** 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u>A</u>	For the	2022 calendar year, or tax year beginning JU	L 1, 2022 and	ending J	UN 30, 2023						
В	Check if applicable	C Name of organization			D Employer ide	entific	ation number				
	Addres	S DIRECT RELIEF									
	Name change				95-1831	116					
	Initial return	Number and street (or P.O. box if mail is not del	ivered to street address)	E Telephone number							
	Final return/	6100 WALLACE BECKNELL ROAD	,		805-964-4						
	termin- ated	City or town, state or province, country, and 2	ZIP or foreign postal code		G Gross receipts \$		2,267,921,342.				
	Amend return	SANIA BARBARA, CA 93117	-		H(a) Is this a gro	up ret	turn				
	Application	F Name and address of principal officer: JONAT	HAN STEINER		for subordir	nates?	Yes X No				
_	pendin	SAME AS C ABOVE			H(b) Are all subordin	ates inc	sluded? Yes No				
<u>1</u>	Tax-exe	mpt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," atta	ich a l	ist. See instructions				
	Websit				H(c) Group exen		number				
			sociation Other	L Year	of formation: 1948	M	State of legal domicile; CA				
P	art I	Summary									
Governance	1	Briefly describe the organization's mission or most PEOPLE AFFECTED BY POVERTY OR EMERGENCY		E THE HEA	ALTH AND LIVES	OF					
ra	2	Check this box if the organization discor	ntinued its operations or dispos	sed of more	than 25% of its ne	et asse	ets.				
ove.	3	Number of voting members of the governing body (Part VI, line 1a)			3	17				
		Number of independent voting members of the gov				4	17				
80	5	Total number of individuals employed in calendar y	ear 2022 (Part V, line 2a)			5	142				
ŻĘ:	6	Total number of volunteers (estimate if necessary)				6	134				
Activities &	7 a	Total unrelated business revenue from Part VIII, col	umn (C), line 12			7a	0.				
_	b	Net unrelated business taxable income from Form S	990-T, Part I, line 11	<u></u>		7b	0.				
					Prior Year		Current Year				
ē	8	Contributions and grants (Part VIII, line 1h)			2,217,825,7	_	2,260,445,639.				
en.	9				210 7	0.	0.				
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4,			310,7	0.	6,317,844.				
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			2,218,136,5		2,266,763,483.				
_		Total revenue - add lines 8 through 11 (must equal l			2,009,344,8		1,893,689,540.				
		Grants and similar amounts paid (Part IX, column (A Benefits paid to or for members (Part IX, column (A)			2,003,311,0	0.	0.				
	45	Salaries, other compensation, employee benefits (F			15,830,1		16,966,928.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), li			, ,	0.	0.				
Den	. b	Fotal fundraising expenses (Part IX, column (D), line		680.							
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d,	The state of the s		228,090,0	40.	160,514,759.				
		Fotal expenses. Add lines 13-17 (must equal Part IX			2,253,265,0	73.	2,071,171,227.				
	19	Revenue less expenses. Subtract line 18 from line			-35,128,5	37.	195,592,256.				
50	3			Ве	ginning of Current Y	'ear	End of Year				
sets	20	Total assets (Part X, line 16)			958,254,2	46.	1,170,526,870.				
Net Assets or	21	Total liabilities (Part X, line 26)			18,673,4	_	33,480,459.				
		Net assets or fund balances. Subtract line 21 from	line 20		939,580,7	53.	1,137,046,411.				
	art II	Signature Block									
		ties of perjury, I declare that I have examined this return,				of my	knowledge and belief, it is				
true	, correc	a, and complete. Declaration of preparer (other than office	r) is based on all information of wr	nich preparer	nas any knowledge.						
0		Signature of officer			I Date						
Sig		JONATHAN STEINER, VP OF FINANCE/CFO			Buto						
Hei	e	Type or print name and title									
			Dranarar's signature	1	Date Che	ck 「	PTIN				
Pai	,	Print/Type preparer's name LAUREN A. HAVERLOCK	Preparer's signature LAUREN A. HAVERLOCK		o roa roa	employe	- L				
	parer	Firm's name MOSS ADAMS LLP			Firm's EIN		01-0189318				
	Only	Firm's address 21700 OXNARD ST. STE 300			I IIIII 3 LII						
	,	WOODLAND HILLS, CA 91367			Phone no	818-	577-1900				
Ma	v the IF	S discuss this return with the preparer shown above	/e? See instructions		,		. X Yes No				

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Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	IMPROVE THE HEALTH AND LIVES OF PEOPLE AFFECTED BY POVERTY OR
	EMERGENCY SITUATIONS BY MOBILIZING AND PROVIDING ESSENTIAL MEDICAL
	RESOURCES NEEDED FOR THEIR CARE.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 999,777,433. including grants of \$ 866,576,596.) (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.
4b	(Code:) (Expenses \$ 849,720,798. including grants of \$ 823,183,032.) (Revenue \$
	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 2023,
	DIRECT RELIEF PROVIDED MATERIAL AND FINANCIAL SUPPORT TO MORE THAN
	1,900 COMMUNITY HEALTH PROVIDERS IN 88 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.
4c	(Code:) (Expenses \$3136,965. including grants of \$196,811,103.) (Revenue \$)
	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 2023,
	DIRECT RELIEF PROVIDED HEALTHCARE PARTNERS IN 47 COUNTRIES WITH 12
	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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 7,118,809. including grants of \$ 7,118,809.) (Revenue \$ 0.)
4e	Total program service expenses 2,059,754,005.
	Form 990 (2022)

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Form 990 (2022) Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7		7		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
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	X	
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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				
	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		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a		14a	Х	
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, , , a		
D	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	170		_
13		15	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		- " -
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	ا جد ا		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		
	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
	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	X	

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Form 990	DIRECT RE ecklist of Required So	

	· /		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			ı
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ı
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		ı
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			ı
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		.,	ı
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	x	ı
352	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	ı
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			ı
Par	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pal				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	N _C
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		res	No
	Enter the number reported in box 3 or Form 1030. Enter 40 in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	

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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 142			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	—
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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	Х	
b	If "Yes," enter the name of the foreign country SOUTH AFRICA, MEXICO			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ļ.,
а	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
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			,,
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
e	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		 ^
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		\vdash
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:	-		
''	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		$\overline{}$
-	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		х
	If "Yes," complete Form 4720, Schedule O.			

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

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

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

Form **990** (2022)

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

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	(do		Pos heck	ition	than o	one n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer P	Key employee	Highest compensated 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) THOMAS TIGHE	40.00									
CHIEF EXECUTIVE OFFICER	5,00			Х				605,893.	0.	46,717.
(2) BHUPI SINGH	40.00	-				l		204 202		
EXEC VP, SR ADVISOR (THRU 07/22)	0.00					Х		391,893.	0.	22,849.
(3) DAWN LONG	40.00	-		,,				270 770		22 002
SENIOR VP, COO	5.00			Х				378,770.	0.	23,993.
(4) JONATHAN STEINER	40.00	-		Į				306 063	_	22 200
VP OF FINANCE, CFO (5) DONALD ROANE	5.00			Х				306,062.	0.	23,298.
VP CORPORATE ENGAGEMENT & STRATEGY	0.00	-				x		237 059	0.	/7 QQ1
(6) HEATHER BENNETT	40.00					_		237,058.	0.	47,881.
VP, PARTNERSHIPS & PHILANTHROPY	0.00	1				x		262,337.	0.	20,599.
(7) ADAN GROUMAN	40.00					 ^		202,337.	,	20,333.
DIRECTOR, IT	0.00	1				x		240,854.	0.	24,927.
(8) ANDREW SCHROEDER	40.00									
VP, RESEARCH & ANALYSIS	0.00					x		214,585.	0.	28,909.
(9) MARK LINEHAN	10.00							, -		, -
CHAIR	1.00	х		х				0.	0.	0.
(10) BYRON SCOTT, MD	5.00									
VICE CHAIR	1.00	Х		х				0.	0.	0.
(11) THOMAS STURGESS	5.00									
TREASURER/COMMITTEE CHAIR	1.00	х		х				0.	0.	0.
(12) SIRI MARSHALL	5.00									
SECRETARY/COMMITTEE CHAIR	1.00	х		х				0.	0.	0.
(13) HARRY MCMAHON	5.00									
ASST TREASURER/COMMITTEE CHAIR	1.00	Х		х				0.	0.	0.
(14) ANNALISA PIZZARELLO	5.00									
ASSISTANT SECRETARY	1.00	Х		Х				0.	0.	0.
(15) PAMELA GANN	5.00									
COMMITTEE CHAIR	1.00	Х						0.	0.	0.
(16) JAMES MCGONIGLE	5.00									
COMMITTEE CHAIR	1.00	Х						0.	0.	0.
(17) JAMES SELBERT	5.00	1								
COMMITTEE CHAIR	1.00	Х						0.	0.	0.
										Earm 990 (2022)

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Form **990** (2022)

Form 990 (2022) DIRECT RELIE	iF'								95-183111	Page o
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer an	la a a	recto	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		99/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	ution	<u></u>	Key employee	st co	ь			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(18) MARY DWYER	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(19) STAYCE D. HARRIS	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(20) EVAN MARWELL	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(21) JAMIE RUFFING, PHD	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(22) MARLA SALMON, SCD, RN, FAAN	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(23) MARK SCHWARTZ	2.00									
DIRECTOR (FROM 09/22)	0.00	Х						0.	0.	0.
(24) LAURIE SIEGEL	2.00									
DIRECTOR (FROM 09/22)	0.00	Х						0.	0.	0.
(25) ELIZABETH TORO, MD MPH	2.00									
DIRECTOR	1.00	Х						0.	0.	0.
(26) TIM WERTNER	2.00									
DIRECTOR (THRU 05/23)	1.00	Х						0.	0.	0.
1b Subtotal								2,637,452.	0.	239,173.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								2,637,452.	0.	239,173.

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL CENTER DOBROBUT-CLINIK LLC		
12, MYSHUGI STREET, KYIV, UKRAINE	MEDICAL CARE SERVICES	2,349,612.
LEGACY DEVELOPMENT GROUP LTD., VICTORIA		
AND CHAPEL STREET, ELEUTHERA, BAHAMAS	CONSTRUCTION SERVICES	673,504.
IRW CONCIERGE SERVICES, LUIS VIGOREAUX		
AVE, #1353, GUAYNABO, PUERTO RICO 00966	LEGAL SERVICES	507,889.
INCANDESCENT LLC, 28 W 25TH STREET, FLOOR		
9, NEW YORK, NY 10010	CONSULTING SERVICES	435,287.
STAMEN DESIGN LLC, 584 CASTRO STREET #240,		
SAN FRANCISCO, CA 94114	DESIGN SERVICES	310,000.
Total number of independent contractors (including but not limited to th \$100,000 of compensation from the organization	ose listed above) who received more than 18	000

Form **990** (2022)

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			2022) DIRECT		EF				95-183111	6 Page 9
Pa	rt V	Ш	Statement of Reve	enue						
			Check if Schedule O cor	ntains a	respons	e or note to any lin				X
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ņν	1	a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues		1b					
Ω. G			Fundraising events		1c		-			
iifts ar A			Related organizations		1d	3,032,326.				
s, G mik			Government grants (contribu		1e					
ion Si			All other contributions, gifts, gra		1					
but the			similar amounts not included ab	ove	1f 2	,257,413,313.				
ntri d O		g	Noncash contributions included in line	s 1a-1f	1g \$ 2	,137,801,383.				
S a		h	Total. Add lines 1a-1f				2,260,445,639.			
						Business Code				
ce	2	а								
ervi Je		b								
n S		С								
Program Service Revenue		d								
roç		e	All alle and an arrangement of the control of the c							
ш.			All other program service rev							
	3	g	Total. Add lines 2a-2f							
	3		·	•	•		6,317,844.			6,317,844.
	4		Income from investment of to				7,121,7122			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	5		Royalties		-	-				
					(i) Real	(ii) Personal				
	6	а	Gross rents6	ia 🗔			-			
			Less: rental expenses 6	ib						
		С	Rental income or (loss) 6	ic						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	<u> </u>	Securities	. ,				
			assets other than inventory 7	'a 1,	157,859	•				
		b	Less: cost or other basis							
υne			and sales expenses 7		157,859					
evenue			Gain or (loss)7			•	0			
ď			Net gain or (loss)				0.			
Other	8	а	Gross income from fundraising							
0			including \$ contributions reported on lin							
			Part IV, line 18			3				
		h	Less: direct expenses			b	-			
			Net income or (loss) from fur			~				
			Gross income from gaming a							
			Part IV, line 19			а				
		b	Less: direct expenses			b				
		С	Net income or (loss) from gar	ming a	ctivities_					
	10	а	Gross sales of inventory, less	s returr	ns					
			and allowances			Da	-			
			Less: cost of goods sold			Db				
		С	Net income or (loss) from sal	les of ir	nventory					
ST	٠					Business Code				
Miscellaneous Revenue	11									
illar		b				· 				
Sce		d	All other revenue							
Σ			Total. Add lines 11a-11d							
			Total revenue. See instructions				2,266,763,483.	0.	0.	6,317,844.

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Form **990** (2022)

95-1831116

Part IX | Statement of Functional Expenses

<u> </u>	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	252 222 232	252 222		
	and domestic governments. See Part IV, line 21	353,288,548.	353,288,548.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1 540 400 000	1 540 400 000		
_	individuals. See Part IV, lines 15 and 16	1,540,400,992.	1,540,400,992.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 275 217	241 012	920 919	212 206
_	trustees, and key employees	1,375,217.	241,013.	820,918.	313,286
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	12,327,106.	9,021,619.	2,269,567.	1,035,920
7 8	Other salaries and wages Pension plan accruals and contributions (include	12,327,100.	5,021,015.	2,200,501.	1,000,020
0	section 401(k) and 403(b) employer contributions)	545,099.	374,671.	99,077.	71,351
9	Other employee benefits	1,746,312.	1,067,245.	550,707.	128,360
10		973,194.	630,246.	214,471.	128,477
11	Payroll taxes Fees for services (nonemployees):	3,0,232.			220,177
'' a	Management				
b	Legal	190,339.	14,056.	176,283.	
c	Accounting	215,317.	60,790.	154,349.	178
d	Lobbying	,	7		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch O.)	6,687,353.	5,057,722.	1,374,604.	255,027
12	Advertising and promotion	772,001.	501,853.	101,471.	168,677
13	Office expenses	169,905.	103,096.	54,247.	12,562
14	Information technology	624,312.	352,423.	36,422.	235,467
15	Royalties				
16	Occupancy	875,127.	818,542.	30,086.	26,499
17	Travel	1,347,047.	1,011,568.	279,415.	56,064
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	521,186.	333,248.	167,393.	20,545
20	Interest	16,211.	15,238.	516.	457
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,269,624.	1,216,687.	29,023.	23,914
23	Insurance	900,714.	88,329.	802,498.	9,887
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	INVENTORY ADJ-SEE SCH O	131,324,423.	131,324,423.		
b	FREIGHT & TRANSPORT.	11,104,087.	11,104,087.		
С	SUPPLIES	1,082,098.	990,897.	67,582.	23,619
d	DUES AND SUBSCRIPTIONS	659,228.	349,138.	149,173.	160,917
е	All other expenses	2,755,787.	1,387,574.	1,326,740.	41,473
25	Total functional expenses. Add lines 1 through 24e	2,071,171,227.	2,059,754,005.	8,704,542.	2,712,680
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

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Form 990 (2022)
Part X Balance Sheet DIRECT RELIEF 95-1831116 Page **11**

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to any	y line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash non interest hearing			8,017,704.	1	2,884,559.
	2	Cash - non-interest-bearing			225,620,451.	2	60,432,023.
	3	Savings and temporary cash investments			9,172,237.	3	15,856,234.
	4	Pledges and grants receivable, net			3,172,237,	4	13,030,131
	5	Accounts receivable, net Loans and other receivables from any current				4	
	"	trustee, key employee, creator or founder, sul		' ' I			
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqu	•				
	"	under section 4958(f)(1)), and persons describ	•	,		6	
"	7	Notes and loans receivable, net			890,174.	7	125,785
Assets	8	Inventories for sale or use			656,509,104.	8	864,423,207
Ass	9	B			8,384,796.	9	7,371,143
		Land, buildings, and equipment: cost or other				3	
	104	basis. Complete Part VI of Schedule D	1 1	51,013,008.			
	b			12,283,954.	39,580,038.	10c	38,729,054.
	11	Investments - publicly traded securities			79,000.	11	175,234,593
	12	Investments - other securities. See Part IV, lin			, , , , , , , , , , , , , , , , , , ,	12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		10,000,742.	15	5,470,272	
	16	Total assets. Add lines 1 through 15 (must e			958,254,246.	16	1,170,526,870
	17	Accounts payable and accrued expenses	6,314,228.	17	8,326,955		
	18	Grants payable	, ,	18	, ,		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
'n	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
Ē		controlled entity or family member of any of the				22	
<u>"</u>	23	Secured mortgages and notes payable to unr	-			23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir					
		of Schedule D			12,359,265.	25	25,153,504
	26	Total liabilities. Add lines 17 through 25			18,673,493.	26	33,480,459
		Organizations that follow FASB ASC 958, c	heck here	e X			
Ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			757,271,709.	27	971,580,379
Bal	28	Net assets with donor restrictions			182,309,044.	28	165,466,032
nd		Organizations that do not follow FASB ASC	958, che	eck here			
Ē		and complete lines 29 through 33.					
Š	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			939,580,753.	32	1,137,046,411.
_	33	Total liabilities and net assets/fund balances			958,254,246.	33	1,170,526,870.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,266	,763,	483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,071	,171,	227.
3	Revenue less expenses. Subtract line 2 from line 1	3		,592,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	939	,580,	753.
5	Net unrealized gains (losses) on investments	5	1	,870,	876.
6	Donated services and use of facilities	6		2,	526.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,137	,046,	411.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>Ш</u>
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No. 1545-0047

Name of the organization

DIRECT RELIEF

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

Inspection
Employer identification number
95-1831116

Pa	rt I	Reason for Public 0	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12. c	heck only	one box.)			
1			,	,	,	,	ινανί)		
	H		provention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	\square		ol described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) ital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).						
3	Н	•					•		
4			rch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
		city, and state:							-
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental unit describe	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	om a gove	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C	•		· ·				
8		A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9	一	An agricultural research org				ed in coni	inction with a land-grant	college	
•	ш	or university or a non-land-g				-	-	-	
		university:	irant conege or agrici	altare (300 ilistractions).	Litter the	name, eny	, and state of the college	, OI	
10		· —	lly receives (1) more:	than 22 1/20/ of its supp	ort from o	ontribution	no momborobin foco on	d arosa rassinta from	-
10		An organization that norma							
		activities related to its exem	•	•				-	
		income and unrelated busing		(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.	
		See section 509(a)(2). (Cor							
11	Щ	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 carry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r 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	nization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting	
		organization. You must o	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing	
		control or management o							
		organization(s). You mus			•				
С		Type III functionally inte			in connect	tion with.	and functionally integrate	ed with.	
Ī		its supported organization					• •		
d		Type III non-functionally		·				zation(s)	
u		that is not functionally int					· · · · · · · · · · · · · · · · · · ·		
		requirement (see instructi		• ,	•		•	VELLESS	
_		¬ ' `	•	•	•				
е		☐ Check this box if the orga					Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated supporti	ng organiz	ation.			-
t		er the number of supported o							-
g		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other	-
	'	organization	(,	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)	
		g		above (see instructions))	Yes	No			-
									-
									-
									-
									-
.									-

DIRECT RELIEF 95-1831116 Schedule A (Form 990) 2022 Page 2

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and	. ,					
	membership fees received. (Do not						
	include any "unusual grants.")	1432609295.	1998070429.	1926970050.	2217308532.	2260445639.	9835403945.
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	1432609295.	1998070429.	1926970050.	2217308532.	2260445639.	9835403945.
	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)						5211041110.
6	Public support. Subtract line 5 from line 4.						4624362835.
	etion B. Total Support						1021302033.
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	A	1432609295.	1998070429.	1926970050.	2217308532.	2260445639.	9835403945.
	Gross income from interest,						
0	· ·						
	dividends, payments received on						
	securities loans, rents, royalties,	1,420,677.	1,274,067.	56,035.	310,742.	6,317,844.	9,379,365.
_	and income from similar sources	1,420,077.	1,274,007.	30,033.	310,742.	0,317,044.	3,373,303.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						0044700040
	Total support. Add lines 7 through 10						9844783310.
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			12	
13	First 5 years. If the Form 990 is for the		st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
<u> </u>	organization, check this box and stop						
	ction C. Computation of Publi			. (5)			46.07
	Public support percentage for 2022 (li		•	.,,		14	46.97 %
	Public support percentage from 2021					15	46.32 %
16a	33 1/3% support test - 2022. If the c						
_	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts			=	· · · · · · · · · · · · · · · · · · ·	VI how the organiza	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	ū				•	0% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box ar		_
						Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	г	_	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	-		•			
Se	check this box and stop herection C. Computation of Publi	c Support Per					
	Public support percentage for 2022 (I			oolumn (f)\		15	%
	Public support percentage from 2021					16	/ 6
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2			10, 00141111 (1))		18	%
	a 33 1/3% support tests - 2022. If the						
.00	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						ınd
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	Yes	No
1		
2		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01-		
9b		
0		
9c		
10a		
10b		

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
Sect	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			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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		
Sect	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		
Sect	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	_		
Ū	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	.) <u>.</u>		
a .	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	netruction	ne)	
2	Activities Test. Answer lines 2a and 2b below.	istraction	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	·	,		

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion 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					
Sect	ion 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					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 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					
Sect	ion 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	ly integrat	ed Type III supporting orga	nization (see			
	instructions).						

