EQUIPMENT	, PATIENTS
, –		*			ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
VEST HAWAII COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 75-5751 KUAKINI HIGHWAY -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
KAILUA KONA, HI 96740	20-0495394	501(C)(3)	0.	26 341.	PURCHASED	EQUIPMENT	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) DIRECT RELIE Part II Continuation of Grants and Other	r Assistance to Dor	mestic Organizations	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) 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
					ESTIMATED		SUPPORT TO US CLINICS &
VEST VIRGINIA HEALTH RIGHT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
520 EAST WASHINGTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CHARLESTON, WV 25311	31-1066881	501(C)(3)	0.	174,479.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ESTERN OKLAHOMA FAMILY CARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
ENTER - 609 WEST AVE. E - ELK					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
:ITY, ОК 73644	26-1284785	501(C)(3)	0.	118,434.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VESTERN SIERRA MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
344 OLD TUNNEL ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GRASS VALLEY, CA 95945	94-2279011	501(C)(3)	0.	224,028.	PURCHASED	EQUIPMENT	PATIENTS
· · · · · ·					ESTIMATED		SUPPORT TO US CLINICS &
ESTERN TIDEWATER FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
HARMACY - 2019 MEADE PARKWAY -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SUFFOLK, VA 23434	26-3302837	501(C)(3)	0.	34,275.	PURCHASED	, SUPPLIES	, PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ESTMINSTER FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2103 MONTROSE AVENUE, STE. E					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
IONTROSE, CA 91020	77-0563241	501(C)(3)	0.	322,490.	PURCHASED	EQUIPMENT	, PATIENTS
				,			SUPPORT TO US CLINICS &
VESTSIDE FAMILY HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
711 OCEAN PARK BLVD					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ANTA MONICA, CA 90405	95-2931931	501(C)(3)	0.	19,299.	PRICE	, SUPPLIES	, PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HATLEY HEALTH SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2731 M. L. KING, JR. BLVD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
USCALOOSA, AL 35401	63-0727781	501(C)(3)	0.	103,052.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEELING HEALTH RIGHT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1-29TH STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
HEELING, WV 26003	31-1149085	501(C)(3)	0.	78,031.	PURCHASED	, EQUIPMENT	, PATIENTS
				,	ESTIMATED	~ PHARMACEUTICALS	SUPPORT TO US CLINICS &
WHITE BIRD NEST					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
41 E.12TH AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
UGENE, OR 97401	93-0585814	501(C)(3)	0.	21 928	PURCHASED	, EQUIPMENT	, PATIENTS

Schedule I (Form 990) DIRECT RELIEF							95-1831116 Page
Part II Continuation of Grants and Other A (a) Name and address of organization or government	(b) EIN	(c) IRC section (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.							INCREASING IMMUNITY
ATLANTA, GA 30317	58-2180056	501(C)(3)	50,000.	0.			AWARDS - CVS
WHOLE FAMILY HEALTH CENTER 981 37TH PLACE					ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS , MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
VERO BEACH, FL 32960	65-0715258	501(C)(3)	0.	272,321.	PURCHASED	EQUIPMENT	PATIENTS
WILDFLOWER HEALTHCARE 268 HERBERT STREET ST. AUGUSTINE, FL 32084	52-2125419	501(C)(3)	0.	230,547.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILDFLOWERS INSTITUTE 1144 PACIFIC AVENUE	94-2581329	F01/C)/2)	250,000.	0.			PUND FOR UFALMU FOULTRY
SAN FRANCISCO, CA 94133-7250	94-2561529	501(0)(3)	230,000.	0.	ESTIMATED		FUND FOR HEALTH EQUITY SUPPORT TO US CLINICS &
WILKES RECOVERY REVOLUTION, INC. 1907 WEST PARK DRIVE NORTH WILKESBORO, NC 28659	81-1600840	501(C)(3)	0.	12 906	WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILL COUNTY COMMUNITY HEALTH	01 1000040	501(0)(3)		12,500.	ESTIMATED WHOLESALE	PHARMACEUTICALS , MEDICAL	SUPPORT TO US CLINICS & HEALTH CENTERS FOR
CENTER - 1106 NEAL AVENUE - JOLIET, IL 60433	36-3971168	501(C)(3)	0.	91 711	PRICE, PURCHASED	SUPPLIES, EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
WILLIAM F. RYAN COMMUNITY HEALTH CENTER, INC. (DBA RYAN HEALTH) - 110 W. 97 STREET - NEW YORK, NY 10025	13-2884976		0.		ESTIMATED WHOLESALE 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	13-2884976			0.			INCREASING IMMUNITY
NEW YORK, NY 10025 WILLING HELPERS MEDICAL INC. POB 2508	T3-70043/0	501(0)(3)	50,000.	0.			AWARDS - CVS
COVINGTON, GA 30015	56-2602392	501(C)(3)	40,000.	0.			HURRICANE MICHAEL