Par	rt V Type III Non-Functionally Integrated 50)9(a)(3) Supporting Orga	nizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of supported		
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	-	4	
5	Qualified set-aside amounts (prior IRS approval required -	provide 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	n the organization is responsive		
	(provide details in Part VI). See instructions.	•	8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
с	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	er		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
е	Excess from 2022			

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Employer identification number

DIRECT RELIEF 95-1831116 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2022)

Name of organization	Employer identification number
DIRECT RELIEF	95-1831116

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- - \$\$338,524,166.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		- \$\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		- - \$\$169,692,122.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6		\$167,756,786.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)

Name of organization

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Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ \$ 97,987,361.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4	* 83,103,623.	Person Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ \$ 73,718,356.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4	* \$ \$ 46,940,375.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.

Name of organization

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(c) (c) FMV (or estimate) (d) Date received Part I PRANMACEOTICALS 1 PRANMACEOTICALS (a) No. (b) Description of noncash property given Part I PRANMACEOTICALS (b) No. (c) (d) Date received Part I PRANMACEOTICALS (a) No. (b) Description of noncash property given Part I PRANMACEOTICALS (b) No. (c) (d) Date received (c) FMV (or estimate) (See instructions) (d) Date received Part I PRANMACEOTICALS (e) (c) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (f) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (f) FMV (or estimate) (See instructions) (h) No. (c) FMV (or estimate) (See instructions) (e) No. (f) FMV (or estimate) (See instructions) (f) Date received (g) FMV (or estimate) (See instructions) (g) Date received (g) Date	Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
1	No. from		FMV (or estimate)	
(a) No. 10 Description of noncash property given (c) FMV (or estimate) (gee instructions) (d) Date received (e) PHARMACEUTICALS (b) No. 10 Description of noncash property given (c) FMV (or estimate) (gee instructions) (ge		PHARMACEUTICALS		
(a) No. from Description of noncash property given Standard (See instructions) Part I 2 BHARMACEUTICALS (a) No. (b) (c) FMV (or estimate) (See instructions) Part I 3 BHARMACEUTICALS (b) (c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (d) Date received (e) FMV (or estimate) (See instructions) (f) Date received (g) FMV (or estimate) (See instructions)	1			
No. from Description of noncash property given PARMACEUTICALS PHARMACEUTICALS S 293,748,825. 03/03/23			\$338,116,779.	07/01/22
Part PHARMACEUTICALS \$ 293,748,825. 03/03/23 (a) No.	No.		FMV (or estimate)	
\$ 293,748,825. 03/03/23 (a) No. from Description of noncash property given Part PHARMACEUTICALS (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Description of noncash property given (See instructions.) (d) Date received PHARMACEUTICALS (e) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Description of noncash property given (See instructions.) (d) Date received FMV (or estimate) (See instructions.) (d) Date received	Part I		(See instructions.)	
(a) No. from Part I PHARMACEUTICALS (b) Comparison of noncash property given part I (a) No. from Description of noncash property given part I PHARMACEUTICALS (b) Comparison of noncash property given part I PHARMACEUTICALS (c) FMV (or estimate) (d) Date received part (d) Date received part I PHARMACEUTICALS (a) No. from Description of noncash property given part I PHARMACEUTICALS (b) Comparison of noncash property given part I PHARMACEUTICALS (c) FMV (or estimate) (see instructions) (d) Date received part I (d) Date received part I (e) FMV (or estimate) (see instructions) (d) Date received part I (d) Date received part I (e) FMV (or estimate) (see instructions) (f) FMV (or estimate) (see instructions) (g) Date received part I (g) PHARMACEUTICALS (g) PHARMACEUTICALS (g) Date received part I (g) PHARMACEUTICALS (g) PHARMACEUTI	2	PHARMACEUTICALS		
No. from Part I PHARMACEUTICALS S			\$\$ 293,748,825.	03/03/23
(a) No. (b) (c) FMV (or estimate) (See instructions.) (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (b) Date received (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.)	No. from		FMV (or estimate)	
(a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (d) Date received (e) FMV (or estimate) (See instructions.) (f) Date received (a) No. (b) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.) (a) No. (c) FMV (or estimate) (See instructions.)		PHARMACEUTICALS		
(a) No. from Description of noncash property given Part I PHARMACEUTICALS (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Description of noncash property given Part I PHARMACEUTICALS (b) FMV (or estimate) (See instructions.) PHARMACEUTICALS (a) No. from Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (a) No. from Description of noncash property given Part I PHARMACEUTICALS, MEDICAL EQUIPMENT	3			
No. from Part I PHARMACEUTICALS S			\$\$	07/11/22
(a) No. from Description of noncash property given 5 PHARMACEUTICALS (a) No. (b) FMV (or estimate) (See instructions.) (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received \$ 169,692,122. 07/20/22 (a) No. (b) FMV (or estimate) (See instructions.) (d) Date received PHARMACEUTICALS, MEDICAL EQUIPMENT	No. from		FMV (or estimate)	
(a) No. from Part I PHARMACEUTICALS Cc) FMV (or estimate) (See instructions.) Date received		PHARMACEUTICALS		
(a) No. from Part I Description of noncash property given See instructions.) (b) FMV (or estimate) (See instructions.) PHARMACEUTICALS (a) No. from Part I Description of noncash property given (b) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) Date received (d) Date received PHARMACEUTICALS, MEDICAL EQUIPMENT	4			
No. from Part I PHARMACEUTICALS C) C) FMV (or estimate) (See instructions.) Date received			\$\$	07/05/22
(a) No. from Part I PHARMACEUTICALS, MEDICAL EQUIPMENT \$ 169,692,122. (c) FMV (or estimate) (See instructions.) Date received	No. from		FMV (or estimate)	
(a) No. from Description of noncash property given Part I PHARMACEUTICALS, MEDICAL EQUIPMENT (b) FMV (or estimate) (See instructions.) Date received	5	PHARMACEUTICALS		
No. from Description of noncash property given (See instructions.) PHARMACEUTICALS, MEDICAL EQUIPMENT PHARMACEUTICALS, PHARMACEUTICA			\$169,692,122.	07/20/22
6	No. from		FMV (or estimate)	
\$ 162,516,079. 07/01/22	6	PHARMACEUTICALS, MEDICAL EQUIPMENT		
			\$ 162,516,079.	07/01/22

223453 11-15-22

Name of organization

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DIRECT RELIEF

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II	l if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PHARMACEUTICALS		
7		_	
		97,862,390.	09/07/22
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
8	PHARMACEUTICALS	_	
		\$ 83,103,623.	07/05/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PHARMACEUTICALS		
9		_	
		\$\$	04/12/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	PHARMACEUTICALS		
10			
		\$\$	07/04/22
(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

Name of or	rganization			Employer identification	ation number				
DIRECT R	RELIEF			95-1831116					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional second	through (e) and the following line than the charitable, etc., contributions of \$1,000	entry. For organizat	ons	000 for the year				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	s held				
		(e) Transfer of	gift						
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transfere	e				
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	s held				
	Transferee's name, address, al	ship of transferor to transfere	e						
	-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	s held				
-		(e) Transfer of gift							
_	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transfere	e 				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is	s held				
-		(e) Transfer of	gift						
	Transferee's name, address, a	nd ZIP + 4	Relation	ship of transferor to transfere	e				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

Employer identification number DIRECT RELIEF 95-1831116

Pai	rt I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iir		nds or Accounts. Complete if the
	organization answered Tes On Form 990, Fait IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(c) = construction and construction	(a) a made and a data and a data and a
2	Aggregate value of contributions to (during year)		
3			
4	Aggregate value of grants from (during year) Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor a	udvised funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	· ·		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		on of a historically important land area
	Protection of natural habitat	· —	on of a certified historic structure
	Preservation of open space	i reservati	or a certifica historic structure
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the f	orm of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а			2a
b			
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
_			2d
3	Number of conservation easements modified, transferred, rel		
	year	, ,	, , ,
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		g of
	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing cons	ervation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expe	ense statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial sta	tements that describes the
D -	organization's accounting for conservation easements.		Oller O're'ller Assets
Pai	rt III Organizations Maintaining Collections of		r Other Similar Assets.
	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 put	olic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95	•	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		ncial gain, provide
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1		
<u>b</u>			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022

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DIRECT RELIEF <u> Page</u> **2** Schedule D (Form 990) 2022 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d Additions during the year 1e Distributions during the year 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (d) Three years back (a) Current year (b) Prior year (c) Two years back (e) Four years back 58,702,139 62,341,309. 34,600,273 36,975,634 27,758,883. **1a** Beginning of year balance 21,313,784. 6,680,042. 6,882,708 15,081. 8,302,822. Contributions 821,558. 6,423,506. -82,761. 10,021,573. 2,236,006. Net investment earnings, gains, and losses 3,032,326. 3,571,490. 3,208,883, 2,687,197. 1,099,626. Grants or scholarships Other expenditures for facilities 6,919,743. and programs 222,451. 385,438. 270,021. Administrative expenses 68,976,027. 58,702,139. 62,341,309, 34,600,273, 36,975,634. End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations Х (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Oomplete if the organization answered	Complete if the organization answered Tes of Form 990, Farthy, line Tra. Gee Form 990, Farthy, line To.								
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value					
1a Land		8,705,985.		8,705,985.					
b Buildings		32,243,901.	3,977,052.	28,266,849.					
c Leasehold improvements									
d Equipment		4,185,233.	3,114,342.	1,070,891.					
e Other		5,877,889.	5,192,560.	685,329.					
Total. Add lines 1a through 1e. (Column (d) must equa	38,729,054.								

Schedule D (Form 990) 2022 DIRECT RELIEF			95-1831116 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
		+	
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	- F 000 D-+ IV I'	44 - O Farm 000 Back V Page 40	
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
	1		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OTHER CURRENT LIABILITIES			22,806,479.
(3) ACCRUED PAYROLL EXPENSES			2,347,025.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			25 152 504
Total. (Column (b) must equal Form 990, Part X, col. (B) line	•		25,153,504.
2. Liability for uncertain tax positions. In Part XIII, provide t			
organization's liability for uncertain tax positions under f	ASB ASC 740. Check h	nere if the text of the footnote has been p	provided in Part XIII X

Schedu	lle D (Form 990) 2022 DIRECT RELIEF			95-1	831116 Page 4
Part	XI Reconciliation of Revenue per Audited Financial State	ements With R	Revenue per Re	turn.	<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1 T	otal revenue, gains, and other support per audited financial statements			1	2,271,185,221.
2 A	mounts included on line 1 but not on Form 990, Part VIII, line 12:				
a N	let unrealized gains (losses) on investments	2a	1,870,876.		
b [onated services and use of facilities	2b	2,550,862.		
c F	ecoveries of prior year grants	2c			
d C	other (Describe in Part XIII.)	2d			
e A	dd lines 2a through 2d			2e	4,421,738.
3 S	ubtract line 2e from line 1			3	2,266,763,483.
4 A	mounts included on Form 990, Part VIII, line 12, but not on line 1:				
a li	vestment expenses not included on Form 990, Part VIII, line 7b	4a			
b (other (Describe in Part XIII.)	4b			
	dd lines 4a and 4b			4c	0.
5 T	otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,266,763,483.
Part	XII Reconciliation of Expenses per Audited Financial Stat		Expenses per F	teturn	·
	Complete if the organization answered "Yes" on Form 990, Part IV, line			. I	0.052.510.401
	otal expenses and losses per audited financial statements			1	2,073,718,481.
	mounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1	2 540 226		
	onated services and use of facilities		2,548,336.		
	rior year adjustments	_			
	ther losses				
	ther (Describe in Part XIII.)				2 540 226
	dd lines 2a through 2d			2e	2,548,336. 2,071,170,145.
	ubtract line 2e from line 1			3	2,071,170,145.
	mounts included on Form 990, Part IX, line 25, but not on line 1:	45			
	ovestment expenses not included on Form 990, Part VIII, line 7b		1,082.		
	ther (Describe in Part XIII.) dd lines 4a and 4b	·		40	1,082.
				4c 5	2,071,171,227.
	otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18. XIII Supplemental Information.)		3	2,0,1,1,1,22,
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	*		; Part X	, line 2; Part XI,
PART '	, LINE 4:				
BOARD	DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION MAINTAINS	CUSTODY OF			
THE B	DARD RESTRICTED INVESTMENT FUND (BRIF), WHICH IS A BOARD	DESIGNATED			
ENDOW	MENT. DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTING	;			
ORGAN	ZATION OF DIRECT RELIEF. THE FOUNDATION IS ORGANIZED TO	OPERATE			
SOLEL	AND EXCLUSIVELY TO SUPPORT, BENEFIT, OR CARRY OUT THE F	URPOSES OF			
	RELIEF. THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE				
DINEC.	. ALLIE. THE TOKTOOD OF THE DATE IS TO PROVIDE A RESERVE	I OK CORRENT			

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

AND GENERAL EXPENSES. FOR THE YEAR ENDED JUNE 30, 2023, THE DIRECT RELIEF

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

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

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

Schedule D (Form 990) 2022

14000201 146892 629423

2022.05040 DIRECT RELIEF

SCHEDULE F (Form 990)

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.

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection

Employer identification number

DIRECT RELIEF					95-1831116	
	mation on A	ctivities Out	side the United States. Comple	te if the organ		Yes" on
 Form 990, Part I\			Comple	to it tillo organi	ization anoworou	100 011
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gran	nts and other a		
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the o	grants or assis	tance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and otl	ner assistance out	side the
United States.						
			n be duplicated if additional space is no			(0.7.1.1
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND						
THE CARIBBEAN			GRANTMAKING			1,148,406.
EAST ASIA AND THE						1 155 056
PACIFIC			GRANTMAKING			1,155,076.
EUROPE			GRANTMAKING			2,256,278.
EUROPE (INCLUDING						
ICELAND AND			GD ANIMA KING			10 000 000
GREENLAND)			GRANTMAKING			10,088,000.
MIDDLE EAST AND						
NORTH AFRICA			GRANTMAKING			109,460.
NODELL AMEDICA			GD ANIMA WING			100.000
NORTH AMERICA			GRANTMAKING			100,000.
RUSSIA AND			GRANTMAKING - UKRAINE			
NEIGHBORING STATES			CRISIS RELIEF & RECOVERY			17,900,000.
COLUMN AMEDICA			GD ANIMMA WING			1 650 707
SOUTH AMERICA	0	0	GRANTMAKING			1,650,707.
3 a Subtotal b Total from continuation	<u> </u>					34,401,321.
sheets to Part I	3	19				1508101704.
c Totals (add lines 3a						
and 3b)	3	19				1542509631.

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

DIRECT RELIEF 95-1831116 Page 1

	DIRECT RELIE			95-1831	116 Page 1
Part I Continuation	n of Activities	s per Region	l- (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
SOUTH ASIA			GRANTMAKING		4,025,839.
SUB-SAHARAN AFRICA			GRANTMAKING		387,200.
CENTRAL AMERICA AND THE CARIBBEAN			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	72,362,298.
EAST ASIA AND THE			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	19,008,051.
EUROPE (INCLUDING ICELAND AND GREENLAND)			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	71,651,821.
MIDDLE EAST AND			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	181,729,125.
NORTH AMERICA			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	1,504,868.
RUSSIA AND NEIGHBORING STATES			GRANTMAKING - UKRAINE CRISIS RELIEF & RECOVERY	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	
SOUTH AMERICA			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	69,983,625.
SOUTH ASIA			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	
Totals					

Schedule F (Form 990) Part I Continuation	n of Activities		(Schedule F (Form 990), Part I, line 3	95-1831 3)	116 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
SUB-SAHARAN AFRICA			GRANTMAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	228,070,658
NORTH AMERICA				COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN	
(CANADA AND MEXICO)	1	2	PROGRAM SERVICES	MEXICO COORDINATION OF MEDICAL	22,142
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	SUPPORT TO DOCTORS AND MEDICAL CLINICS IN AFRICA	60 000
BOB-SANARAN AFRICA	1	1	FROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN SOUTH	69,888
SOUTH AMERICA		1	PROGRAM SERVICES	AMERICA COORDINATION OF MEDICAL	23,296
CENTRAL AMERICA & THE CARIBBEAN		2	PROGRAM SERVICES	SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE BAHAMAS	158,413
				COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND	,
SOUTH ASIA		2	PROGRAM SERVICES	MEDICAL CLINICS IN INDIA COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND	54,433
EUROPE		6	PROGRAM SERVICES	MEDICAL CLINICS IN THE BALKANS, ESTONIA, COORDINATION OF MEDICAL	354,504
EAST ASIA & THE PACIFIC	1	2	PROGRAM SERVICES	SUPPORT TO DOCTORS AND MEDICAL CLINICS IN ASEAN REGION	148,978
DUGGIA AND MUE NEWLY				COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND	
RUSSIA AND THE NEWLY INDEPENDENT STATES		3	PROGRAM SERVICES	MEDICAL CLINICS IN UKRAINE	2,433,696
NORTH AMERICA			TNUECHMENING		602.001
(CANADA AND MEXICO)			INVESTMENTS		603,081
Totals					

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

Schedule F (Form 990)	DIRECT RELIE	F		95-1831116	Page 1
Part I Continuation	on of Activities	s per Region	• (Schedule F (Form 990), Part I, line 3)		
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			INVESTMENTS		11,472.
Totals	. 3	19			1508101704.

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	RELIEF & RECOVERY	262,000.	WIRE	0.		
		CENTRAL AMERICA	HEALTHCARE PROVIDER					
		AND THE CARIBBEAN		200,000.	WIRE	0.		
				,				
			COVID19 RELIEF &	07.006	NATE OF THE PARTY	0		
		AND THE CARIBBEAN	RECOVERY	97,006.	WIRE	0.		
		CENTRAL AMERICA	COVID19 RELIEF &					
		AND THE CARIBBEAN	RECOVERY	80,400.	WIRE	0.		
		CENTRAL AMERICA	HAITI EARTHQUAKE					
		AND THE CARIBBEAN		63,000.	 WIRE	0.		
				, -				
			HAITI EARTHQUAKE					
		AND THE CARIBBEAN	RELIEF & RECOVERY	55,000.	WIRE	0.		
		CENTRAL AMERICA	HAITI EARTHQUAKE					
		AND THE CARIBBEAN	RELIEF & RECOVERY	53,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CARIBBEAN COLD CHAIN	50,000.	WIDE	0.		
2 Enter total number of			recognized as charities by the		1	0.		

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

3 Enter total number of other organizations or entities

Part II Continuation of	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	COVID19 RELIEF &					
			RECOVERY	50,000.	 WIRE	0.		
				,				
			HAITI EARTHQUAKE RELIEF & RECOVERY	50,000.	WIDE	0.		
		AND THE CARIBBEAN	RELIEF & RECOVERI	30,000.	MIKE	0,		
		CENTRAL AMERICA	HAITI EARTHQUAKE					
		AND THE CARIBBEAN	RELIEF & RECOVERY	50,000.	WIRE	0.		
		CENTRAL AMERICA	HAITI EARTHQUAKE					
		AND THE CARIBBEAN	RELIEF & RECOVERY	48,000.	WIRE	0.		
		CENTRAL AMERICA	FACEBOOK CRISIS					
		AND THE CARIBBEAN		35,000.	 WIRE	0.		
				7				
			HEALTHCARE PROVIDER	20.000	WIDE			
		AND THE CARIBBEAN	SUPPORT	30,000.	WIKE	0.		
		CENTRAL AMERICA	COVID19 RELIEF &					
		AND THE CARIBBEAN	RECOVERY	25,000.	WIRE	0.		
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.			MEDICAL SUPPLIES	WHOLESALE PRICE
		GENERAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA AND THE CARIBBEAN		0.		11,139,394.	MEDICAL SUPPLIES, EOUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
		range of the contract of the c	l	٠.	l	,, , , , , , , , , , , , , , , ,	L×311111111	F STROMED IN TOP

I								raye z
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the l	Jnited 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	(h) Description of non-cash	(i) Method of valuation (book, FM\
	and Ent (ii applicable)		grant	or odori grant	odori diobarcomoni	assistance	assistance	appraisal, other)
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		8,196,043.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		5,135,594.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		4,381,139.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		4,209,659.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		3,642,194.	1	PURCHASED PRICE
						, ,		
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		2,181,484.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		1,678,097.		PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
			I	_	1			PURCHASED PRICE
		AND THE CARIBBEAN		0.		1,494,986.	EOOT LMENT.	LOKCUASED LKICE
		AND THE CARIBBEAN		0.		1,494,986.	EQUIPMENT	FUNCHASED PRICE
		AND THE CARIBBEAN		0.		1,494,986.		ESTIMATED
		AND THE CARIBBEAN CENTRAL AMERICA		0,		1,494,986.	PHARMACEUTICALS, MEDICAL SUPPLIES,	

Schedule F (Form 990)								Fage
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM
	and Env (n applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					OTHER, MEDICAL	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		1,252,574.	SUPPLIES	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA					PHARMACEUTICALS,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		1,236,332.	OTHER, EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		1,224,046.	· ·	WHOLESALE PRICE
				•		1,221,010.	PHARMACEUTICALS,	MIGDEDINE TRIC
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		1,113,776.	· ·	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA						WHOLESALE PRICE
		AND THE CARIBBEAN		0.		1,107,780.	OTHER, EQUIPMENT	PURCHASED PRIC
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		1,090,970.	EQUIPMENT	WHOLESALE PRICE
		GENERAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA AND THE CARIBBEAN		0.		770 052	MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		770,052.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA					PHARMACEUTICALS,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		551.509.	MEDICAL SUPPLIES	PURCHASED PRICE
						, , , , , , , , ,		
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					OTHER, MEDICAL	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		435,175.	SUPPLIES	PURCHASED PRICE

Scheaule	: F (Form 990)	DIRECT				JJ 103.	1110		Page 2
Part II	Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	ne 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)
								DIIADMA GELIET GAT G	ESTIMATED
			CENTRAL AMERICA					PHARMACEUTICALS, MEDICAL SUPPLIES.	
			AND THE CARIBBEAN		0.		126 860	MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
			AND THE CANIBBEAN		0.		420,005.	EQUITMENT	TORCHASED TRICE
			CENTRAL AMERICA						ESTIMATED
			AND THE CARIBBEAN		0.		409,584.	PHARMACEUTICALS	WHOLESALE PRICE
								PHARMACEUTICALS,	
								OTHER, MEDICAL	ESTIMATED
			CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE,
			AND THE CARIBBEAN		0.		364,629.	EQUIPMENT	PURCHASED PRICE
			CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
			AND THE CARIBBEAN		0.		360,010.	EQUIPMENT	WHOLESALE PRICE
			CENTRAL AMERICA						ESTIMATED
			AND THE CARIBBEAN		0.		349,503.	PHARMACEUTICALS	WHOLESALE PRICE
							·	PHARMACEUTICALS,	
								OTHER, MEDICAL	ESTIMATED
			CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE,
			AND THE CARIBBEAN		0.		280,834.	EQUIPMENT	PURCHASED PRICE
								PHARMACEUTICALS,	
			CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
			AND THE CARIBBEAN		0.		236,268.	EQUIPMENT	WHOLESALE PRICE
			CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
			AND THE CARIBBEAN		0.		216,082.	OTHER	WHOLESALE PRICE
								PHARMACEUTICALS,	
								OTHER, MEDICAL	ESTIMATED
			CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE,
			AND THE CARIBBEAN		0.		189,932.	EQUIPMENT	PURCHASED PRICE

Scriedule F (Form 990)								raye z
Part II Continuation o	f Grants and Other I	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
			-	-		assistance	assistance	appraisar, otrici)
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		147,565.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		132,143.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA						WHOLESALE PRICE
		AND THE CARIBBEAN		0.		127,353.	OTHER, EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		122,238.	EQUIPMENT	WHOLESALE PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		97,646.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		91,847.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		CENTRAL AMERICA						WHOLESALE PRICE
		AND THE CARIBBEAN		0.		78,849.	OTHER, EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		70,534.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		CENTRAL AMERICA					SUPPLIES,	WHOLESALE PRICE
		AND THE CARIBBEAN		0.		64 484.	EQUIPMENT	PURCHASED PRICE
			L	<u> </u>	L	,	_~	

I								rage z
Part II Continuation o	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FM\
	and Env (ii applicable)		grant	or cash grant	Casif dispursement	assistance	assistance	appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
		CENTRAL AMERICA		0			MEDICAL SUPPLIES,	
		AND THE CARIBBEAN		0.		48,919.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		47,639.	OTHER	WHOLESALE PRICE
							PHARMACEUTICALS,	
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		45,369.	EQUIPMENT	WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		45,135.	OMITED	ESTIMATED WHOLESALE PRICE
		AND THE CARIBBEAN		0.		45,135.	OTHER	WHOLESALE PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		34,643.	PHARMACEUTICALS	WHOLESALE PRICE
						·		
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		29,718.	OTHER	WHOLESALE PRICE
		CENTRAL AMERICA		0.		29,718.	OMILED	ESTIMATED
		AND THE CARIBBEAN		0.		29,710.	OTHER	WHOLESALE PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		29,718.	OTHER	WHOLESALE PRICE
				-		, ,		
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		29,071.	OTHER	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	990), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		21,650.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		13,077.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		8,904.	PHARMACEUTICALS	WHOLESALE PRICE
		CENTRAL AMERICA						
		AND THE CARIBBEAN		0.		8,755.	EQUIPMENT	PURCHASED PRICE
		CENTRAL AMERICA						ESTIMATED
		AND THE CARIBBEAN		0.		8,422.	PHARMACEUTICALS	WHOLESALE PRICE
			AUSTRALIA WILDFIRE	470.000				
		PACIFIC	RELIEF & RECOVERY	470,000.	WIRE	0.		+
		EAST ASIA AND THE		270 000	WIDE			
		PACIFIC	PREP & RESPONSE	270,000.	WIKE	0.		1
			SULAWESI EARTHQUAKE RELIEF & RECOVERY	104,076.	WIDE	0.		
		FACILIC	MEDITER & RECOVERI	104,076.	WIKE	0.		+
			PHILIPPINES RELIEF & RECOVERY	100,000.	WIDE	0.		
		LUCILIC .	RECOVERI	100,000.	MILT	ı .	1	1

	(1-01111 990)								raye z
Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV,
		and Life (if applicable)		grant	or casir grant	Casif dispuisement	assistance	assistance	appraisal, other)
			EAST ASIA AND THE	AUSTRALIA WILDFIRE					
			PACIFIC	RELIEF & RECOVERY	70,000.	WIRE	0.		
			L						
			EAST ASIA AND THE		CF 000	MIDE			
			PACIFIC	PREP & RESPONSE	65,000.	MIKE	0.		
			EAST ASTA AND THE	PHILIPPINES RELIEF &					
				RECOVERY	50,000.	 WIRE	0.		
			EAST ASIA AND THE						
			PACIFIC	BD AWARDS PROGRAM	15,000.	WIRE	0.		
			EAST ASIA AND THE	AMGEN BLINCYTO					
			PACIFIC	PROGRAM	11,000.	WIRE	0.		
								PHARMACEUTICALS,	
								OTHER, MEDICAL	ESTIMATED
			EAST ASIA AND THE					SUPPLIES,	WHOLESALE PRICE,
			PACIFIC		0.		8,943,813.	EQUIPMENT	PURCHASED PRICE
			EAST ASIA AND THE						ESTIMATED
			PACIFIC		0.		3 135 830	PHARMACEUTICALS	WHOLESALE PRICE
					0.		3,133,030.	- IMMUNICIOTICALIS	THE PROPERTY OF THE PROPERTY O
			EAST ASIA AND THE						ESTIMATED
			PACIFIC		0.		3,074,646.	PHARMACEUTICALS	WHOLESALE PRICE
							, ,		
			EAST ASIA AND THE						ESTIMATED
			PACIFIC		0.		1,059,911.	PHARMACEUTICALS	WHOLESALE PRICE

Scriedule F (Form 990)								Fage Z
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	_
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
		EAST ASIA AND THE					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		PACIFIC		0.		770,796.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		EAST ASIA AND THE					MEDICAL SUPPLIES,	
		PACIFIC		0.		575,931.	EQUIPMENT	PURCHASED PRICE
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		506 750	PHARMACEUTICALS	WHOLESALE PRICE
		11101110		•••		300,730.		WHOLIDING TRICE
		EAST ASIA AND THE					PHARMACEUTICALS,	ESTIMATED
		PACIFIC		0.		225,079.	OTHER	WHOLESALE PRICE
								ESTIMATED
		EAST ASIA AND THE					PHARMACEUTICALS,	WHOLESALE PRICE
		PACIFIC		0,		223,169.	MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		EAST ASIA AND THE					MEDICAL SUPPLIES,	WHOLESALE PRICE
		PACIFIC		0.		181 171	EQUIPMENT	PURCHASED PRICE
				••		101,171.	DQ 01111DIVI	TORONIDED TRICE
							PHARMACEUTICALS,	ESTIMATED
		EAST ASIA AND THE					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		PACIFIC		0.		171,670.	EQUIPMENT	PURCHASED PRICE
		EAST ASIA AND THE		_			L	ESTIMATED
		PACIFIC		0.		97,504.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		EAST ASIA AND THE					1	WHOLESALE PRICE
		PACIFIC		0.		36 314	EQUIPMENT	PURCHASED PRICE
		LUCILIC		٠.] 30,314.	EČOTEMENI	FORCHASED PRICE

Scriedule F (Form 990)								rage a
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, FM appraisal, other)
		EAST ASIA AND THE						ESTIMATED
		PACIFIC		0.		5,467.	PHARMACEUTICALS	WHOLESALE PRICE
		EUROPE (INCLUDING	MIIDER / CVDT X					
		ICELAND AND	EARTHQUAKE RELIEF &					
		GREENLAND)	RECOVERY	1,656,278.	WIRE	0.		
		,		2,000,270				
		EUROPE (INCLUDING	TURKEY/SYRIA					
		ICELAND AND	EARTHQUAKE RELIEF &					
		GREENLAND)	RECOVERY	600,000.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND AND GREENLAND)	UKRAINE CRISIS RELIEF & RECOVERY	E 000 000	MIDE			
		GREENLAND)	& RECOVERI	5,000,000.	MIKE	0.		
		EUROPE (INCLUDING						
		ICELAND AND	UKRAINE CRISIS RELIEF					
		GREENLAND)	& RECOVERY	2,350,000.	WIRE	0.		
		EUROPE (INCLUDING						
			EARTHQUAKE RELIEF &					
		GREENLAND)	RECOVERY	950,000.	WIRE	0.		
		EUROPE (INCLUDING	TIIRKEY/SVRTA					
		ICELAND AND	EARTHQUAKE RELIEF &					
		GREENLAND)	RECOVERY	300,000.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND AND	UKRAINE CRISIS RELIEF					
		GREENLAND)	& RECOVERY	300,000.	WIRE	0.		
		L						
		EUROPE (INCLUDING	HUDATHE ODICES DELET					
		ICELAND AND	UKRAINE CRISIS RELIEF	300 000	MIDE			
		GREENLAND)	& RECOVERY	300,000.	MIKE	0.		

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Scriedule F (Form 990)								Fage 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
						acciotarios	400/014/100	appraisal, strict)
		EUROPE (INCLUDING	TIIDKEV/QVDTA					
			EARTHQUAKE RELIEF &					
		GREENLAND)	RECOVERY	275,000.	WIRE	0.		
				, -				
		EUROPE (INCLUDING						
		ICELAND AND	UKRAINE CRISIS RELIEF					
		GREENLAND)	& RECOVERY	120,000.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND AND	EARTHQUAKE RELIEF &	100 000	MIDE			
		GREENLAND)	RECOVERY	100,000.	WIKE	0.		+
		EUROPE (INCLUDING	TURKEY/SYRTA					
			EARTHQUAKE RELIEF &					
		GREENLAND)	RECOVERY	100,000.	WIRE	0.		
				·				
		EUROPE (INCLUDING	TURKEY/SYRIA					
		ICELAND AND	EARTHQUAKE RELIEF &					
		GREENLAND)	RECOVERY	100,000.	WIRE	0.		
		L ,						
		EUROPE (INCLUDING						
		ICELAND AND GREENLAND)	EARTHQUAKE RELIEF & RECOVERY	60,000.	MIDE	0.		
		GREENHAND /	RECOVERT	00,000.	WIKE	0.		+
		EUROPE (INCLUDING	TURKEY/SYRIA					
		ICELAND AND	EARTHQUAKE RELIEF &					
		GREENLAND)	RECOVERY	50,000.	WIRE	0.		
		EUROPE (INCLUDING	TURKEY/SYRIA					
		ICELAND AND	EARTHQUAKE RELIEF &					
		GREENLAND)	RECOVERY	50,000.	WIRE	0.		
		EUDODE / INCLUDING	MIDVEY / GVD T 3					
		EUROPE (INCLUDING ICELAND AND	EARTHQUAKE RELIEF &					
		GREENLAND)	RECOVERY	20,000.	WIRE	0.		
		PREDITIONED /	KIICO V IIK I	20,000.	MITTEE .	١		

								raye
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	(b) IRS code section	(a) Dagion	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
		EUROPE (INCLUDING						
		ICELAND AND						
		GREENLAND)	TAKEDA CAP PROJECT	13,000.	WIRE	0.		
		EUROPE (INCLUDING					PHARMACEUTICALS.	ESTIMATED
		ICELAND AND					MEDICAL SUPPLIES,	
		GREENLAND)		0.		59,019,267.		PURCHASED PRIC
		EUROPE (INCLUDING					PHARMACEUTICALS,	ESTIMATED
		ICELAND AND					MEDICAL SUPPLIES,	WHOLESALE PRIC
		GREENLAND)		0.		7,746,533.	EQUIPMENT	PURCHASED PRIC
		EUROPE (INCLUDING						
		ICELAND AND						ESTIMATED
		GREENLAND)		0.		1,763,350.	PHARMACEUTICALS	WHOLESALE PRIC
		EUROPE (INCLUDING						
		ICELAND AND						ESTIMATED
		GREENLAND)		0.		612,171.	MEDICAL SUPPLIES	WHOLESALE PRIC
		EUROPE (INCLUDING					PHARMACEUTICALS,	ESTIMATED
		ICELAND AND					MEDICAL SUPPLIES,	
		GREENLAND)		0.		329,316.	EQUIPMENT	PURCHASED PRIC
		EUROPE (INCLUDING					PHARMACEUTICALS,	
		ICELAND AND				200 000	MEDICAL SUPPLIES,	
		GREENLAND)		0.		320,268.	EQUIPMENT	WHOLESALE PRIC
		EUROPE (INCLUDING					PHARMACEUTICALS,	
		ICELAND AND					MEDICAL SUPPLIES,	ESTIMATED
		GREENLAND)		0.		292,682.	EQUIPMENT	WHOLESALE PRIC
		EUROPE (INCLUDING					PHARMACEUTICALS,	ESTIMATED
		ICELAND AND					MEDICAL SUPPLIES,	
		GREENLAND)		0.		280,279.	EQUIPMENT	PURCHASED PRIC

1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
		EUROPE (INCLUDING					PHARMACEUTICALS,	
		ICELAND AND					MEDICAL SUPPLIES,	ESTIMATED
		GREENLAND)		0.		233,800.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		EUROPE (INCLUDING					OTHER, MEDICAL	ESTIMATED
		ICELAND AND					SUPPLIES,	WHOLESALE PRICE
		GREENLAND)		0.		215,628.	EQUIPMENT	PURCHASED PRICE
		EUROPE (INCLUDING						
		ICELAND AND						ESTIMATED
		GREENLAND)		0.		184 328.	PHARMACEUTICALS	WHOLESALE PRICE
				-				
		EUROPE (INCLUDING						ESTIMATED
		ICELAND AND					PHARMACEUTICALS,	WHOLESALE PRIC
		GREENLAND)		0.		183,097.	MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS,	
		EUROPE (INCLUDING					OTHER, MEDICAL	ESTIMATED
		ICELAND AND					SUPPLIES,	WHOLESALE PRIC
		GREENLAND)		0.		126,703.	EQUIPMENT	PURCHASED PRIC
		EUROPE (INCLUDING					PHARMACEUTICALS,	ESTIMATED
		ICELAND AND					MEDICAL SUPPLIES,	WHOLESALE PRICE
		GREENLAND)		0.		125,185.	EQUIPMENT	PURCHASED PRIC
		EUROPE (INCLUDING						ESTIMATED
		ICELAND AND						WHOLESALE PRIC
		GREENLAND)		0.		59,820.	OTHER, EQUIPMENT	PURCHASED PRIC
		EUROPE (INCLUDING					PHARMACEUTICALS,	ESTIMATED
		ICELAND AND					MEDICAL SUPPLIES,	WHOLESALE PRICE
		GREENLAND)		0.		51,230.	EQUIPMENT	PURCHASED PRICE
		EUROPE (INCLUDING					PHARMACEUTICALS,	
		ICELAND AND				45.555	MEDICAL SUPPLIES,	ESTIMATED
		GREENLAND)		0.		46,666.	EQUIPMENT	WHOLESALE PRIC

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Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						ESTIMATED
		ICELAND AND					PHARMACEUTICALS,	WHOLESALE PRICE,
		GREENLAND)		0.		35,423.	MEDICAL SUPPLIES	PURCHASED PRICE
		EUROPE (INCLUDING					PHARMACEUTICALS,	
		ICELAND AND					MEDICAL SUPPLIES,	
		GREENLAND)		0.		22,988.	EQUIPMENT	WHOLESALE PRICE
		MIDDLE EAST AND	GENERAL EMERGENCY					
			PREP & RESPONSE	109,460.	WIRE	0.		
							PHARMACEUTICALS,	ESTIMATED
		MIDDLE EAST AND					· ·	WHOLESALE PRICE,
		NORTH AFRICA		0.		48,848,877.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		MIDDLE EAST AND				47 606 450		WHOLESALE PRICE,
		NORTH AFRICA		0.		47,696,452.		PURCHASED PRICE
							PHARMACEUTICALS, OTHER, MEDICAL	ESTIMATED
		MIDDLE EAST AND					SUPPLIES,	WHOLESALE PRICE,
		NORTH AFRICA		0.		28,073,049.	'	PURCHASED PRICE
		NORTH APRICA		0.		20,073,043.	PHARMACEUTICALS,	TOKCHASED TRICE
							OTHER, MEDICAL	ESTIMATED
		MIDDLE EAST AND					SUPPLIES,	WHOLESALE PRICE,
		NORTH AFRICA		0.		10,054,656.	•	PURCHASED PRICE
						, ,	PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		MIDDLE EAST AND					SUPPLIES,	WHOLESALE PRICE,
		NORTH AFRICA		0.		9,209,248.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
		MIDDLE EAST AND					SUPPLIES,	WHOLESALE PRICE,
		NORTH AFRICA		0.		8,330,804.	EQUIPMENT	PURCHASED PRICE

Schedule F (Form 990)

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
		MIDDLE EAST AND					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		NORTH AFRICA		0.		7,144,651.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		MIDDLE EAST AND					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		NORTH AFRICA		0.		5,190,449.	EQUIPMENT	PURCHASED PRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		1 324 106	PHARMACEUTICALS	WHOLESALE PRICE
		NORTH AFRICA		0.			PHARMACEUTICALS,	WHODESALE TRICE
							OTHER, MEDICAL	
		MIDDLE EAST AND					SUPPLIES,	ESTIMATED
		NORTH AFRICA		0.		2,644,278.	· '	WHOLESALE PRICE
						, ,		
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		2,038,290.	PHARMACEUTICALS	WHOLESALE PRICE
		MIDDLE EAST AND		_			PHARMACEUTICALS,	ESTIMATED
		NORTH AFRICA		0.		1,706,140.		WHOLESALE PRICE
						l	PHARMACEUTICALS,	
		MIDDLE EAST AND					OTHER, MEDICAL SUPPLIES,	ESTIMATED
		NORTH AFRICA		0.		1,365,120.	1	WHOLESALE PRICE
		NORTH MIRICH		· ·		1,303,120.	EQUITMENT.	WHODEBREE TRICE
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		841,277.	PHARMACEUTICALS	WHOLESALE PRICE
						,		
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		819,168.	PHARMACEUTICALS	WHOLESALE PRICE