Schedule I (Form 990) DIRECT RELIEF Part II Continuation of Grants and Other A	ssistance to Do	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990) P:		95-1831116 Pag
(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.					ESTIMATED WHOLESALE	PHARMACEUTICALS MEDICAL	SUPPORT TO US CLINICS & HEALTH CENTERS FOR
4186 MILL STREET SUITE A					PRICE	SUPPLIES	LOW-INCOME, UNINSURED
COVINGTON, GA 30014	56-2602392	501(C)(3)	0.	398,143.	PURCHASED	EQUIPMENT	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					ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS , MEDICAL	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	0.	102,347.	PURCHASED	SUPPLIES	PATIENTS
YOUNG WOMEN'S CHRISTIAN ASSOCIATION - 503 CASTROVILLE ROAD	74 1142125	501 (0) (2)	225 000				
- 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(0)(3)	50,000.	0.			COVID19-US
bin mionic, in 70257	/4 1143133	501(0)(5)			ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS
ZAREPHATH HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
595 WESTON CANAL ROAD					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
SOMERSET, NJ 08873	31-1812810	501(C)(3)	0.	182,404.	, PURCHASED	, EQUIPMENT	PATIENTS
ZUFALL HEALTH CENTER DOVER					ESTIMATED WHOLESALE	PHARMACEUTICALS	SUPPORT TO US CLINICS HEALTH CENTERS FOR
18 WEST BLACKWELL					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
DOVER, NJ 07801	22-3125397	501(C)(3)	0.	241,013.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990) 2021

DIRECT RELIEF

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Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 informat	tion required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional 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

DIRECT RELIEF

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,

DIRECT RELIEF

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

Schedule I (Form 990)

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

132291 04-01-21

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

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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,

Schedule I (Form 990)

DIRECT RELIEF

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

Schedule I (Form 990)

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

Schedule I (Form 990)

132291 04-01-21

DIRECT RELIEF

(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

132291 04-01-21

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 I (Form 990)

132291 04-01-21

SC	HEDULE J	EDULE J Compensation Information					
(Fo	rm 990)		2021				
			1U /		1		
Depa	tment of the Treasury	Open to Publi					
	al Revenue Service	Inspection					
Nam	e of the organization		Employer identifi		n nur	nber	
		DIRECT RELIEF	95-183111	.6			
Ра	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form 99	90,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com		dence				
		cation and gross-up payments Health or social club dues or initiation fees					
	Discretionary	spending account Personal services (such as maid, chauffeur,	, chet)				
Ŀ	If any of the here-	on line to ave sheeled, did the exemination follows a written a discussion of the					
a	-	on line 1a are checked, did the organization follow a written policy regarding payment or		46			
0	•	provision of all of the expenses described above? If "No," complete Part III to explain	····· -	1b			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		•			
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's					
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization	a to				
		ation of the CEO/Executive Director, but explain in Part III.	110				
	X Compensation						
	Independent of						
	X Form 990 of o	mmittee					
		ther organizations X Approval by the board or compensation cor	linitiee				
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 re						
а	•	e payment or change-of-control payment?		4a		x	
b		eive payment from a supplemental nonqualified retirement plan?		4b		x	
						x	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	,						
	Only section 501(c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the r						
а	The organization?			5a		X	
		ation?		5b		X	
		pr 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the r	net earnings of:					
а	The organization?		L	6a		x	
		ation?		6b		X	
	If "Yes" on line 6a o	or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7		x	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
				8		X	
9		id the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?		9		Ĺ	
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule J (Form	990)	2021	