							(i) Method of
and EIN (if applicable)	(c) Region	(d) Purpose of grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
	MIDDLE EAST AND						ESTIMATED
	NORTH AFRICA		0.		682,605.	PHARMACEUTICALS	WHOLESALE PRIC
			0.		526 531.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRIC
	MIDDLE EAST AND						ESTIMATED
	NORTH AFRICA		0.		411,855.	PHARMACEUTICALS	WHOLESALE PRICE
							ESTIMATED
			0.		1	-	WHOLESALE PRICE PURCHASED PRICE
							поштил шпр
	MIDDLE EAST AND					•	ESTIMATED WHOLESALE PRIC
	NORTH AFRICA		0.		259,141.	EQUIPMENT	PURCHASED PRIC
			0.		258,090.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRIC
					055 050		ESTIMATED
	NORTH AFRICA		0.		255,279.	PHARMACEUTICALS	WHOLESALE PRIC
	MIDDLE EAST AND					PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	NORTH AFRICA		0.			· ·	PURCHASED PRIC
	(b) IRS code section and EIN (if applicable)	(c) Region (c) Region (d) Region (d) Region (e) Region (d) Region (d) Region (e) Region (d) Region (d) Region (e) Region (f) Region (f) Region (g) Region (h) Region (h) Region (h) Region (ii) Region (iii) Reg	(b) IRS code section and EIN (if applicable) MIDDLE EAST AND NORTH AFRICA MIDDLE EAST AND NORTH AFRICA	(b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant MIDDLE EAST AND NORTH AFRICA 0. MIDDLE EAST AND NORTH AFRICA 0.	(b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant cash disbursement MIDDLE EAST AND NORTH AFRICA 0. MIDDLE EAST AND NORTH AFRICA 0.	(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 MIDDLE EAST AND NORTH AFRICA 0. 682,605. MIDDLE EAST AND NORTH AFRICA 0. 526,531. MIDDLE EAST AND NORTH AFRICA 0. 411,855. MIDDLE EAST AND NORTH AFRICA 0. 259,141. MIDDLE EAST AND NORTH AFRICA 0. 259,141. MIDDLE EAST AND NORTH AFRICA 0. 258,090. MIDDLE EAST AND NORTH AFRICA 0. 258,090.	(c) Region grant of cash grant cash disbursement non-cash assistance assistan

1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		90,860.	PHARMACEUTICALS	WHOLESALE PRIC
							PHARMACEUTICALS,	
		MIDDLE EAST AND					MEDICAL SUPPLIES,	ESTIMATED
		NORTH AFRICA		0.		81,861.	EQUIPMENT	WHOLESALE PRIC
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		78,754.	PHARMACEUTICALS	WHOLESALE PRIC
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		36,170.	PHARMACEUTICALS	WHOLESALE PRIC
		MIDDLE EAST AND						ESTIMATED
		NORTH AFRICA		0.		35,844.	PHARMACEUTICALS	WHOLESALE PRIC
		NORTH AMERICA						
		(CANADA AND	HEALTHCARE PROVIDER					
		MEXICO)	SUPPORT	100,000.	WIRE	0.		
		NORTH AMERICA						
		(CANADA AND					MEDICAL SUPPLIES,	ESTIMATED
		MEXICO)		0.		974,056.	EQUIPMENT	WHOLESALE PRICE
		NORTH AMERICA						
		(CANADA AND					PHARMACEUTICALS,	ESTIMATED
		MEXICO)		0.			1	WHOLESALE PRICE
		NORTH AMERICA						
		(CANADA AND						
		MEXICO)		0.		98,487.	MEDICAL SUPPLIES	PURCHASED PRICE

Chedule F (Form 990)								Fage
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	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	1	(c) Region	` ' '		`'	non-cash	of non-cash	valuation (book, FN
	and EIN (if applicable)		grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
		NORTH AMERICA						
		(CANADA AND					PHARMACEUTICALS,	ESTIMATED
		MEXICO)		0.		47,656.	MEDICAL SUPPLIES	WHOLESALE PRIC
		NORTH AMERICA						
		(CANADA AND						ESTIMATED
		MEXICO)		0.		47,296.		WHOLESALE PRIC
							PHARMACEUTICALS,	
		NORTH AMERICA					OTHER, MEDICAL	
		(CANADA AND					SUPPLIES,	ESTIMATED
		MEXICO)		0.		42,601.	EQUIPMENT	WHOLESALE PRIC
								L
		NORTH AMERICA						ESTIMATED
		(CANADA AND						WHOLESALE PRIC
		MEXICO)		0.		33,840.	OTHER, EQUIPMENT	PURCHASED PRIC
		NORTH AMERICA						
		(CANADA AND					PHARMACEUTICALS,	ESTIMATED
		MEXICO)		0.			MEDICAL SUPPLIES	WHOLESALE PRIC
		MEXICO)		0.		33,300.	MEDICAL SUITELES	WHODESALE TRIC
		NORTH AMERICA						
		(CANADA AND						
		MEXICO)		0.		19,697.	MEDICAL SUPPLIES	PURCHASED PRIC
		NORTH AMERICA						ESTIMATED
		(CANADA AND						WHOLESALE PRIC
		MEXICO)		0.		15,567.	EQUIPMENT	PURCHASED PRIC
		NORTH AMERICA						ESTIMATED
		(CANADA AND					MEDICAL SUPPLIES,	WHOLESALE PRIC
				0.		14 517	· · · · · · · · · · · · · · · · · · ·	1
		MEXICO)		0.		14,51/.	EQUIPMENT	PURCHASED PRIC
		NORTH AMERICA						ESTIMATED
		(CANADA AND					PHARMACEUTICALS,	WHOLESALE PRIC
		MEXICO)		0.		11 838.	OTHER, EQUIPMENT	PURCHASED PRIC

1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash	of non-cash	valuation (book, FM
	and Life (if applicable)		grant	Or Casir grant	Casif dispuisement	assistance	assistance	appraisal, other)
		NORTH AMERICA						
		(CANADA AND						
		MEXICO)		0.		7,751.	EQUIPMENT	PURCHASED PRICE
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF	0 500 000				
		STATES	& RECOVERY	8,500,000.	MIKE	0.		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	2,000,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	1,500,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	980,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	690,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	680,000.	 WIRE	0.		
				·				
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	570,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	550,000.	WIRE	0.		

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Part II Continuation of	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	1)	Т
1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	1	non-cash	of non-cash	valuation (book, FM
	u 2 (uppous)		9, 4	or odorr grain		assistance	assistance	appraisal, other)
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	490,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	390,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	320,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	300,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	250,000.	WIRE	0.		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	230,000.	WIRE	0.		
				,				
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	200,000.	WIRE	0.		
				, -		-		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	130,000.	WIRE	0.		
								1
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	120,000.	WIRE	0.		
		PIVIED	a RECOVERT	120,000.	MIKE	١. ١		

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	ontinuation of	f Grants and Other <i>I</i>	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1		(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of	organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash	of non-cash	valuation (book, FMV
				g-2	g		assistance	assistance	appraisal, other)
			RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
			NEIGHBORING	UKRAINE CRISIS RELIEF				MEDICAL SUPPLIES,	WHOLESALE PRICE,
			STATES	& RECOVERY	0.		154,341,778.	EQUIPMENT	PURCHASED PRICE
			RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
			NEIGHBORING	UKRAINE CRISIS RELIEF				MEDICAL SUPPLIES,	WHOLESALE PRICE,
			STATES	& RECOVERY	0.		80,854,790.	EQUIPMENT	PURCHASED PRICE
			RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
			NEIGHBORING	UKRAINE CRISIS RELIEF				MEDICAL SUPPLIES,	WHOLESALE PRICE,
			STATES	& RECOVERY	0.		66,476,701.	,	PURCHASED PRICE
							, ,		
			RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
			NEIGHBORING	UKRAINE CRISIS RELIEF				MEDICAL SUPPLIES,	
			STATES	& RECOVERY	0.		51,986,076.	·	PURCHASED PRICE
			DIRIED	R RECOVERT	· · ·		31,300,070.	PHARMACEUTICALS,	TOKCHASED TRICE
			RUSSIA AND					1	ECULMANED.
				TIVE ATME OF THE				OTHER, MEDICAL	ESTIMATED
			NEIGHBORING	UKRAINE CRISIS RELIEF			25 504 022	SUPPLIES,	WHOLESALE PRICE,
			STATES	& RECOVERY	0.		37,524,833.	EQUIPMENT	PURCHASED PRICE
			RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
			NEIGHBORING	UKRAINE CRISIS RELIEF				MEDICAL SUPPLIES,	WHOLESALE PRICE,
			STATES	& RECOVERY	0.		32,776,330.	EQUIPMENT	PURCHASED PRICE
			RUSSIA AND						
			NEIGHBORING	UKRAINE CRISIS RELIEF					ESTIMATED
			STATES	& RECOVERY	0.		28,283,623.	PHARMACEUTICALS	WHOLESALE PRICE
			RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
			NEIGHBORING	UKRAINE CRISIS RELIEF				MEDICAL SUPPLIES,	WHOLESALE PRICE,
			STATES	& RECOVERY	0.		23,165,246.	EQUIPMENT	PURCHASED PRICE
			RUSSIA AND					PHARMACEUTICALS,	ESTIMATED
			I		1	i	I		
			NEIGHBORING	UKRAINE CRISIS RELIEF				MEDICAL SUPPLIES,	WHOLESALE PRICE,

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Part II	Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Nam	ne 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	UKRAINE CRISIS RELIEF				PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
			STATES	& RECOVERY	0.		21,017,080.	· ·	PURCHASED PRICE
			RUSSIA AND NEIGHBORING STATES	UKRAINE CRISIS RELIEF & RECOVERY	0.		18,391,922.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			RUSSIA AND NEIGHBORING STATES	UKRAINE CRISIS RELIEF & RECOVERY	0.		16,196,429.	PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE
			RUSSIA AND NEIGHBORING STATES	UKRAINE CRISIS RELIEF & RECOVERY	0.		13,163,220.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
			RUSSIA AND NEIGHBORING STATES	UKRAINE CRISIS RELIEF & RECOVERY	0.		12,787,907.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			RUSSIA AND NEIGHBORING STATES	UKRAINE CRISIS RELIEF & RECOVERY	0.		7,784,210.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
			RUSSIA AND NEIGHBORING STATES	UKRAINE CRISIS RELIEF & RECOVERY	0.		3,945,753.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
			RUSSIA AND NEIGHBORING STATES	UKRAINE CRISIS RELIEF & RECOVERY	0.		1,179,958.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
			RUSSIA AND NEIGHBORING STATES	UKRAINE CRISIS RELIEF & RECOVERY	0.		1,157,471.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

1	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					ESTIMATED
		STATES	& RECOVERY	0.		989,517.	PHARMACEUTICALS	WHOLESALE PRICE
		DUCCEA AND					DUADMA CRIMICAL C	
		RUSSIA AND NEIGHBORING	UKRAINE CRISIS RELIEF				PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		STATES	& RECOVERY	0.		798 394	EQUIPMENT	WHOLESALE PRICE
		DIATES	& RECOVERT	· ·		750,354.	EQUITMENT	WHOLESALE TRIC
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					ESTIMATED
		STATES	& RECOVERY	0.		755,191.	PHARMACEUTICALS	WHOLESALE PRICE
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					ESTIMATED
		STATES	& RECOVERY	0.		744,403.	PHARMACEUTICALS	WHOLESALE PRIC
						,		
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF				PHARMACEUTICALS,	ESTIMATED
		STATES	& RECOVERY	0.		193,927.	MEDICAL SUPPLIES	WHOLESALE PRIC
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF				MEDICAL SUPPLIES,	ESTIMATED
		STATES	& RECOVERY	0.		170,432.	EQUIPMENT	WHOLESALE PRICE
		RUSSIA AND					PHARMACEUTICALS,	L
		NEIGHBORING	UKRAINE CRISIS RELIEF				MEDICAL SUPPLIES,	ESTIMATED DDIG
		STATES	& RECOVERY	0.		47,917.	EQUIPMENT	WHOLESALE PRICE
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	0.		20,230.	PHARMACEUTICALS	PURCHASED PRICE
		DIIGGIA AND					DUADMACRIMICALC	
		RUSSIA AND NEIGHBORING	UKRAINE CRISIS RELIEF				PHARMACEUTICALS, MEDICAL SUPPLIES.	ESTIMATED
		NEIGHBORING STATES	& RECOVERY	0.		17 7/2	EQUIPMENT	WHOLESALE PRICE
		P111110	A RECOVERT	ı ,		1 1,143.	EXATT WENT	LIVOTED LYIC

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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 (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, F) appraisal, other
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					ESTIMATED
		STATES	& RECOVERY	0.		17,000.	EQUIPMENT	WHOLESALE PRIC
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF				PHARMACEUTICALS,	ESTIMATED
		STATES	& RECOVERY	0.		8,372.	MEDICAL SUPPLIES	WHOLESALE PRIC
		L						
		RUSSIA AND	THE STATE OF THE					
		NEIGHBORING	UKRAINE CRISIS RELIEF			6 005		
		STATES	& RECOVERY	0.		6,925.	EQUIPMENT	PURCHASED PRIC
		RUSSIA AND						
		NEIGHBORING	UKRAINE CRISIS RELIEF					
		STATES	& RECOVERY	0.		6 925	EQUIPMENT	PURCHASED PRIC
		DIMILIB	a RECOVERT			0,525.	EQUIT HENT	I OKCIMISED TRIC
			HEALTHCARE PROVIDER					
		SOUTH AMERICA	SUPPORT	612,575.	 WIRE	0.		
				,				
		SOUTH AMERICA	CANCER INITIATIVES	601,132.	WIRE	0.		
			HEALTHCARE PROVIDER					
		SOUTH AMERICA	SUPPORT	250,000.	WIRE	0.		
			COVID19 RELIEF &					
		SOUTH AMERICA	RECOVERY	72,000.	WIRE	0.		
			HEALTHCARE PROVIDER	F	L	_		
		SOUTH AMERICA	SUPPORT	50,000.	WIRE	0.		

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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	(b) IRS code section		(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement	non-cash	of non-cash assistance	valuation (book, FM\
			9	g		assistance	assistance	appraisal, other)
			FAMILY PLANNING					
		SOUTH AMERICA	INITIATIVE	40,000.	WIRE	0.		
			COVID19 RELIEF &					
		SOUTH AMERICA	RECOVERY	25,000.	WIRE	0.		
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRICE
		SOUTH AMERICA		0.		25,547,559.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
								WHOLESALE PRICE
		SOUTH AMERICA		0.		12,037,776.	PHARMACEUTICALS	PURCHASED PRICE
							PHARMACEUTICALS,	
							OTHER, MEDICAL	ESTIMATED
							SUPPLIES,	WHOLESALE PRICE
		SOUTH AMERICA		0.		11,163,773.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRICE
		SOUTH AMERICA		0.		10,561,311.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH AMERICA		0.		4,870,532.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	WHOLESALE PRICE
		SOUTH AMERICA		0.		3,317,001.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH AMERICA		0.		804,727.	MEDICAL SUPPLIES	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)
		SOUTH AMERICA		0.			PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		234,616.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.			PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		167,329.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		105,100.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		30,303.	MEDICAL SUPPLIES	PURCHASED PRICE
		SOUTH AMERICA		0.		7,576.	MEDICAL SUPPLIES	PURCHASED PRICE
			COVID19 RELIEF &					
		SOUTH ASIA	RECOVERY	1,500,000.	WIRE	0.		
			COVID19 RELIEF &					
		SOUTH ASIA	RECOVERY	750,000.	WIRE	0.		
		SOUTH ASIA	COVID19 RELIEF &	500,000.	WIRE	0.		
		SOUTH ASIA	GENERAL EMERGENCY PREP & RESPONSE	410,000.	WIRE	0.		
			COVID19 RELIEF &					
		SOUTH ASIA	RECOVERY	300,000.	WIRE	0.		
		SOUTH ASIA	SOLAR POWER INITIATIVES	153,749.	WIRE	0.		
		SOUTH ASIA	SOLAR POWER INITIATIVES	130,090.	WIRE	0.		

Part II Continuation of	f Grants and Other /	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(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)
			HOSPITAL GENERAL					
			SUPPORT FUND	75,000.	WIRE	0.		
			GENERAL EMERGENCY					
			PREP & RESPONSE	50,000.	WIRE	0.		
			VASELINE HEALING					
			PROJECT	42,000.	 WIRE	0.		
				,				
			CHARDAL EMEDICANON					
			GENERAL EMERGENCY PREP & RESPONSE	35,000.	WIRE	0.		
				,		-		
			MATERNAL & CHILD HEALTH SUPPORT	30,000.	WTRE	0.		
			PAKISTAN SUPPORT GRANT	20,000.	WIRE	0.		
		booth Mbin	OTAIN I	20,000.	WIKE	· ·		
			FEDEX EMERGENCY SUPPORT FUND	20,000.	WIDE	0.		
		DOUTH ASIA	SOLLOKI LOND	20,000.	MIKE	· · ·		+
			HOSPITAL GENERAL	10.000	LITTE			
		SOUTH ASIA	SUPPORT FUND	10,000.	MIKE	0.		+
								ESTIMATED
		SOUTH ASIA		0.		104,294,655.	PHARMACEUTICALS	WHOLESALE PRICE

						(i) Method of
(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
					PHARMACEUTICALS,	ESTIMATED
				l		
SOUTH ASIA		0.		18,458,367.	EQUIPMENT	PURCHASED PRICE
						ЕСШТИЗМЕР
SOUTH ASIA		0.		15,233,841.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRIC
				, ,		
						ESTIMATED
SOUTH ASIA		0.		9,238,153.	PHARMACEUTICALS	WHOLESALE PRICE
SOUTH ASTA		0		8 838 441	PHARMACEUTTCALS	ESTIMATED WHOLESALE PRIC
				0,000,111.		
					PHARMACEUTICALS.	ESTIMATED
SOUTH ASIA		0.		l	1	WHOLESALE PRIC
					PHARMACEUTICALS,	
					MEDICAL SUPPLIES,	ESTIMATED
SOUTH ASIA		0.		6,248,571.	EQUIPMENT	WHOLESALE PRIC
SOUTH ASIA		0.		6,129,190.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRIC
						ESTIMATED
SOUTH ASIA		0.		5,729,477.	PHARMACEUTICALS	WHOLESALE PRICE
SOUTH ASIA		0.				ESTIMATED WHOLESALE PRIC
(b) IRS code section and EIN (if applicable)	(b) IRS code section and EIN (if applicable) SOUTH ASIA SOUTH ASIA	(c) Region (d) Purpose of grant SOUTH ASIA SOUTH ASIA	(c) Region (d) Purpose of grant (e) Amount of cash grant SOUTH ASIA 0. SOUTH ASIA 0.	(b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant cash disbursement SOUTH ASIA 0. SOUTH ASIA 0.	(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 SOUTH ASIA 0. 18,458,367. SOUTH ASIA 0. 9,238,153. SOUTH ASIA 0. 9,238,153. SOUTH ASIA 0. 8,838,441. SOUTH ASIA 0. 6,248,571. SOUTH ASIA 0. 6,248,571. SOUTH ASIA 0. 5,729,477.	And EIN (if applicable) (c) Region grant of cash grant cash disbursement assistance assistance assistance PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL SUPPL

Scriedule F (Form 990)								Fage Z
Part II Continuation o	f Grants and Other I	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
							PHARMACEUTICALS,	
							MEDICAL SUPPLIES	ESTIMATED
		SOUTH ASIA		0.		5,629,393.	,	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		5,253,059.	PHARMACEUTICALS	WHOLESALE PRICE
							DUADNA GRUMT GAT G	
							PHARMACEUTICALS, MEDICAL SUPPLIES,	ЕСШТМУШЕР
		SOUTH ASIA		0.		4,848,925.	·	WHOLESALE PRICE
		DOUTH META		٠.		4,040,323.	EQ011MEN1	WHOLESTEE TRICE
								ESTIMATED
		SOUTH ASIA		0.		4,583,582.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		3,819,652.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		3 819 652.	PHARMACEUTICALS	WHOLESALE PRICE
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
								ESTIMATED
		SOUTH ASIA		0.		3,763,897.	PHARMACEUTICALS	WHOLESALE PRICE
				_				ESTIMATED
		SOUTH ASIA		0.		3,055,721.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		2 673 756	PHARMACEUTICALS	WHOLESALE PRICE
		P00111 1101A		٠,	L	2,013,130.	- IIIIIIIIIII	PILODEDITE TRICE

Part II Continuation of	f Grants and Other /	Assistance to Organizat	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	1
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
		SOUTH ASIA		0.		2,289,839.	PHARMACEUTICALS	WHOLESALE PRICE
		SOUTH ASIA		0.		1,952,068.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
							PHARMACEUTICALS,	
		SOUTH ASIA		0.		1,717,513.	OTHER, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
				-		, ,		
		SOUTH ASIA		0.		1,598,850.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,558,493.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,527,861.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,276,696.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
							PHARMACEUTICALS, OTHER, MEDICAL	ESTIMATED
		SOUTH ASIA		0.		1,158,823.	SUPPLIES, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE

Part II Continuation of	f Grants and Other	Assistance to Organizat	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								ESTIMATED
		SOUTH ASIA		0.		1,145,895.	PHARMACEUTICALS	WHOLESALE PRICE
		SOUTH ASIA		0.		1,145,895.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.		1,082,984.		WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE,
		SOUTH ASIA		0.		1,063,202.	MEDICAL SUPPLIES	PURCHASED PRICE
							PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.			EQUIPMENT	WHOLESALE PRICE
		SOUTH ASIA		0.		l	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
						333,111.		ESTIMATED
		SOUTH ASIA		0.		835,372.	PHARMACEUTICALS	WHOLESALE PRICE
		SOUTH ASIA		0.		815,316.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		812,947.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Part II Continuation o			tions or Entities Outside the					(2) Madda and a f
a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM appraisal, other)
		SOUTH ASIA		0.		763,930.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		666,826.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		652,253.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		577,267.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
								есптилпер
		SOUTH ASIA		0.		480,035.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
						1	PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		SOUTH ASIA		0.			EQUIPMENT	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		408,086.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		401,305.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.		358,408.	EQUIPMENT	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organizat	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								ESTIMATED
		SOUTH ASIA		0.		340,335.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		326,126.	PHARMACEUTICALS	WHOLESALE PRICE
						·		
		SOUTH ASIA		0.		200 005	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		DOUTH ADIA		٠.			PHARMACEUTICALS,	WHODESABE TRICE
							OTHER, MEDICAL	ESTIMATED
							SUPPLIES,	WHOLESALE PRICE,
		SOUTH ASIA		0.		298,829.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.			EQUIPMENT	WHOLESALE PRICE
							DUA DWA GRUERICA I G	
		SOUTH ASIA		0.		281 440	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		202,797.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
							MEDICAL SUPPLIES,	
		SOUTH ASIA		0.			EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.			EQUIPMENT	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organizat	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.			EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.			MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
						133,371.	EQ011 MENT	TORCIMISED TRICE
								ESTIMATED
		SOUTH ASIA		0.		147,495.	PHARMACEUTICALS	WHOLESALE PRICE
								ESTIMATED
		SOUTH ASIA		0.		147,463.	PHARMACEUTICALS	WHOLESALE PRICE
							·	ESTIMATED
		SOUTH ASIA		0.		146,754.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.		144,786.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS, MEDICAL SUPPLIES,	ЕСПТИА ПЕР
		SOUTH ASIA		0.			EQUIPMENT	WHOLESALE PRICE
				•••		123,430.	-×311111111	THE PROPERTY OF THE PARTY OF TH
							· ·	ESTIMATED
		SOUTH ASIA		0.		124,191.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.			EQUIPMENT	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organizat	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
						,		
		SOUTH ASIA		0.		67,417.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		54,971.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		35,168.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
							DUADNA GRUMT GAT G	
		SOUTH ASIA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		l	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.			PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		l	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		15,990.	PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		l	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.			PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.		13,640.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.		10,809.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.		6,602.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.		6,356.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.		5,779.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH ASIA		0.		5,286.	EQUIPMENT	WHOLESALE PRICE
			GENERAL EMERGENCY					
		AFRICA	PREP & RESPONSE	260,000.	WIRE	0.		
			VASELINE HEALING					
		AFRICA	PROJECT	40,000.	WIRE	0.		
			FEDEX EMERGENCY					
		AFRICA	SUPPORT FUND	33,000.	WIRE	0.		

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Part II Conti	inuation 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 orga		(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV
.,		and EIN (if applicable)	., .	grant	of cash grant	cash disbursement	assistance	assistance	appraisal, other)
			SUB-SAHARAN	GLOBAL COLD CHAIN					
			AFRICA	CAPACITY BUILDING	30,000.	WIRE	0.		
			SUB-SAHARAN						
			AFRICA	TAKEDA CAP PROJECT	8,500.	WIRE	0.		
			SUB-SAHARAN						
			AFRICA	TAKEDA CAP PROJECT	6,800.	WIRE	0.		
			SUB-SAHARAN						ESTIMATED
			AFRICA		0.		90,768,199.	PHARMACEUTICALS	WHOLESALE PRICE
								DUA DWA GRUMT GAT G	
			GUD GAUADAN					PHARMACEUTICALS,	DOMEN A MED
			SUB-SAHARAN		0		20 651 211	MEDICAL SUPPLIES,	WHOLESALE PRICE
			AFRICA		0.		30,651,311.	EQUIPMENT.	WHOLESALE PRICE
								PHARMACEUTICALS,	
			SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
			AFRICA		0.		20,739,475.		WHOLESALE PRICE
			MINICH		0.		20,733,473.	DQ01111DIV1	WHODESTEE TRICE
			SUB-SAHARAN						ESTIMATED
			AFRICA		0.		8.350.000.	PHARMACEUTICALS	WHOLESALE PRICE
							, ,		
			SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
			AFRICA		0.			MEDICAL SUPPLIES	WHOLESALE PRICE
								PHARMACEUTICALS,	ESTIMATED
			SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
			AFRICA		0.		5,859,984.	EQUIPMENT	PURCHASED PRICE

1	(1) IDC and a costing		(B) D	() ()	(6) 14	(g) Amount of	(h) Description	(i) Method of
a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		5,457,317.	MEDICAL SUPPLIES	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		3,750,453.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		3,661,426.	EQUIPMENT	WHOLESALE PRIC
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		3,364,447.	EQUIPMENT	WHOLESALE PRIC
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRIC
		AFRICA		0.		3,166,356.	EQUIPMENT	PURCHASED PRIC
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		3,067,716.	EQUIPMENT	WHOLESALE PRIC
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		3,018,744.	EGOILMENL	WHOLESALE PRIC
		SUB-SAHARAN AFRICA		0.		2,939,656.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRIC
						, , ,		
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		2.815.371.	PHARMACEUTICALS	WHOLESALE PRIC

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		2,616,440.	'	WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		2,486,032.	MEDICAL SUPPLIES	WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ECMIMAMED
		AFRICA		0.		2,313,400.	MEDICAL SUPPLIES, EOUIPMENT	WHOLESALE PRICE
						, , ,	~	
		SUB-SAHARAN AFRICA		0.		2 204 304	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
				-		2,201,001.		
		SUB-SAHARAN AFRICA		0.		2,162,369.	1	ESTIMATED WHOLESALE PRICE
		AFRICA		0.		2,102,309.	EQUIPMENT	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN		•		1 454 200		WHOLESALE PRICE,
		AFRICA		0.		1,454,302.	PHARMACEUTICALS	PURCHASED PRICE
		SUB-SAHARAN		_			1	ESTIMATED
		AFRICA		0.		1,413,906.	MEDICAL SUPPLIES	WHOLESALE PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		1,406,272.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		1,161,726.	EQUIPMENT	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CHD CAUADAN					PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN AFRICA		0.		1,047,961.	MEDICAL SUPPLIES, EQUIPMENT	WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		936,590.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		033 340	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		AFRICA		0.		933,340.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		919,378.	MEDICAL SUPPLIES	WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		801,706.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		iii ki cii				001,303.	EQ011HEM1	FORCIMOLD TRICK
		SUB-SAHARAN					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
		AFRICA		0.		786,392.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN		_		720 002	MEDICAL SUPPLIES,	
		AFRICA		0.		/39,803.	EQUIPMENT	WHOLESALE PRICE

Scriedule F (Form 990)								raye z
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)	Т
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	(h) Description of non-cash	(i) Method of valuation (book, FMV
	and Env (ii applicable)		grant	or casir grant	Casif disbuisement	assistance	assistance	appraisal, other)
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	1
		AFRICA		0.		723,113.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		701,373.	EQUIPMENT	WHOLESALE PRICE
						,		
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		577,123.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	L
		SUB-SAHARAN				506 341	MEDICAL SUPPLIES,	
		AFRICA		0.		526,341.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.			EQUIPMENT	WHOLESALE PRICE
				-		, -		
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE
		AFRICA		0.		524,711.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN		_				ESTIMATED
		AFRICA		0.		448,325.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA		0.			EQUIPMENT	PURCHASED PRICE
				· ·		377,732.	-x	
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		365,799.	EQUIPMENT	WHOLESALE PRICE

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		348 280.	PHARMACEUTICALS	WHOLESALE PRICE
						, , , , , , , ,		
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		325,166.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		290,265.	EQUIPMENT	WHOLESALE PRICE
							D D.V. GRVIDT G. 1 G	
		SUB-SAHARAN					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		267,411.	EQUIPMENT	PURCHASED PRICE
						,		
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN		_			MEDICAL SUPPLIES,	
		AFRICA		0.		245,496.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		242,438.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		193,558.	EQUIPMENT	WHOLESALE PRICE
						,		
		SUB-SAHARAN				145 405		ESTIMATED
		AFRICA		0.		147,495.	PHARMACEUTICALS	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					,	WHOLESALE PRICE,
		AFRICA		0.		147,373.	EQUIPMENT	PURCHASED PRICE

Part II Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.			EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.			MEDICAL SUPPLIES	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		112,890.	PHARMACEUTICALS	WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS, MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.			EQUIPMENT	WHOLESALE PRICE
						,	-	
		SUB-SAHARAN AFRICA		0.		95 124	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
				•		33,111.	- manielo i i emb	MIGHERIAL TRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.		84,321.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		83,105.	EQUIPMENT	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	WHOLESALE PRICE,
		AFRICA		0.			EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN						
		AFRICA		0.		65,791.	MEDICAL SUPPLIES	PURCHASED PRICE

	Grants and Other I	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM' appraisal, other)
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		61,073.	MEDICAL SUPPLIES	WHOLESALE PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		59,597.	MEDICAL SUPPLIES	WHOLESALE PRICE
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA		0.		57,581.	EQUIPMENT	PURCHASED PRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.			EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA		0.			EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.			MEDICAL SUPPLIES	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		43,774.	MEDICAL SUPPLIES	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		40,413.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		SUB-SAHARAN AFRICA		0.		40 084	EQUIPMENT	WHOLESALE PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ugo z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.			MEDICAL SUPPLIES	WHOLESALE PRICE
						·		
								ESTIMATED
		SUB-SAHARAN				35.654	PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.		37,651.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN					PHARMACEUTICALS,	ESTIMATED
		AFRICA		0.		30,939.	EQUIPMENT	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		26 712.	PHARMACEUTICALS	WHOLESALE PRICE
						, , ,		
		SUB-SAHARAN				l	MEDICAL SUPPLIES,	
		AFRICA		0.		24,511.	EQUIPMENT	PURCHASED PRICE
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRICE,
		AFRICA		0.			MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		l	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		AFRICA		0.		23,747.	EQUIFMENT	FORCHASED FRICE
							PHARMACEUTICALS,	
		SUB-SAHARAN					MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		23,734.	EQUIPMENT	WHOLESALE PRICE
								ESTIMATED
		SUB-SAHARAN					MEDICAL SUPPLIES,	
		AFRICA		0.		20,452.	EQUIPMENT	PURCHASED PRICE

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	r ago z
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.			MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		III KICII		0.		15,540.	EQ011MEN1	TORCHIODD TRICE
		SUB-SAHARAN AFRICA		0.		14,108.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		12,513.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		9,320.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		9,252.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.			MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

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

1	(L.) IDC and anotice		(d) Diverse of	(-) Amazurit	(6) Mannay of	(g) Amount of	(h) Description	(i) Method of
) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	non-cash assistance	of non-cash assistance	valuation (book, FM appraisal, other)
								ESTIMATED
		SUB-SAHARAN				1	PHARMACEUTICALS,	WHOLESALE PRIC
		AFRICA		0.		6,195.	MEDICAL SUPPLIES	PURCHASED PRIC
								ESTIMATED
		SUB-SAHARAN					PHARMACEUTICALS,	WHOLESALE PRIC
		AFRICA		0.		1	MEDICAL SUPPLIES	PURCHASED PRIC
						,		
								-
								1

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

DIRECT RELIEF 95-1831116 Schedule F (Form 990) 2022 Page 4

Part IV	Foreign	Forms

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

Schedule F (Form 990) 2022

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.
PART I, LINE 3, COLUMN (E):
REGION: EUROPE
(E) SPECIFIC TYPES OF SERVICES IN REGION: COORDINATION OF MEDICAL
SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE BALKANS, ESTONIA,
NETHERLANDS, POLAND AND TURKEY

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number			
DIRECT RELIEF							95-1831116			
Part I General Information on Grants ar	Part I General Information on Grants and Assistance									
1 Does the organization maintain records to	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti				
criteria used to award the grants or assist	tance?						X Yes No			
2 Describe in Part IV the organization's pro-	cedures for monit	oring the use of grant	funds in the United	States.						
Part II Grants and Other Assistance to D					anization answered "Y	es" on Form 990, Part	: IV, line 21, for any			
recipient that received more than \$	-	1			(f) Method 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	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.	109,742.	PURCHASED	EQUIPMENT	PATIENTS			
A PROMISE TO HELP 516 TUSCALOOSA AVENUE SW BIRMINGHAM, AL 35211	47-1137244	501(C)(3)	300,000.	0.			FUND FOR HEALTH EQUITY			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
A PROMISE TO HELP					WHOLESALE	, OTHER,	HEALTH CENTERS FOR			
516 TUSCALOOSA AVENUE SW					PRICE,	MEDICAL	LOW-INCOME, UNINSURED			
BIRMINGHAM, AL 35211	47-1137244	501(C)(3)	0.	33,946.	PURCHASED	SUPPLIES,	PATIENTS			
A STEP AHEAD FOUNDATION OF EAST TENNESSEE - P.O. BOX 20363 - KNOXVILLE, TN 37940	81-1822497	501(C)(3)	50,000.	0.			STRENGTHEN REPRODUCTIVE HEALTH AWARD BAYER			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
A+ COUNSELING CENTER AND A+ HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
CENTER - 10905 FORT WASHINGTON					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
ROAD - FORT WASHINGTON, MD 20744	59-3812335	501(C)(3)	0.	762,819.	PURCHASED	EQUIPMENT	PATIENTS			
A+ COUNSELING CENTER INTEGRATED BEHAVIORAL HEALTH SERVICES - 10905 FORT WASHINGTON ROAD - FORT WASHINGTON, WA 20744	59-3812335	501(C)(3)	50,000.	0.			SUBSTANCE ABUSE DISORDER AWARDS - AMERIS			
2 Enter total number of section 501(c)(3) an			. Para di Alabata		•	•	1,103.			
3 Enter total number of other organizations	-						7			
							0 :			

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) 2022

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AAHC DBA HOPE HEALTH PHARMACY 13930 BELLAIRE BLVD HOUSTON, TX 77083	31-1756818	501(C)(3)	0.	16,271.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AARON E. HENRY COMMUNITY HEALTH SER - 510 HWY 322 POST OFFICE DRAWER 1216 - CLARKSDALE, MS 38614	64-0624495	501(C)(3)	400,000.	0.			FUND FOR HEALTH EQUITY
ABINGTON- JEFFERSON HEALTH THE ABINGTON OB/GYN CENTER - 1200 OLD YORK ROAD - ABINGTON, PA 19001	23-1352152	501(C)(3)	0.	145,034.		PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACACIA MEDICAL MISSION 1781 E. AMMANN RD. BULVERDE, TX 78163	90-0401594	501(C)(3)	300,000.	0.			FUND FOR HEALTH EQUITY
ACACIA MEDICAL MISSION 1781 E. AMMANN RD					ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS , MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
BULVERDE, TX 78163 ACCESS CARROLL	90-0401594	501(C)(3)	0.	1,118,050.	PURCHASED ESTIMATED WHOLESALE	EQUIPMENT PHARMACEUTICALS	PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR
10 DISTILLERY DRIVE, STE 200 WESTMINISTER, MD 21157	20-2146701	501(C)(3)	0.	26,340.	PRICE, PURCHASED	, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
ACCESS HEALTH LOUISIANA ST. CHARLES COMMUNITY HEALTH CENTER - 843 MILLING AVENUE - LULING, LA 70070	47-0852944	501(C)(3)	0.	28,260.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS SUPPORT NETWORK 223 JOHN STREET SALINAS, CA 93901	77-0205717	501(C)(3)	0.	83,205.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP CAREFREE AMERICAN DIABETES ASSOCIATION - 180 LIONS CAMP PRIDE WAY - NEW DURHAM, NH 03855	13-1623888		0.	8,173.	ESTIMATED WHOLESALE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADA CAMP COLORADO AMERICAN							SUPPORT TO US CLINICS &
DIABETES ASSOCIATION - 2460 WEST					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
26TH AVE. SUITE 500C - DENVER, CO					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
80211	13-1623888	501(C)(3)	0.	9,172.	PRICE	EQUIPMENT	PATIENTS
ADA CAMP KORELITZ AMERICAN						PHARMACEUTICALS	SUPPORT TO US CLINICS &
DIABETES ASSOCIATION - 10200					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
ALLIANCE RD., SUITE 101 -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
CINCINNATI, OH 45242	13-1623888	501(C)(3)	0.	11,701.	PRICE	EQUIPMENT	PATIENTS
ADA CAMP MIDICHA AMERICAN DIABETES						PHARMACEUTICALS	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.	20,896.	PRICE	EQUIPMENT	PATIENTS
ADA CAMP NEEDLEPOINT AND DAYPOINT							SUPPORT TO US CLINICS &
AMERICAN DIABETES ASSOCIATION -					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
ADA, 8000 WEST 78TH ST, SUITE 175					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
- EDINA, MN 55439	13-1623888	501(C)(3)	0.	30,454.	PRICE	EQUIPMENT	PATIENTS
ADA CAMP PLANET D AMERICAN						PHARMACEUTICALS	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.	5,007.	PRICE	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
ADA CAMP RAINBOW AMERICAN DIABETES					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
ASSOCIATION - 7670 WOODWAY DRIVE,					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SUITE 230 - HOUSTON, TX 77063	13-1623888	501(C)(3)	0.	11,588.	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.	19,334.	PURCHASED	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.	58,157.	PURCHASED	EQUIPMENT	PATIENTS
·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
AGHABY COMPREHENSIVE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
349 W. COMPTON BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COMPTON, CA 90220	46-2637814	501(C)(3)	0.	17,607.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	T ago
(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 &
AIDS LEADERSHIP FOOTHILLS-AREA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
ALLIANCE - 1120 FAIRGROVE CHURCH					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ROAD SE - HICKORY, NC 28602	58-1842529	501(C)(3)	0.	11,191.	PURCHASED	SUPPLIES	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
ALAMEDA COUNTY HEALTH CARE					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
384 14TH STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
OAKLAND, CA 94612	94-6000501	ALAMEDA COUNTY	0.	11,538.	PRICE	SUPPLIES	PATIENTS
ALASKA NATIVE HERITAGE CENTER 8800 HERITAGE CENTER DRIVE ANCHORAGE, AK 99504	92-0127531	501(C)(3)	100,000.	0.			FUND FOR HEALTH EQUITY
			,	-			
ALASKA PACIFIC UNIVERSITY							
4101 UNIVERSITY DR							
ANCHORAGE, AK 99508	92-0023588	501(C)(3)	380,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ALBEMARLE HOSPITAL FOUNDATION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
918 GREENLEAF ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ELIZABETH CITY, NC 27909	43-2031990	501(C)(3)	0.	40,190.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ALBRECHT FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
908 WASHINGTON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WEST BEND, WI 53095	39-1839654	501(C)(3)	0.	84,832.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ALCORN STATE UNIVERSITY FAMILY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC - 15 CAMPUS DRIVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NATCHEZ, MS 39120	64-0538018	501(C)(3)	0.	38,400.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ALL FOR HEALTH, HEALTH FOR ALL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
519 EAST BROADWAY BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GLENDALE, CA 91205	95-4773684	501(C)(3)	0.	24,082.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ALL NATIONS HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
830 W CENTRAL AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MISSOULA, MT 59801	81-0330646	501(C)(3)	0.	19,973.	PURCHASED	SUPPLIES	PATIENTS

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Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
ALLIANCE MEDICAL CENTER								
1381 UNIVERSITY AVENUE								
	94-2308748	501/0\/3\	495,000.	0.			POWER FOR HEALTH-CA	
HEALDSBURG, CA 95448	94-2308/48	501(C)(3)	493,000.	0.	ESTIMATED		SUPPORT TO US CLINICS &	
AME INTERNATIONAL HEALTH					WHOLESALE	OTHER, MEDICAL	HEALTH CENTERS FOR	
						1		
COMMISSION - 163 SHELDON LANE -	02 1725524	E01/G)/2)		22 620	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
ARDMORE, PA 19003	83-1735524	501(C)(3)	0.	22,630.	PURCHASED	EQUIPMENT	PATIENTS	
ANTONIA COMMUNICAL MALANTA COMMUNICAL					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
AMISTAD COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
1533 SOUTH BROWNLEE AVENUE		504 (5) (0)		200 050	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
CORPUS CHRISTI, TX 78404	20-3008507	501(C)(3)	0.	328,950.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
ANDERSON FREE CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
414 N. FANT STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
ANDERSON, SC 29621	57-0787584	501(C)(3)	0.	326,703.	PURCHASED	SUPPLIES,	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
ANN SILVERMAN COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
CLINIC - 595 W. STATE STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
DOYLESTOWN, PA 18901	23-2892823	501(C)(3)	0.	54,096.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
ANTLERS 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.	310,841.	PURCHASED	EQUIPMENT	PATIENTS	
							SUPPORT TO US CLINICS &	
APPALACHIAN REGIONAL HEALTHCARE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR	
P.O. BOX 8086					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED	
LEXINGTON, KY 40533	52-0795508	501(C)(3)	0.	31,792.	PRICE	SUPPLIES	PATIENTS	
				,			SUPPORT TO US CLINICS &	
ARKANSAS HARM REDUCTION PROJECT					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR	
4301 WEST MARKHAM SLOT 641					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED	
LITTLE ROCK, AR 72205	83-3867162	501(C)(3)	0.	247,744.		SUPPLIES	PATIENTS	
, ,		, -, , -,	· .	,,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
ARLINGTON 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.	150 097	PURCHASED	EQUIPMENT	PATIENTS	
INDINGION, VA 22204	1 24 10/1003	Po+(C/(J/	<u> </u>	130,037.	LONGINOED	EZOTI HEMI	PATIENTS	