132111 11-02-21

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THOMAS TIGHE	(i)	501,663.	0.	0.	14,500.	40,573.	556,736.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BHUPI SINGH	(i)	425,715.	0.	0.	13,154.	15,512.	454,381.	0.
EXECUTIVE VP, SENIOR ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAWN LONG	(i)	342,260.	0.	0.	14,500.	9,915.	366,675.	0.
SENIOR VP, COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ADAN GROUMAN	(i)	269,475.	0.	0.	10,860.	14,441.	294,776.	0.
DIRECTOR, IT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JONATHAN STEINER	(i)	260,154.	0.	0.	12,230.	14,387.	286,771.	0.
VP OF FINANCE, CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DONALD ROANE	(i)	231,675.	0.	0.	11,670.	38,668.	282,013.	0.
VP OF CORPORATE ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) HEATHER BENNETT	(i)	239,615.	0.	0.	12,002.	8,841.	260,458.	0.
VP OF PARTNERSHIPS & PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREW SCHROEDER	(i)	210,116.	0.	0.	11,038.	18,742.	239,896.	0.
VP OF RESEARCH & ANALYSIS	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DOUG FROELICH	(i)	197,972.	0.	0.	9,964.	25,983.	233,919.	0.
VP OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

(form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 38a or 40b. Attach to Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990-EZ, Part V, line 38a or 40b. Complete if the organization Complete if the organization answered "Yes" on Form 990. Part IV, line 25a or 25b, or Form 990-EZ. Part II Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Department of the Treasury Co to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization DIRECT RELIEF 95-1831116 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? 2 Enter the amount of tax incurred by the organization managers or disqualified persons. 5
DIRECT RELIEF 95–1831116 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? Yes No 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 5
Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No (c) Description of transaction (d) Corrected? Yes No (a) Name of disqualified person (b) Relationship between disqualified persons and organization (c) Description of transaction (d) Corrected? Yes No (c) Description of transaction (d) Corrected? Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No (a) (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No (a) (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No (c) Description of transaction (d) Corrected? Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No 1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Corrected? Yes No (c) Description of transaction (c) Description of transaction (c) Corrected? Yes No (c) Description of transaction (c) Description of transaction (c) Description of transaction 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 (c) Description of tax incurred by the organization managers or disqualified persons during the year under section 4958 (c) Description of tax incurred by the organization 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization (c) Secription of transaction (c) Secription of tax incurred by the organization Part II Loans to and/or From Interested Persons. (c) Purpose (c) Purpose of loan (c) Purpose of loan (f) Balance due (g) In default? (h) Approved or committee? (j) Written agreement? (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (e) Original principal amount (f) Balance due
(a) Name of disqualified person Person and organization (c) Description of transaction Yes No Yes No Yes No Yes No Yes Yes No Yes Yes Yes Yes Yes Yes Yes Yes Yes
2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 a b c <lic< li=""> c c c</lic<>
 section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship (c) Purpose (d) Loan to or from the organization? from the organization? (b) Relationship (c) Purpose (d) Loan to or from the organization?
 section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship (c) Purpose (d) Loan to or from the organization? from the organization? (b) Relationship (c) Purpose (d) Loan to or from the organization?
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship with organization (c) Purpose (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (i) Written agreement?
section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship with organization (c) Purpose (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (i) Written agreement?
 section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of (b) Relationship (c) Purpose (d) Loan to or from the organization? from the organization? (b) Relationship (c) Purpose (d) Loan to or from the organization?
section 4958 Section 4958 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of loan (c) Purpose of loan (e) Original principal amount (f) Balance due (g) In default? (i) Written agreement?
Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization of Ioan (c) Purpose of Ioan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or agreement?
Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization of Ioan (c) Purpose of Ioan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or agreement?
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship with organization (c) Purpose of Ioan (d) Loan to or from the organization? (e) Original principal amount (f) Balance due (g) In default? (h) Approved by board or agreement?
reported an amount on Form 990, Part X, line 5, 6, or 22.(a) Name of interested person(b) Relationship with organization(c) Purpose of Ioan(d) Loan to or from the organization?(e) Original principal amount(f) Balance due(g) In default?(h) Approved by board or committee?(i) Written agreement?
(a) Name of interested person(b) Relationship with organization(c) Purpose of Ioan(d) Loan to or from the organization?(e) Original principal amount(f) Balance due(g) In default?(h) Approved by board or committee?(i) Written
interested person with organization of loan of loan principal amount principal amount default? by board or agreement?
Image: state of the state
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Fotal
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.
(a) Name of interested person (b) Relationship between (c) Amount of (d) Type of (e) Purpose of
interested person and assistance assistance assistance
the organization
CEO 58,500. CASH DISASTER RELI