Schedule I (Form 990)

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
ARROYO VISTA FAMILY HEALTH CENTER					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
6000 N. FIGUEROA STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90042	95-3514918	501(C)(3)	0.	9,234.	PRICE	EQUIPMENT	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.	382,301.	PURCHASED	SUPPLIES	PATIENTS
ASIAN HEALTH SERVICES							ABBVIE HEALTH EQUITY,
101 8TH STREET, SUITE 100							ADDRESS MICRONUTRIENT DEF
OAKLAND, CA 94670	94-2235908	501(C)(3)	430,000.	0.			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.	110,332.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ASIAN PACIFIC HEALTH CARE VENTURE,					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC - 1530 HILLHURST AVENUE - LOS					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ANGELES, CA 90027	95-4177752	501(C)(3)	0.	458,563.	PURCHASED	EQUIPMENT	PATIENTS
ASOCIACIN PUERTORRIQUEA DE							SUPPORT TO US CLINICS &
DIABETES, INC 1608 BORI STREET					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
ELECTRONICA BLDG SAN JUAN, PR					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
00927	66-0442165	501(C)(3)	0.	109,391.	PRICE	SUPPLIES	PATIENTS
ASOCIACION PUERTORRIQUENA DIABETES							
1608 CALLE BORI EDIF.							L
RIO PIEDRAS, PR 00927	66-0442165	501(C)(3)	115,000.	0.			BAXTER INNOVATION AWARDS
					ESTIMATED		SUPPORT TO US CLINICS &
ASYLUM-SEEKERS SHELTER HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PROGRAM - 4902 PACIFIC HIGHWAY -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAN DIEGO, CA 92110	95-6006144	501(C)(3)	0.	75,333.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
ATLANTA HARM REDUCTION COALITION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1231 JOSEPH E. BOONE BLVD.					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ATLANTA, GA 30314	58-2227958	501(C)(3)	0.	158,436.	PRICE	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (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 valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) SUPPORT TO US CLINICS & AUSTIN INDEPENDENT SCHOOL DISTRICT ESTIMATED HEALTH CENTERS FOR 4000 S. I-H35 FRONTAGE ROAD WHOLESALE LOW-INCOME, UNINSURED 30,000. PRICE AUSTIN, TX 78704 74-6000064 501(C)(3) 0. PHARMACEUTICALS PATIENTS SUPPORT TO US CLINICS & AUSTIN PUBLIC HEALTH ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 15 WALLER STREET 3RD FLOOR WHOLESALE MEDICAL LOW-INCOME UNINSURED AUSTIN, TX 78702 74-6000085 CITY OF AUSTIN 0 249,687. PRICE SUPPLIES PATTENTS SUPPORT TO US CLINICS & BALDWIN COUNTY BOARD OF EDUCATION HEALTH CENTERS FOR ESTIMATED 1091 B AVENUE WHOLESALE LOW-INCOME UNINSURED LOXLEY, AL 36551 63-1203538 BALDWIN COUNTY 0. 9,000. PRICE PHARMACEUTICALS PATIENTS BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE AVENUE NEW ORLEANS, LA 70117 45-3792193 501(C)(3) 35,000 0 ABBOTT RESTLIENCY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BAPTIST COMMUNITY HEALTH SERVICES WHOLESALE OTHER HEALTH CENTERS FOR MEDICAL 4960 ST. CLAUDE PRICE LOW-INCOME, UNINSURED NEW ORLEANS, LA 70117 45-3792193 501(C)(3) 153,156, PURCHASED SUPPLIES PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & BARNABAS HEALTH SERVICES WHOLESALE MEDICAL HEALTH CENTERS FOR 1303 JASMINE STREET SUITE 101 PRICE SUPPLIES LOW-INCOME, UNINSURED 301,417. PURCHASED FERNANDINA BEACH FL 32034 59-2920275 501(C)(3) EOUIPMENT PATTENTS 0. BARRIER ISLANDS FREE MEDICAL ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR CLINIC - 3226 MAYBANK HIGHWAY OTHER BUILDING C - JOHNS ISLAND, SC PRICE MEDICAL LOW-INCOME, UNINSURED PATIENTS 29455 20-5628911 501(C)(3) 0. 71 546 PURCHASED SUPPLIES 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. 183 611 PURCHASED EOUIPMENT PATTENTS BATON ROUGE PRIMARY CARE ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COLLABORATIVE JEWEL NEWMAN WHOLESALE MEDICAL HEALTH CENTERS FOR COMMUNITY CENTER - 2013 CENTRAL PRICE LOW-INCOME, UNINSURED SUPPLIES. ROAD, SUITE B - BATON ROUGE, LA 41-2114148 501(C)(3) 15 464 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & BEACON CHRISTIAN COMMUNITY HEALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CENTER - 2079 FOREST AVENUE -PRICE. MEDICAL LOW-INCOME, UNINSURED 48,591. PURCHASED STATEN ISLAND, NY 10303 02-0703686 501(C)(3) 0. SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED 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 0 37,429. PURCHASED EOUIPMENT PATTENTS BEAVERTON SCHOOL DISTRICT SUPPORT TO US CLINICS & ADMINISTRATION OFFICE - 1260 NW ESTIMATED HEALTH CENTERS FOR WATERHOUSE AVENUE - BEAVERTON, OR WHOLESALE LOW-INCOME UNINSURED 97006 93-6001065 501(C)(3) 0. 6,250. PRICE PHARMACEUTICALS PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR BEE BUSY WELLNESS CENTER WHOLESALE MEDICAL 8785 WEST BELLFORT STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 27-0653014 501(C)(3) 0 420 174. PURCHASED EOUIPMENT PATTENTS HOUSTON, TX 77031 BEHAVIORAL HEALTH SERVICES FAMILY SUPPORT TO US CLINICS & HEALTH CENTER PACIFICA HOUSE PHARMACEUTICALS HEALTH CENTERS FOR ESTIMATED 2501 W. EL SEGUNDO BLVD. -WHOLESALE MEDICAL LOW-INCOME, UNINSURED 95-2838006 501(C)(3) HAWTHORNE, CA 90250 162,491. PRICE SUPPLIES PATIENTS 0. BERGEN VOLUNTEER MEDICAL INITIATIVE - 75 ESSEX STREET ACCESS TO MENTAL HEALTH SUITE 100 - HACKENSACK NJ 07601 20-2633437 501(C)(3) CARE AWARDS-TEVA 75,000 0. SUPPORT TO US CLINICS & HEALTH CENTERS FOR BERKS COMMUNITY HEALTH CENTER ESTIMATED 858 PENN STREET WHOLESALE LOW-INCOME, UNINSURED 5 079 PRICE PATIENTS READING PA 19608 27-3795179 501(C)(3) 0. PHARMACEUTICALS 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. 253 251 PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & BETHEL FREE HEALTH CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1650 CARROL DRIVE PRICE MEDICAL LOW-INCOME, UNINSURED BILOXI, MS 39531 26-1794984 501(C)(3) 5 674 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
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					ESTIMATED		SUPPORT TO US CLINICS &	
BETHESDA COMMUNITY CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
111 MOUNTAIN BROOK DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
CANTON, GA 30115	27-4923001	501(C)(3)	0.	315,334.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
BETHESDA FREE HEALTH CLINIC OF					WHOLESALE	, OTHER,	HEALTH CENTERS FOR	
DIBERVILLE - 6912 N WASHINGTON					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
AVENUE - OCEAN SPRINGS, MS 39564	27-3534168	501(C)(3)	0.	36,882.	PURCHASED	SUPPLIES,	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
BETHESDA HEALTH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
409 W. FERGUSON					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
TYLER, TX 75702	26-0036674	501(C)(3)	0.	1,375,448.	PURCHASED	SUPPLIES	PATIENTS	
BLACK RIVER HEALTH SERVICES, INC.					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
DBA BLACK RIVER FAMILY PRACTICE -					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
301 S. CAMPBELL STREET - BURGAW,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
NC 28425	23-7356223	501(C)(3)	0.	84,534.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
BLAND COUNTY MEDICAL CLINIC, INC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
12301 GRAPEFIELD RD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
BASTIAN, VA 24314	54-1074890	501(C)(3)	0.	35,472.	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.	73,038.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
BLUE RIDGE MEDICAL CENTER PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
4038 THOMAS NELSON HIGHWAY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
ARRINGTON, VA 22922	54-1222147	501(C)(3)	0.	14,910.	PURCHASED	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.	340,755.	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.	22,558.	PURCHASED	SUPPLIES	PATIENTS	

BORINQUEN HEALTH CARE CENTER, INC. 3601 N FEDERAL HHY MIAMI, FL 33137-3795 BORINQUEN MEDICAL CENTER 3601 FEDERAL HIGHWAY MIAMI, FL 33137-3795 BORINQUEN MEDICAL CENTER 3601 FEDERAL HIGHWAY MIAMI, FL 33137-3795 59-1417397 501(C)(3) 400,000. 0. FUND FOR HEALTH EQUITY DOYS & GIRLS CLUB OF THE NORTHERN P.O. BOX 309 BPSOS - ATLANTA COMMUNITY CLINIC 6107 OAKBROOK PARKWAY NORCROSS, GA 30093 30-0737900 501(C)(3) 501(C)(3) 0. 18,794. PURCHASED WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS WHOLESALE PHARMACEUTICALS BRADLEY FREE CLINIC OF ROANOKE VALLEY INC PHARMACY - 1240 THIRD STREET, SW - ROANOKE, VA 24016 STREET, SW - ROANOKE, VA 2401	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
BORINQUEN HEALTH CARE CENTER, INC. 3601 N FEDERAL HWY	` '	(b) EIN	, , ,		noncash	valuation (book, FMV,		1	
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MOREHEAD CITY, NC 28557 56-1853604 501(C)(3) 0. 79,424. PURCHASED SUPPLIES, PATIENTS		56-1853604	501(C)(3)	0	79 424	'		•	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & BROCKTON PUBLIC SCHOOLS ESTIMATED HEALTH CENTERS FOR 661 CENTER ST. HEALTH SERVICES WHOLESALE LOW-INCOME, UNINSURED 6,000.PRICE BROCKTON, MA 02301 04-6001382 501(C)(3) 0. PHARMACEUTICALS PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & BROTHER BILL'S HELPING HAND ESTIMATED WHOLESALE COMMUNITY CLINIC - 3906 N. MEDICAL HEALTH CENTERS FOR WESTMORELAND RD. - DALLAS, TX PRICE SUPPLIES LOW-INCOME UNINSURED 75212 75-6027740 501(C)(3) 0 271 136 PURCHASED EOUTPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & BROWNSVILLE COMMUNITY HEALTH ESTIMATED OTHER HEALTH CENTERS FOR CENTER - 191 EAST PRICE ROAD -WHOLESALE MEDICAL LOW-INCOME UNINSURED BROWNSVILLE, TX 78521 74-2176836 501(C)(3) 0. 28,260, PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR BULLHOOK COMMUNITY HEALTH CENTER WHOLESALE INC. - 521 4TH ST - HAVRE, MT PRICE SUPPLIES LOW-INCOME, UNINSURED 20-5970239 501(C)(3) 0 6,555, PURCHASED EOUTPMENT PATTENTS 59501 C. W. WILLIAMS COMMUNITY HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CENTER PHARMACY - 5800 OLD WHOLESALE MEDICAL HEALTH CENTERS FOR PINEVILLE ROAD - CHARLOTTE, NC PRICE SUPPLIES LOW-INCOME, UNINSURED 56-1262478 501(C)(3) 377,624, PURCHASED EQUIPMENT PATIENTS 28217 0. ESTIMATED SUPPORT TO US CLINICS & C.A.R.E. CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 906 COLLEGE AVE, DOOR #1 PRICE MEDICAL LOW-INCOME, UNINSURED RED WING MN 55066 27-0540451 501(C)(3) 41 251 PURCHASED SUPPLIES PATTENTS 0. SUPPORT TO US CLINICS & HEALTH CENTERS FOR CABARRUS HEALTH ALLIANCE ESTIMATED PHARMACEUTICALS 300 MOORESVILLE ROAD WHOLESALE MEDICAL LOW-INCOME, UNINSURED 8 808. PRICE SUPPLIES PATIENTS KANNAPOLIS, NC 28081 56-2016594 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CABELL-HUNTINGTON HEALTH DEPARTMENT - 703 7TH AVE -PRICE. SUPPLIES. LOW-INCOME, UNINSURED HUNTINGTON, WV 25701 55-0400653 CABELL COUNTY 0. 375 685 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CABIN CREEK HEALTH SYSTEMS WHOLESALE MEDICAL HEALTH CENTERS FOR 104 ALEX LANE PRICE LOW-INCOME, UNINSURED SUPPLIES. CHARLESTON, WV 25304 55-0709223 501(C)(3) 0. 1 392 325, PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CABRINI CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
1234 PORTER ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
DETROIT, MI 48226 38	3-3129349	501(C)(3)	0.	104,393.	PURCHASED	EQUIPMENT	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
CACTUS HEALTH SERVICES, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
700 N. MAIN ST.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
FORT STOCKTON, TX 79735 16	-1663081	501(C)(3)	0.	598,586.	PURCHASED	SUPPLIES	PATIENTS	
CAL OES GOVERNOR'S OFFICE OF					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
EMERGENCY SERVICES - 3650					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
SCHRIEVER AVENUE - MATHER, CA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
95655 68	3-0399208	STATE OF CALIFOR	0.	350,826.	PURCHASED	EQUIPMENT	PATIENTS	
CALIFORNIA RESCUE DOG ASSOCIATION 3056 CASTRO VALLEY BLVD 101 CASTRO VALLEY, CA 94546 94	1-2476578	501(C)(3)	10,000.	0.			SEARCH & RESCUE FUND	
			,					
CAMARENA HEALTH								
730 N. I STREET							ADDRESS MICRONUTRIENT DEF	
MADERA, CA 93637 94	1-2503904	501(C)(3)	50,000.	0.			AWARDS BAYER	
			,				SUPPORT TO US CLINICS &	
CAMELBACK FAMILY PLANNING							HEALTH CENTERS FOR	
4141 N 32ND ST, STE 105							LOW-INCOME, UNINSURED	
•	5-0937180		0.	65,365.		PHARMACEUTICALS	PATIENTS	
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CAMILLUS HEALTH CONCERN					WHOLESALE	OTHER.	HEALTH CENTERS FOR	
336 NW 5TH ST.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED	
MIAMI, FL 33128 65	-0063921	501(C)(3)	0.		PURCHASED	SUPPLIES,	PATIENTS	
,				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CAMP CONRAD-CHINNOCK					ESTIMATED	MEDICAL	HEALTH CENTERS FOR	
4700 JENKS LAKE ROAD, EAST					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED	
· · · · · · · · · · · · · · · · · · ·	5-3897543	501(C)(3)	0.	43,112.	PRICE	EQUIPMENT	PATIENTS	
,				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &	
CAMP FREEDOM SOUTH TEXAS JUVENILE					ESTIMATED	MEDICAL	HEALTH CENTERS FOR	
DIABETES ASSOCIATION - 3601 WEST					WHOLESALE	, SUPPLIES,	LOW-INCOME, UNINSURED	
	5-3645389	501(C)(3)	0.	7,386.		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.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & CAPITOL CITY FAMILY HEALTH CENTER PHARMACEUTICALS DBA CARESOUTH MEDICAL & DENTAL -WHOLESALE OTHER HEALTH CENTERS FOR 3140 FLORIDA STREET - BATON ROUGE PRICE. MEDICAL LOW-INCOME, UNINSURED 28,437. PURCHASED LA 70806 72-1395500 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS CARACOLE, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 4138 HAMILTON AVENUE PRICE SUPPLIES LOW-INCOME UNINSURED CINCINNATI OH 45208 31-1210524 501(C)(3) 0 31,306. PURCHASED EOUIPMENT PATTENTS CARBON MEDICAL SERVICE ESTIMATED SUPPORT TO US CLINICS & ASSOCIATION, INCORPORATED - 331 WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS EAST HIGHWAY 123 - SUNNYSIDE, UT PRICE MEDICAL LOW-INCOME UNINSURED 84539 87-0217443 501(C)(3) 0. 21,152, PURCHASED SUPPLIES PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR CARE BEYOND THE BOULEVARD WHOLESALE 3150 FIBERGLASS ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED 355,130. PURCHASED KANSAS CITY, KS 66115 83-1122028 501(C)(3) 0 EOUIPMENT PATTENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR CARE RESOURCE ESTIMATED 3510 BISCAYNE BLVD. 2ND FLOOR WHOLESALE MEDICAL LOW-INCOME, UNINSURED SUPPLIES 59-2564198 501(C)(3) 5,847. PRICE PATIENTS MIAMI, FL 33137 0. CAREMESSAGE P.O. BOX 7307 27-3252911 501(C)(3) CHANDLER FOUNDATION GRANT SAN FRANCISCO, CA 94120 500 000 0. SUPPORT TO US CLINICS & HEALTH CENTERS FOR CARESOUTH CAROLINA, INC. ESTIMATED 201 SOUTH 5TH STREET WHOLESALE LOW-INCOME, UNINSURED 12 499 PRICE PATIENTS HARTSVILLE SC 29550 57-0664826 501(C)(3) 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & CARIDAD CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 8645 W. BOYNTON BEACH BLVD. PRICE. MEDICAL LOW-INCOME, UNINSURED BOYNTON BEACH, FL 33472 65-0149423 501(C)(3) 0. 88 737, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CARING COMMUNITY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1 DEWITT STREET PRICE LOW-INCOME, UNINSURED SUPPLIES. JACKSONVILLE, NC 28540 56-1705813 501(C)(3) 0. 71 450 PURCHASED EOUIPMENT PATIENTS

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GADLOG ALDIGU UNTURDATEV							
CARLOS ALBIZU UNIVERSITY							
151 ST. TANCA ESQ. SAN FRANCISCO	66 0024410	E01/G\/3\	220 575	0			ADDITE DE MODILE HEALEN
SAN JUAN, PR 00912	66-0234412	501(0)(3)	330,575.	0.			ABBVIE PR MOBILE HEALTH
CAROLINA FAMILY HEALTH CENTERS					E (E T 1/2 E E E		SUPPORT TO US CLINICS &
WILSON COMMUNITY HEALTH CENTER -					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
303 EAST GREEN STREET - WILSON, NC	50 0050010	F04 (7) (2)		540 540	WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
27893	58-2079819	501(C)(3)	0.	640,548.	PRICE	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
CASA EL BUEN SAMARITANO					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
14060 DUBLIN STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
HOUSTON, TX 77085	37-1546805	501(C)(3)	0.	10,550.	PRICE	SUPPLIES	PATIENTS
CASA, INC.							
8151 15TH AVE							
HYATTSVILLE, MD 20783	52-1372972	501(C)(3)	400,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CATAHOULA PARISH HOSPITAL DISTRICT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
NO. 2 - 307 CHISUM STREET - SICILY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ISLAND, LA 71368	72-0838896	501(C)(3)	0.	27,222.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CATHERINE'S HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1211 LAFAYETTE AVE NE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)	0.	426,821.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CATHOLIC CHARITIES					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
609 E. HALEY STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93103	95-1690973	501(C)(3)	0.	26,692.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CBV MANAGEMENT INC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CARRETERA 159 KM 13.9					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COROZAL, PR 00783	66-0864150	501(C)(3)	0.	7,504.	PURCHASED	EQUIPMENT	PATIENTS
·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CCI HEALTH SERVICES					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
8665 GEORGIA AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SILVER SPRING, MD 20910	52-0988386	501(C)(3)	0.	404 612	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & CENLA MEDICATION ACCESS PROGRAM WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PRICE. MEDICAL LOW-INCOME, UNINSURED CMAP - 1101 4TH STREET, SUITE 203 572,170, PURCHASED - ALEXANDRIA, LA 71301 02-0751416 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS CENTER FOR BLACK WOMEN'S WELLNESS WHOLESALE MEDICAL HEALTH CENTERS FOR 477 WINDSOR ST SW STE 309 PRICE SUPPLIES LOW-INCOME UNINSURED ATLANTA, GA 30312 58-2212203 501(C)(3) 0 35,696, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & CENTER FOR HEALING & HOPE WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 400 W LINCOLN AVE. PRICE MEDICAL LOW-INCOME UNINSURED GOSHEN, IN 46526 02-0560511 501(C)(3) 0 1,400,234, PURCHASED SUPPLIES PATIENTS CENTERPLACE HEALTH 1750 17TH STREET SARASOTA, FL 34237 20-2779327 501(C)(3) 100,000 0 HURRICANE TAN SUPPORT TO US CLINICS & CENTERPLACE HEALTH ESTIMATED HEALTH CENTERS FOR WHOLESALE 1750 17TH STREET PHARMACEUTICALS LOW-INCOME, UNINSURED 20-2779327 501(C)(3) 21,639, PRICE OTHER PATIENTS SARASOTA, FL 34237 0. CENTRAL FLORIDA FAMILY HEALTH SUPPORT TO US CLINICS & CENTER - TRUE HEALTH - 4930 EAST ESTIMATED HEALTH CENTERS FOR LAKE MARY BLVD. - SANFORD, FL WHOLESALE LOW-INCOME, UNINSURED 59-1741286 501(C)(3) 8 010 PRICE OTHER PATTENTS 32771 0. CENTRAL FLORIDA FAMILY HEALTH CTR 4930 EAST LAKE MARY BLVD SANFORD FL 32771 59-1741286 501(C)(3) 100 000 0. HURRICANE IAN SUPPORT TO US CLINICS & CENTRAL FLORIDA HEALTH CARE ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE 47 5TH STREET NW MEDICAL LOW-INCOME, UNINSURED WINTER HAVEN, FL 33881 59-1404594 501(C)(3) 0. 148 028 PRICE SUPPLIES PATTENTS CENTRAL FLORIDA HEALTH CARE INC 47 5TH STREET NW WINTER HAVEN, FL 33805 59-1404594 501(C)(3) 100 000 0. HURRICANE IAN

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS CENTRAL LOUISIANA AIDS SUPPORT WHOLESALE MEDICAL HEALTH CENTERS FOR SERVICES - 1785 JACKSON STREET -PRICE SUPPLIES. LOW-INCOME, UNINSURED 172,526, PURCHASED ALEXANDRIA, LA 71301 72-1097079 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & CENTRAL MISSOURI DIABETIC PHARMACEUTICALS CHILDREN'S CAMP HICKORY HILL -ESTIMATED MEDICAL HEALTH CENTERS FOR 1406 COUNTRYSHIRE DRR - COLUMBIA WHOLESALE SUPPLIES LOW-INCOME UNINSURED MO 65202 43-0983917 501(C)(3) 0 11,284, PRICE EOUTPMENT PATTENTS 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. 366,061. PURCHASED EOUIPMENT PATTENTS CENTRAL OHIO DIABETES ASSOCIATION PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR LIFECARE ALLIANCE CAMP HAMWI -ESTIMATED 1100 DENNISON AVE - COLUMBUS OH WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 14,054. PRICE 43201 31-6054100 501(C)(3) 0 EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CENTRE VOLUNTEERS IN MEDICINE WHOLESALE MEDICAL HEALTH CENTERS FOR 2026 SANDY DRIVE PRICE SUPPLIES LOW-INCOME UNINSURED 25-1897969 501(C)(3) STATE COLLEGE, PA 16803 160,386, PURCHASED EOUIPMENT PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CENTRO DE SALUD DE LARES, INC WHOLESALE OTHER HEALTH CENTERS FOR AVENTDA LOS PATRIOTAS CARR #111 KM PRICE MEDICAL LOW-INCOME, UNINSURED LARES PR 00669 66-0426506 501(C)(3) 54 425 PURCHASED SUPPLIES PATTENTS 0. CENTRO DE SERVICIOS PRIMARIOS -ABBVIE PR MOBILE HEALTH PATILLAS - PO BOX 697 - PATILLAS ABBVIE PR MEDICALLY FRAGILE POPULATIONS PR 00723 66-0430826 501(C)(3) 100 000 0. CENTRO DE SERVICIOS PRIMARIOS DE PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED HEALTH CENTERS FOR SALUD DE PATILLAS, INC. - 99 CALLE OTHER GUILLERMO RIEFKOHL STREET -WHOLESALE MEDICAL LOW-INCOME, UNINSURED 37,039. PRICE PATILLAS, PR 00723 66-0430826 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & CENTRO MEDICO COMMUNITY CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1303 W SIXTH STREET PRICE MEDICAL LOW-INCOME, UNINSURED CORONA, CA 92882 33-0986880 501(C)(3) 0. 25 040 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	ırt 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 &
CENTRO SAN VICENTE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
8061 ALAMEDA AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
EL PASO, TX 79915	74-2505561	501(C)(3)	0.	754,490.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
CHANGE THE OUTCOME					ESTIMATED		HEALTH CENTERS FOR
6666 MULBERRY CIRCLE E					WHOLESALE		LOW-INCOME, UNINSURED
CHANHASSEN, MN 55317	82-3590320	501(C)(3)	0.	12,500.	PRICE	PHARMACEUTICALS	PATIENTS
CHANGING WOMAN INITIATIVE							
4133 MONTGOMERY BLVD NE							
ALBUQUERQUE, NM 87109	81-1078799	501(C)(3)	380,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHARIS HEALTH CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
2620 NORTH MT. JULIET RD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MT. JULIET, TN 37122	35-2298919	501(C)(3)	0.	466 563.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHARITABLE PHARMACY OF CENTRAL					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
OHIO - 200 EAST LIVINGSTON AVENUE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
- COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	1,461,499.	· ·	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.	154,134.	PURCHASED	EQUIPMENT	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CHATHAM CARES COMMUNITY PHARMACY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
127 EAST RALEIGH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SILVER CITY, NC 27344	41-2170926	501(C)(3)	0.	68,371.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CHERRY STREET SERVICES, INC					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
100 CHERRY STREET SE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
GRAND RAPIDS, MI 49503	38-2853534	501(C)(3)	0.	46,701.	PRICE	SUPPLIES	PATIENTS
CHEYENNE HEALTH AND WELLNESS				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTER DBA HEALTHWORKS - 2508 E.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
FOX FARM RD. #1B - CHEYENNE, WY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
82007	87-0718984	501(C)(3)	0.	99,169.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUEVENNE DESIMU AND WELLNESS DES							
CHEYENNE HEALTH AND WELLNESS, DBA, 2508 E. FOX FARM ROAD 1A							SUBSTANCE ABUSE DISORDER
	87-0718984	501/C\/3\	50,000.	0.			AWARDS - AMERIS
CHEYENNE, WY 82007	07-0710304	301(0/(3/	30,000.	0.			AWARDS - AMERIS
CHICAGO HISPANIC HEALTH COALITION							
UIC IMHR (MC 762) 1819 W POLK ST,	S						
CHICAGO, IL 60612	36-4193052	501(C)(3)	485,000.	0.			FUND FOR HEALTH EQUITY
enienco, il ovoiz	30 4133032	301(0)(3)	403,000.	<u> </u>	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.	43 392	PURCHASED	EQUIPMENT	PATIENTS
	00 1130001		•	10,071.		PHARMACEUTICALS	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.	5,871.		EQUIPMENT	PATIENTS
				-,			SUPPORT TO US CLINICS &
CHINOOK MIDDLE SCHOOL					ESTIMATED		HEALTH CENTERS FOR
4891 27TH AVENUE					WHOLESALE		LOW-INCOME, UNINSURED
KENNEWICK, WA 99338	91-1784850	501(C)(3)	0.	7,500.		PHARMACEUTICALS	PATIENTS
				, -	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)	0.	15,371.	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)	0.	147,084.	PRICE	SUPPLIES	PATIENTS
				,		PHARMACEUTICALS	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.	11,876.		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
KATY, TX 77494	90-0789318	501(C)(3)	0.	61,590.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTOPHER RURAL HEALTH PLANNING CORPORATION - 4241 HIGHWAY 14 WEST	25.4041002	501(3)(2)		21 504	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS , MEDICAL	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
- CHRISTOPHER, IL 62822	37-1041283	501(C)(3)	0.	31,594.	PURCHASED	SUPPLIES	PATIENTS
CINICA SIERRA VISTA ADMINISTRATION 1430 TRUXTUN AVE #400	95-2707101	501/G\/2\	220 000	0.			POWER FOR HEALTH
BAKERSFIELD, CA 93301 CIRCLE OF HOPE HEALTH CARE	95-2707101	501(C)(3)	330,000.	0.	ESTIMATED		SUPPORT TO US CLINICS &
SERVICES. DBA WELLSPRING HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
ACCESS - 918 E 2ND ST - CASPER, WY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
82601	87-1195144	501(C)(3)	0.	100,684.	PURCHASED	SUPPLIES	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
CITRUS HEALTH NETWORK, INC.					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
4175 W 20TH AVE	EO 106E7E1	E01/a)/3)	0.	E9 264	WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
HIALEAH, FL 33012-5874	59-1865751	501(C)(3)	0.	58,264.	ESTIMATED	SUPPLIES	PATIENTS
CITY OF NEW ORLEANS					WHOLESALE	PHARMACEUTICALS , OTHER,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR
1300 PERDIDO STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70112	72-6000969	CITY OF NEW ORLE	0.	137 385	PURCHASED	SUPPLIES	PATIENTS
NUM OKEEMING, EM 70112	72 0000303	CIII OI NEW ORDE	•	137,303.	I OKCINIODD	501111111111111111111111111111111111111	SUPPORT TO US CLINICS &
CITY OF PORTLAND STD CLINIC					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
39 FOREST AVENUE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
PORTLAND, ME 04101	01-6000032	CITY OF PORTLAND	0.	5,852.		SUPPLIES	PATIENTS
,				, -	ESTIMATED		SUPPORT TO US CLINICS &
CITY ON A HILL MINISTRIES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
100 PINE STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ZEELAND, MI 49464	20-3901260	501(C)(3)	0.	155,296.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLACKAMAS FREE CLINIC VOLUNTEERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
IN MEDICINE - 19600 MOLALLA AVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OREGON CITY, OR 97045	37-1621141	501(C)(3)	0.	10,090.	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	CLAIBORNE COUNTY	0.	392,873.	PURCHASED	SUPPLIES,	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t 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
							SUPPORT TO US CLINICS &
CLARKE COUNTY SCHOOL DISTRICT					ESTIMATED		HEALTH CENTERS FOR
595 PRINCE AVE					WHOLESALE		LOW-INCOME, UNINSURED
ATHENS, GA 30606	58-6010495	CLARKE COUNTY	0.	5,500.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLARKSTON COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3700 MARKET STREET, SUITE E1					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CLARKSTON, GA 30021	46-1402143	501(C)(3)	0.	108,524.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
CLARKSVILLE MONTGOMERY CO. SCHOOL					ESTIMATED		HEALTH CENTERS FOR
SYSTEM - 621 GRACEY AVENUE -					WHOLESALE		LOW-INCOME, UNINSURED
CLARKSVILLE, TN 37040	62-0714744	501(C)(3)	0.	10,750.	PRICE	PHARMACEUTICALS	PATIENTS
							SUPPORT TO US CLINICS &
CLATSOP COUNTY PUBLIC HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
820 EXCHANGE STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ASTORIA, OR 97103	93-6002287	CLATSOP COUNTY	0.	16,014.	PRICE	SUPPLIES	PATIENTS
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLEARWATER FREE CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1218 COURT STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CLEARWATER, FL 33756	59-1852871	501(C)(3)	0.	2,036,430.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLINICA COLORADO					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
8300 ALCOTT ST., SUITE 300					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WESTMINSTER, CO 80031	27-3794068	501(C)(3)	0.	1,020,034.	PURCHASED	EQUIPMENT	PATIENTS
•				, ,		PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLINICA COMUNITARIA MAMEYES					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
PR-140 KM 39.6					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
UTUADO, PR 00641	66-0812599	501(C)(3)	0.	13,848.	PRICE	SUPPLIES	PATIENTS
•				,	ESTIMATED		SUPPORT TO US CLINICS &
CLINICA DE SALUD DEL VALLE DE					WHOLESALE	OTHER, MEDICAL	HEALTH CENTERS FOR
SALINAS - 55 PLAZA CIRCLE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SALINAS, CA 93901	94-2652757	501(C)(3)	0.	45.875.	PURCHASED	EOUIPMENT	PATIENTS
		, ,	· ·	,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLINICA ESPERANZA/ HOPE CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
60 VALLEY ST STE 104					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PROVIDENCE, RI 02909	26-1714340	501(C)(3)	0.	1,304,980.	· ·	EQUIPMENT	PATIENTS
		, ,		=,,500,		_~	

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt 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 &
CLINICA MSR. OSCAR A ROMERO					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
123 S ALVARADO STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90057	95-3881333	501(C)(3)	0.	64,387.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CLINICAS DEL CAMINO REAL, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
200 SOUTH WELLS ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VENTURA, CA 93004	95-2977147	501(C)(3)	0.	14,963.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COASTAL BEND WELLNESS FOUNDATION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2882 HOLLY RD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CORPUS CHRISTI, TX 78415	74-2429518	501(C)(3)	0.	1,056,529.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
COASTAL COMMUNITY HEALTH					ESTIMATED		HEALTH CENTERS FOR
106 SHOPPERS WAY					WHOLESALE		LOW-INCOME, UNINSURED
BRUNSWICK, GA 31525	46-1859206	501(C)(3)	0.	9,058.	PRICE	PHARMACEUTICALS	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
COASTAL FAMILY HEALTH CENTER					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
1025 A DIVISION STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
BILOXI, MS 39530	64-0592416	501(C)(3)	0.	28,078.	PRICE	SUPPLIES	PATIENTS
COASTAL HEALTH & WELLNESS				•		PHARMACEUTICALS	SUPPORT TO US CLINICS &
GALVESTON COUNTY HEALTH DISTRICT -					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
9850 EMMETT F. LOWRY EXPY, SUITE -					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
TEXAS CITY, TX 77591	74-1665318	GALVESTON COUNTY	0.	255,571.	PRICE	SUPPLIES,	PATIENTS
·				•	ESTIMATED	<i>'</i>	SUPPORT TO US CLINICS &
COASTAL VOLUNTEERS IN MEDICINE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
730 LACEY ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
FORKED RIVER, NJ 08731	27-3491473	501(C)(3)	0.	31,583.	PURCHASED	SUPPLIES	PATIENTS
•				,			SUPPORT TO US CLINICS &
COBB COUNTY SCHOOL DISTRICT					ESTIMATED		HEALTH CENTERS FOR
514 GLOVER STREET					WHOLESALE		LOW-INCOME, UNINSURED
MARIETTA, GA 30060	58-6000214	COBB COUNTY	0.	28,000.	PRICE	PHARMACEUTICALS	PATIENTS
			-	,			
COLLIER HEALTH							
1454 MADISON AVE W							
IMMOKALEE, FL 34142	FO 1541055	501(C)(3)	352,146.	0.			HURRICANE IAN

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
COLLIER HEALTH SERVICES, INC DBA					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
HEALTHCARE NETWORK - 1454 MADISON					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
AVENUE - IMMOKALEE, FL 34142	59-1741277	501(C)(3)	0.	861,855.	PURCHASED	SUPPLIES,	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)	0.	425,295.	PURCHASED	EQUIPMENT	PATIENTS
COMMONSENSE CHILDBIRTH 213 S. DILLARD ST STE 340	F0 2450001	501 (2) (2)	421 000	0			
WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	431,000.	0.		D D.V.) GDVIDT G.1. G	FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMONSENSE CHILDBIRTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
SUITE 340					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
WINTER GARDEN, FL 34787	59-3479821	501(C)(3)	0.	5,782.	PURCHASED	SUPPLIES,	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.	12,842.	PURCHASED	SUPPLIES	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNIHEALTH SERVICES					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
518 DURHAM STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
BASTROP, LA 71220	82-0579411	501(C)(3)	0.	7,942.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH SERVICE AGENCY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
INC., DBA CAREVIDE - 4500 WESLEY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - GREENVILLE, TX 75401	75-1528614	501(C)(3)	0.	9,178.	PURCHASED	EQUIPMENT	PATIENTS
COMMUNITY ACTION CORPORATION OF						PHARMACEUTICALS	SUPPORT TO US CLINICS &
SOUTH TEXAS ALICE HEALTH CENTER -					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
700 FLOURNEY ROAD, SUITE 2A -					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
ALICE, TX 78332	74-1679824	501(C)(3)	0.	26,387.	PRICE	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITY CARE CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2135 NEW WALKERTOWN ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WINSTON SALEM, NC 27101	58-1403699	501(C)(3)	0.	3,351,900.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

COMMUNITY CARE CLINIC OF DARE	Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	T
COMMUNITY CARE CLINIC OF DARE 425 W HEALTH CENTER DR ANGS HEAD, NC 27959 20-2230717 SO(C)(3) 0. 623,181, ENGRIAGED ENTRANCE COMMUNITY CARE CLINIC OF HORIZABLE SUPPLIES, HARMAGEUTICALS HEALTH CENTERS FOR HORIZABLE MUPLIES, HARMAGEUTICALS HARMA	` '	(b) EIN	` '		noncash	valuation (book, FMV,		
425 W HEALTH CENTER DR ARAS HEALTH CENTER DR ARAB CENTER HEALTH CENTER DR ARAB CENTER HEALTH CENTER DR ARAB CE						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NAGS HEAD, NC 27959 20-230717 501(C)(3) 0. 623,181, PURCHASED RESTIMATED R	COMMUNITY CARE CLINIC OF DARE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SSTIMATED HARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL M	425 W HEALTH CENTER DR					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COMMUNITY CARE CLINIC OF HIGHLANDS, ACSHIERS - 52 AUNT DORA BRIVE - HIGHLANDS, CASHIERS - 52 AUNT DORA BRIVE - HIGHLANDS, NC 28741 65-1251915 501(C)(3) 0, 235,893, PURCHASED EQUIPMENT PATIENTS COMMUNITY CARE CLINIC OF ROWAN COUNTY - 3156 MOCKSVILLE AVENUE - 56-1964773 501(C)(3) 0, 300,436, PURCHASED FRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICES, SUPPLIES, LOW-INCOM	NAGS HEAD, NC 27959	20-2230717	501(C)(3)	0.	623,181.	PURCHASED	EQUIPMENT	PATIENTS
HIGHLANDS-CASHIERS - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741 65-1251915 501(C)(3) 0. 235,893. PRICE, SUPPLIES, COM-INCOME, UNINSURED DRIVE - HIGHLANDS, NC 28741 65-1251915 501(C)(3) 0. 300,436. PURCHASED FARRAMACEUTICALS SUPPORT TO US CLINICS & HOLESALE MEALTH CENTERS FOR COUNTY - 315G MOCKSVILLE AVENUE - SALISBURY, NC 28144 56-1964773 501(C)(3) 0. 300,436. PURCHASED FURCE, SUPPLIES, LOW-INCOME, UNINSURED SALISBURY, NC 28144 56-1964773 501(C)(3) 0. 300,436. PURCHASED FURCE, SUPPLIES, LOW-INCOME, UNINSURED WINDOWS PRICE, SUPPLIES, LOW-INCOME, UNINSURED SALISBURY, NC 28144 MINISTRY MINIS						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DRIVE - HIGHLANDS, NC 28741 65-1251915 501(c)(3) 0. 235,893, PURCHASED EQUIPMENT PATIENTS COMMUNITY CARE CLINIC OF ROWAN COUNTY - 3156 MOCKSVILLE AVENUE - SALISBURY, NC 28144 56-1964773 501(c)(3) 0. 300,436, PURCHASED EQUIPMENT PATIENTS COMMUNITY CARE MINISTRY 407 ASH WANDLESALE MEDICAL HEALTH CENTERS FOR WHOLESALE MEDICAL HEALTH CENTERS FOR HEAVER COUNTY PATIENTS COMMUNITY CARE MINISTRY 407 ASH WANDLESALE MEDICAL HEALTH CENTERS FOR HEAVER COUNTY PATIENTS COMMUNITY CLINIC OF SHELBYVILLE AND BOOMED COUNTY - 200 DOVER STREET, SUITE 202 - SHELBYVILLE, TAILOUT CONNECTIONS FREE CLINIC COMMUNITY CONNECTIONS FREE CLINIC COMMUNITY CONNECTIONS FREE CLINIC COMMUNITY FAMILY CLINIC CONNECTIONS COMMUNITY FAMILY CLINIC CONNECTIONS CONNECT	COMMUNITY CARE CLINIC OF					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
COMMUNITY CARE CLINIC OF ROWAN COUNTY - 3150 MOCKSVILLE AVENUE - SALISBURY, NC 28144 56-1964773 501(c)(3) 0. 300,436 PURCHASED ESTIMATED MINDIESALE MEDICAL SETIMATED SALISBURY, NC 28144 56-1964773 501(c)(3) 0. 300,436 PURCHASED ESTIMATED MINDIESALE	HIGHLANDS-CASHIERS - 52 AUNT DORA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COMMUNITY CARE CLINIC OF ROWAN COUNTY - 3150 MOCKSVILLE AVENUE - SALISBURY, NC 28144 56-1964773 501(C)(3) 0. 300,436. UNCLASED SQUIPMENT PATIENTS COMMUNITY CARE MINISTRY AND ADDRESS OF SETIMATED HARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, PRICE, PRICE, PRICE, PRICE, PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, PRIC	DRIVE - HIGHLANDS, NC 28741	65-1251915	501(C)(3)	0.	235,893.	PURCHASED	EQUIPMENT	PATIENTS
COUNTY - 315G MOCKSVILLE AVENUE - 56-1964773 501(C)(3) 0. 300,436 PURCHASED EQUIPMENT PATIENTS COMMUNITY CARE MINISTRY 407 ASH WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE WHOLESALE PRICE, SUPPLIES						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
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249 MILL STREET PRICE, SUPPLIES, LOW-INCOME, UNINSURED	COMMUNITY FREE CLINIC							
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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS COMMUNITY HEALTH & EMERGENCY WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE SUPPLIES. LOW-INCOME, UNINSURED SERVICES, INC - 13245 KESSLER RD 723 501. PURCHASED CAIRO, IL 62914 37-1100482 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS 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 6,188, PURCHASED EOUIPMENT PATTENTS COMMUNITY HEALTH AND SOCIAL ESTIMATED SUPPORT TO US CLINICS & SERVICES CENTER - CHASS - 5635 WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS WEST FORT STREET - DETROIT MI PRICE MEDICAL LOW-INCOME UNINSURED 48209 38-3094394 501(C)(3) 0. 46,336. PURCHASED SUPPLIES PATIENTS COMMUNITY HEALTH ASSN. OF SPOKANE SUPPORT TO US CLINICS & HEALTH CENTERS FOR CHAS ADMINISTRATION OFFICE - 611 N ESTIMATED PHARMACEUTICALS IRON BRIDGE WAY - SPOKANE WA WHOLESALE MEDICAL LOW-INCOME, UNINSURED 30,856. PRICE 99202 91-1641797 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & COMMUNITY HEALTH CARE CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 900 N FRANKLIN AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED 37-1316328 501(C)(3) 114,730, PURCHASED SUPPLIES PATIENTS NORMAL, IL 61761 0. PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH CARE SYSTEMS ESTIMATED OTHER HEALTH CENTERS FOR 116 SMITH STREET WHOLESALE MEDICAL LOW-INCOME, UNINSURED TENNILLE GA 31089 58-2001101 501(C)(3) 167,806. PRICE SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR COMMUNITY HEALTH CARE INC. PHARMACEUTICALS 1510 EAST RUSHOLME STREET PRICE MEDICAL LOW-INCOME, UNINSURED 8 557 PURCHASED PATIENTS DAVENPORT IA 52803 42-1060724 501(C)(3) 0. SUPPLIES ESTIMATED SUPPORT TO US CLINICS & COMMUNITY HEALTH CENTER OF CENTRAL WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR WYOMING - 5000 BLACKMORE RD -PRICE. MEDICAL LOW-INCOME, UNINSURED CASPER WY 82609 83-0326307 501(C)(3) 0. 10 467 PURCHASED SUPPLIES PATTENTS SUPPORT TO US CLINICS & COMMUNITY HEALTH CENTER OF ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE MEDICAL LOW-INCOME, UNINSURED RICHMOND - 235 PORT RICHMOND AVENUE - STATEN ISLAND, NY 10302 51-0567466 501(C)(3) 0. 7 681 PRICE SUPPLIES PATIENTS