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

Schedule L (Form 990) 2021

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Schedule L (Form 990) 2021 DIRECT	RELIEF		95-18311:	L6	Page 2
Part IV Business Transactions Invo	ving Interested Persons.				9
Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 28a, 28	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring o zation':
	person and the organization	Tansaction	liansaction		nues?
				Yes	No
				 	
				 	
				 	
				 	
Part V Supplemental Information.					
Provide additional information for res	ponses to questions on Schedule L (see i	nstructions).			
CHEDULE L, PART III, LINE 1					
N DECEMBER 22, 2020, THE BOARD OF DI	RECTORS OF DIRECT RELIEF APPRO	VED			
ISASTER RELIEF PAYMENTS PURSUANT TO	IRC SECTION 139 TO THOMAS TIGH	Ε,			
		,			
HE ORGANIZATION'S CEO, AFTER TIGHE'S	PERSONAL RESIDENCE WAS DESTRO	YED			
,					
N A MUDSLIDE RESULTING FROM A WILDFI	RE - ALL OF WHICH WAS A FEDERA	I.I.Y			
ECLARED NATURAL DISASTER. PAYMENTS T	O TTGHE TOTALLED \$58 500 IN				
Y2022, AND ONLY REPRESENTED AMOUNTS	THAT WERE NOT OTHERWISE COVER.	D BV			
12022, MAD ONLY MERCHANNED MACONID					
NSURANCE.					
NSORANCE.					

Schedule L (Form 990) 2021

132132 11-02-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury	
Internal Revenue Service	

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

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



Name of the organization

Employer identification number

9	5 –	1	8	3	1	1	1	6

Par	t 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 de noncash contribu		•	s
1	Art - Works of art			<u> </u>				
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 -							
10								
14	Historic structures 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 VA	ALUE		
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 organiz	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82						0	
			C C				Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		x
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	policy that re	quires the review o	of any nonstandard contribut	ions?	31	х	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?						x	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.			.,				

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

Schedule M (Form 990) 2021

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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.

Schedule M (Form 990) 2021

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Schedule M (Form 990) 2021 DIRECT RELIEF

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part L column (b) the number of contributions, the number of items received, or a combination of both. Also complete Part II

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

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 for the latest information.



Employer identification number 95-1831116

DIRECT RELIEF

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

14590119 146892 6294230

Name of the organization

DIRECT RELIEF

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

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Name of the organization

DIRECT RELIEF

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

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Schedule O (Form 990) 2021
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Name of the organization

DIRECT RELIEF

Page **2**

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/)

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

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244 2021.05030 DIRECT RELIEF

Schedule O (Form 990) 2021 Name of the organization DIRECT RELIEF	Page Employer identification numbe 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	

Schedule O (Form 990) 2021 Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
DIRECT RELIEF	011100-06
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	
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Schedule O (Form 990) 2021	Page 2
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.	

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Schedule O (Form 990) 2021	Page 2
Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
OF COURSE, SIMILAR PRICING AND VALUATION DIFFERENCES ALSO EXIST FOR	
OTHER COMMODITIES AND SERVICES BEYOND PHARMACEUTICALS. IN THE U.S., FOR	
EXAMPLE, THE COMMODITY OF WATER MAY BE THE EASIEST EXAMPLE, SINCE THE	
PRICE THAT IS PAID FOR THE SAME COMPOUND, H2O, RANGES FROM FREE IN A	
PUBLIC TAP TO SEVERAL DOLLARS FOR A "BRANDED" EQUIVALENT BOTTLED	
QUANTITY IN A HOTEL ROOM. BUT SIMILAR PRICING DIFFERENCES EXIST FOR	
SERVICES AS WELL. THE OUTSOURCING AND OFF-SHORING PHENOMENA REFLECT	
THAT EVEN HIGHLY SKILLED SERVICESSURGERY, COMPUTER PROGRAMMING,	
RESEARCH CONDUCTED BY PH.D.SARE DONE AT VASTLY DIFFERENT PRICES IN	
DIFFERENT COUNTRIES.	
DIRECT RELIEF'S INTERNAL PROCESSES, INFORMATION SYSTEMS, AND PUBLIC	
DISCLOSURES ENSURE THAT THESE DISTINCTIONS ARE CLEARLY DOCUMENTED AND	
THAT THE ORGANIZATION'S FINANCIAL REPORTING PRECISELY AND ACCURATELY	
REFLECTS THE FAIR MARKET VALUE OF THE SPECIFIC ITEMS RECEIVED THROUGH	
DONATION.	
IF A LOW-COST GENERIC MEDICATION IS RECEIVED THROUGH DONATION, ITS	
VALUE IS PROPERLY RECORDED AS THAT OF THE GENERIC MEDICATION. IF A MORE	
EXPENSIVE BRANDED PRODUCT IS RECEIVED THROUGH DONATION, ITS VALUE IS	
SIMILARLY PROPERLY RECORDED AS THAT OF A BRANDED PRODUCT.	
AS NOTED ABOVE, DIRECT RELIEF HAS LONG SOUGHT THE CONTRIBUTION OF	
NEEDED GOODS AND SERVICES TO USE FOR HUMANITARIAN PURPOSES BECAUSE OF	
THE EFFICIENCIES AND OTHER BENEFITS THAT RESULT. THE ORGANIZATION AND,	
MORE IMPORTANTLY, THE PEOPLE IT SERVES, BENEFIT FROM THE LOWEST-COST,	
MOST EFFICIENT USE OF RESOURCES. SO TOO DO FINANCIAL CONTRIBUTORS,	
SINCE THEIR FINANCIAL CONTRIBUTIONS ARE NOT BEING USED TO PURCHASE	

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Schedule O (Form 990) 2021 Name of the organization	Page : Employer identification number
DIRECT RELIEF	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.

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Schedule O (Form 990) 2021 Name of the organization	Page Employer identification number
DIRECT RELIEF	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 O (Form 990) 202

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132161 11-17-21 LHA

CUAUHTEMOC, DISTRITO FEDERAL, MEXICO

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

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

AND MEDICAL CLINICS

organizations during the tax year.

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

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

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

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

Part I

Name of the organization

DIRECT RELIEF

Employer identification number 95-1831116

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.

501(C)(3)

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

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Schedule R (Form 990) 2021

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DIRECT RELIEF

MEXICO

OMB No. 1545-0047

Open to Public

Inspection

(f)

entity

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

		,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionat allocations?		amount in box 20 of Schedule	Gener mana partn	al or Percenta ging er?	tage ship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
										+		
	-											
	-											
	1											
	1											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(I conti ent	(i) ction (b)(13) trolled tity?
		country)		01 11000		400010		Yes	No
									<u> </u>
	1								
	1								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Part	ts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	1	
b Gift, grant, or capital contribution to related organization(s)		, x	٢
c Gift, grant, or capital contribution from related organization(s)		X	ζ
d Loans or loan guarantees to or for related organization(s)		I	
e Loans or loan guarantees by related organization(s)	<u>1e</u>	,	_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	11		
Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1n	<u>۱</u>	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	ζ
o Sharing of paid employees with related organization(s)		,	
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>	,	
q Reimbursement paid by related organization(s) for expenses			2
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s	;	

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

(a) 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	В	690,000.	CASH VALUE
(2) DIRECT RELIEF FOUNDATION - SEE PART VII	В	3,881,308.	CASH VALUE
(3) DIRECT RELIEF FOUNDATION - SEE PART VII	с	3,590,990.	CASH VALUE
(4)			
<u>(5)</u>			
_(6)			

Schedule R (Form 990) 2021 DIRECT RELIEF

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera		ercentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501(org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing r? OV	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
											\square		

DIRECT RELIEF

Part VII Supplemental Information

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

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

THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF 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

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