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & COMMUNITY HEALTH CENTER OF ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR SOUTHEAST KANSAS - 3011 N. WHOLESALE MEDICAL LOW-INCOME, UNINSURED 415,561. PRICE MICHIGAN - PITTSBURG, KS 66762 75-3002264 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS COMMUNITY HEALTH CENTER OF WEST WHOLESALE OTHER HEALTH CENTERS FOR PALM BEACH - 5205 GREENWOOD AVENUE PRICE MEDICAL LOW-INCOME UNINSURED - WEST PALM BEACH, FL 33407 26-3611337 501(C)(3) 0 465,426. PURCHASED SUPPLIES PATTENTS COMMUNITY HEALTH CENTERS OF SUPPORT TO US CLINICS & PINELLAS AT JRC - EVARA HEALTH -OTHER, MEDICAL HEALTH CENTERS FOR ESTIMATED 1344 22ND ST. SOUTH - ST. WHOLESALE SUPPLIES LOW-INCOME UNINSURED PETERSBURG, FL 33712 59-2097521 501(C)(3) 0. 29,322, PRICE EOUIPMENT PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR COMMUNITY HEALTH CENTERS OF SOUTH WHOLESALE OTHER CENTRAL TEXAS - 1918 CHURCH STREET PRICE MEDICAL LOW-INCOME, UNINSURED 137,719, PURCHASED 74-1548089 501(C)(3) 0 SUPPLIES PATTENTS - GONZALES, TX 78629 SUPPORT TO US CLINICS & HEALTH CENTERS FOR COMMUNITY HEALTH CENTERS OF THE ESTIMATED CENTRAL COAST - 150 TEJAS PLACE WHOLESALE OTHER, MEDICAL LOW-INCOME, UNINSURED 95-3253302 501(C)(3) 10,849, PRICE SUPPLIES PATIENTS NIPOMO, CA 93444 0. COMMUNITY HEALTH CENTERS, INC. ESTIMATED SUPPORT TO US CLINICS & MARY MAHONEY MEMORIAL HEALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CENTER - 12716 NE 36TH STREET -PRICE MEDICAL LOW-INCOME, UNINSURED 73-0930123 501(C)(3) 39 031, PURCHASED SUPPLIES PATTENTS OKLAHOMA CITY OK 73084 0. SUPPORT TO US CLINICS & HEALTH CENTERS FOR COMMUNITY HEALTH CLINIC ESTIMATED PHARMACEUTICALS 4510 MEDICAL CENTER DRIVE WHOLESALE MEDICAL LOW-INCOME, UNINSURED 14 198. PRICE SUPPLIES PATIENTS MCKINNEY TX 75069 20-0637782 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH CLINIC OF BUTLER WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTY - 103 BONNIE DRIVE -PRICE. SUPPLIES. LOW-INCOME, UNINSURED BUTLER PA 16002 20-4852135 501(C)(3) 0. 172 969 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY HEALTH CLINIC, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 1113 WOODLAND DRIVE PRICE LOW-INCOME, UNINSURED SUPPLIES. ELIZABETHTOWN, KY 42701 30-0042070 501(C)(3) 0. 256 200 PURCHASED EOUIPMENT 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	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMINITES THE THE CHECK CENTERS							
COMMUNITY HEALTH CTRS CENTRAL							
COAST - 2050 SOUTH BLOSSER ROAD -	05 2052200	F01/G)/2)	205 000				
SANTA MARIA, CA 93458	95-3253302	501(C)(3)	305,000.	0.	DOMEN'S MED	DIIA DWA GRUMT GAT G	POWER FOR HEALTH-CA
G018G717F77 17F3.7 F77 17F7					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH NET					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1202 STATE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ERIE, PA 16501	25-1490791	501(C)(3)	0.	37,826.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH NORTHWEST FLORIDA					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
2315 WEST JACKSON STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PENSACOLA, FL 32505	59-3105246	501(C)(3)	0.	155,736.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH OF EAST TENNESSEE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
130 INDEPENDENCE LANE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LAFOLLETTE, TN 37766	58-1470587	501(C)(3)	0.	1,983,101.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTH OF SOUTH FLORIDA					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
10300 SW 216TH STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
MIAMI, FL 33190	59-1372690	501(C)(3)	0.	28,080.	PRICE	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)	0.	9,785.	PURCHASED	EQUIPMENT	PATIENTS
				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HEALTHWORX					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1543 MCGINNIS STREET					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
ALEXANDRIA, LA 71301	72-1444312	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS
,			-	, -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY HELPING HANDS CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
34- C COURTHOUSE SQUARE					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
CLEVELAND, GA 30528	64-0950194	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS
			<u> </u>		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMMUNITY MEDICAL WELLNESS					WHOLESALE	. MEDICAL	HEALTH CENTERS FOR
1360 E. ANAHEIM STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LONG BEACH, CA 90813	45-2424322	501(C)(3)	0.	1,084,084.	,	EQUIPMENT	PATIENTS
HONG DEACH, CA 90013	47-7474277	201(0)(3)	<u> </u>	1,004,004.	LONCHASED	EXOTEMENT	LATIBATS

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DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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					ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITY MEDICINE PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
423 SALUDA STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ROCK HILL, SC 29730	57-0891008	501(C)(3)	0.	43,713.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
COMMUNITY OF HOPE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4 ATLANTIC STREET SW					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WASHINGTON, DC 20032	52-1184749	501(C)(3)	0.	105,060.	PURCHASED	SUPPLIES	PATIENTS
COMMUNITY OF HOPE HEALTH SERVICES							
4 ATLANTIC STREET, SW							
WASHINGTON, DC 20032	52-1184749	501 (C) (3)	405,000.	0.			FUND FOR HEALTH EQUITY
MIDHINGTON, BC 20032	32 1104743	501(0)(3)	403,000.	<u> </u>	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.	229 024	PURCHASED	EQUIPMENT	PATIENTS
minorioniza financi, ni socot	33 1713030	501(0)(5)		225,021.	ESTIMATED	-	SUPPORT TO US CLINICS &
COMMUNITY VOLUNTEERS IN MEDICINE					WHOLESALE	. MEDICAL	HEALTH CENTERS FOR
300 B LAWRENCE DRIVE					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
WEST CHESTER, PA 19380	23-2944553	501(C)(3)	0.	277 044	PURCHASED	EOUIPMENT	PATIENTS
MEDI CHEDIER, III 19900	23 2311333	501(0)(5)	•	2,7,011,	ESTIMATED	2011112111	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.	5,269,316.	,	SUPPLIES	PATIENTS
eniones, il oscil	30 3031733	501(0)(5)		3,203,310.	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.	11 894	PURCHASED	EQUIPMENT	PATIENTS
, 20007	1. 015/100		ļ	11,001.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
COMPASSIONATE CARE OF SHELBY					WHOLESALE	. MEDICAL	HEALTH CENTERS FOR
COUNTY - 124 N. OHIO AVE - SIDNEY,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
он 45365	20-8479583	501(C)(3)	0.	904 791.	PURCHASED	EOUIPMENT	PATIENTS
			<u> </u>	,		~	
COMUNILIFE, INC.							
462 7TH AVENUE, 3RD FLOOR							
NEW YORK, NY 10018	13-3530299	501(C)(3)	486,000.	0.			FUND FOR HEALTH EQUITY
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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (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) SUPPORT TO US CLINICS & COMUNILIFE, INC. ESTIMATED HEALTH CENTERS FOR 462 7TH AVENUE, 3RD FLOOR WHOLESALE LOW-INCOME, UNINSURED 13-3530299 501(C)(3) NEW YORK, NY 10018 0. 8,895. PRICE OTHER PATIENTS CONSEJO RENAL DE PUERTO RICO PO BOX 10542 ABBVIE PR MEDICALLY SAN JUAN, PR 00922 66-0408212 501(C)(3) 0 FRACTIE POPULATIONS 75,000 CONSUELO FOUNDATION 110 NORTH HOTEL STREET HONOLULU, HI 96817 99-0266163 501(C)(3) 450,000 0. FUND FOR HEALTH EQUITY ESTIMATED SUPPORT TO US CLINICS & WHOLESALE COOPERATIVE CHRISTIAN MINISTRIES PHARMACEUTICALS HEALTH CENTERS FOR AND CLINIC - 133 ARBOR STREET PRICE MEDICAL LOW-INCOME, UNINSURED 62-1671396 501(C)(3) 0 39,406, PURCHASED SUPPLIES PATTENTS HOT SPRINGS, AR 71901 SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH CENTERS FOR CORNELL SCOTT-HILL HEALTH ESTIMATED CORPORATION - 400-428 COLUMBUS AVE WHOLESALE MEDICAL LOW-INCOME, UNINSURED 06-0870990 501(C)(3) 46,799. PRICE SUPPLIES PATIENTS - NEW HAVEN, CT 06519 0. CORPORACION DE SERVICIOS MEDICOS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & PRIMARIOS Y PREVENCION DE HATILLO WHOLESALE OTHER HEALTH CENTERS FOR INC. - CARR. #2 KM86.6 INTERIOR PRICE MEDICAL LOW-INCOME, UNINSURED MARGINAL - HATILLO PR 00659 66-0427194 501(C)(3) 150 349 PURCHASED SUPPLIES PATTENTS 0. CORPORACION EL PUNTO EN LA MONTANA PUERTO RICO, ABBVIE PR P.O. BOX 30183 MEDICALLY FRAGILE SAN JUAN, PR 00929 66-0714669 501(C)(3) 75 000 0. POPULATIONS CORPORACION LA FONDITA DE JESUS ABBVIE PR MOBILE HEALTH PO BOX 19384 SAN JUAN, PR 00910 66-0426787 501(C)(3) 75,000. 0. HURRICANE FIONA ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CORPORACIN LA FONDITA DE JESS WHOLESALE OTHER HEALTH CENTERS FOR 704 CALLE MONSERRATE ESO. FERNNDEZ PRICE MEDICAL LOW-INCOME, UNINSURED SAN JUAN, PR 00907 66-0426787 501(C)(3) 58 526 PURCHASED SUPPLIES PATIENTS 0.

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) CORPORACION SANOS ABBVIE PR INFRASTRUCTURE PO BOX 1025 EQUIPMENT, ABBVIE PR CAGUAS, PR 00726 66-0671421 501(C)(3) 300,000 0. MOBILE HEALTH SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS WHOLESALE CORPORACION SANOS OTHER HEALTH CENTERS FOR AVE. RAFAEL CORDERO ESOUINA TROCHE PRICE MEDICAL LOW-INCOME UNINSURED CAGUAS, PR 00725 66-0671421 501(C)(3) 0 150 622. PURCHASED SUPPLIES PATTENTS 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) 291,430 0. EOUIPMENT ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR OTHER COSSMA, INC. AVE. EL JIBARO CARR. 172 KM 13.3 PRICE MEDICAL LOW-INCOME, UNINSURED 343 139 PURCHASED CIDRA, PR 00739 66-0434923 501(C)(3) SUPPLIES PATTENTS 0 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COUNTRY DOCTOR COMMUNITY HEALTH CENTERS - 2101 EAST YESLER WAY -PRICE SUPPLIES LOW-INCOME, UNINSURED 23-7100868 501(C)(3) 21,437. PURCHASED EOUIPMENT PATIENTS SEATTLE, WA 98122 0. COUNTY OF MONTEREY HEALTH PHARMACEUTICALS SUPPORT TO US CLINICS & DEPARTMENT CLINIC SERVICES - 1441 ESTIMATED MEDICAL HEALTH CENTERS FOR SHILLINGS PLACE - SALINAS, CA WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED 94-6000524 MONTEREY COUNTY 169,151. PRICE EOUIPMENT PATTENTS 93901 0. COUNTY OF SANTA CRUZ HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SERVICES AGENCY - HOMELESS PERSONS WHOLESALE HEALTH CENTERS FOR OTHER HEALTH PROJECT - 115A CORAL STREET PRICE MEDICAL LOW-INCOME, UNINSURED PATIENTS - SANTA CRUZ CA 95060 94-6000534 SANTA CRUZ COUNT 0. 99 830 PURCHASED SUPPLIES ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR COVE HOUSE FREE CLINIC 108 EAST HALSTEAD STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED 1,750,434, PURCHASED COPPERAS COVE, TX 76522 74-2764062 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COVENANT COMMUNITY CARE INC. WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE LOW-INCOME, UNINSURED 559 W GRAND BLVD SUPPLIES. DETROIT, MI 48216 38-3533998 501(C)(3) 122 629 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t II.)	
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					ESTIMATED		SUPPORT TO US CLINICS &
COWETA SAMARITAN CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
137 JACKSON STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NEWNAN, GA 30263	80-0518912	501(C)(3)	0.	108,092.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CRAVEN COUNTY HEALTH DEPARTMENT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2818 NEUSE BOULEVARD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NEW BERN, NC 28560	56-2002666	CRAVEN COUNTY	0.	7,404.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CROSSINGS CLINIC MIDTOWN					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
222 NW 12TH ST					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
OKLAHOMA CITY, OK 73103	86-1115863	501(C)(3)	0.	40,405.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CROSSINGS COMMUNITY CLINIC NORTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
PENN - 10255 N PENNSYLVANIA AVE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OKLAHOMA CITY, OK 73120	86-1115863	501(C)(3)	0.	462,769.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CROSS-OVER HEALTHCARE MINISTRY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
108 COWARDIN AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
RICHMOND, VA 23224	54-1371067	501(C)(3)	0.	227,800.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
CROSSROADS FAMILY CARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1115 US HIGHWAY 259 S					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HENDERSON, TX 75654	43-2016287	501(C)(3)	0.	83,899.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DADE COUNTY STREET RESPONSE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
4300 NW 12TH AVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MIAMI, FL 33127	47-2964710	DADE COUNTY	0.	235,942.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DAP HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1695 N. SUNRISE WAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PALM SPRINGS, CA 92262	33-0068583	501(C)(3)	0.	99,973.	PURCHASED	EQUIPMENT	PATIENTS
DARKNESS TO LIGHT							
3022 S MORGAN POINT ROAD #118							
MOUNT PLEASANT, SC 29405	57-1095108	501(C)(3)	400,000.	0.			FUND FOR HEALTH EQUITY
HOORI I HEADANI, DC 25405	37 1075100	551(5)(5)	1 400,000.	0.			FORD TOK HEADTH EQUITE

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS DARYOUSH KASHANI MARISOL RAMIREZ WHOLESALE MEDICAL HEALTH CENTERS FOR 8727 VAN NUYS BOULEVARD PRICE SUPPLIES LOW-INCOME, UNINSURED 304 536 PURCHASED PANORAMA CITY, CA 91402 27-0224623 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & DAVID RAINES COMMUNITY HEALTH ESTIMATED PHARMACEUTICALS CENTERS SHREVEPORT PHARMACY - 1625 WHOLESALE MEDICAL HEALTH CENTERS FOR DAVID RAINES ROAD - SHREVEPORT LA PRICE SUPPLIES LOW-INCOME UNINSURED 71107 58-2000630 501(C)(3) 0 83 139 PURCHASED EOUTPMENT PATTENTS DBA VIRGINIA B. ANDES VOLUNTEER ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & COMMUNITY CLINIC VOLUNTEERS IN WHOLESALE OTHER HEALTH CENTERS FOR MEDICINE ALLIANCE - 21297 OLEAN MEDICAL PRICE LOW-INCOME UNINSURED BLVD UNIT B - PORT CHARLOTTE, FL 65-0958642 501(C)(3) 0. 227 648 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR DELTA HEALTH CENTER WHOLESALE OTHER 702 MARTIN LUTHER KING PRICE MEDICAL LOW-INCOME, UNINSURED 1,912,827, PURCHASED MOUND BAYOU, MS 38762 64-0443928 501(C)(3) 0 SUPPLIES PATTENTS DELTA HEALTH CENTER INC 702 MARTIN LUTHER KING RD GENERAL LOCAL EMERGENCY MOUND BAYOU, MS 38762 64-0443928 501(C)(3) 0. PREP & RESPONSE 10,000 ESTIMATED SUPPORT TO US CLINICS & DENVER INDIAN HEALTH AND FAMILY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR SERVICES, INC. - 2880 W. HOLDEN PRICE MEDICAL LOW-INCOME, UNINSURED 32,145. PURCHASED PLACE - DENVER CO 80204 84-0724261 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR DESERT STAR INST. FOR FAMILY PLANNING - 5501 NORTH 19TH AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS - PHOENIX AZ 85015 82-1523284 501(C)(3) 0. 5 433 PURCHASED PHARMACEUTICALS SUPPORT TO US CLINICS & DIABETES ASSOCIATION OF PIERCE MEDICAL HEALTH CENTERS FOR ESTIMATED WHOLESALE COUNTY PANTHER DAY CAMP - 2423 -SUPPLIES LOW-INCOME, UNINSURED 172ND PLACE SE - BOTHELL, WA 98012 91-1192064 501(C)(3) 0. 7 169 PRICE EOUIPMENT PATTENTS SUPPORT TO US CLINICS & DIABETES CAMP OF WEST VIRGINIA ESTIMATED MEDICAL HEALTH CENTERS FOR CAMP KNO-KOMA - 735 GREEN VALLEY WHOLESALE SUPPLIES. LOW-INCOME, UNINSURED DRIVE - ST. ALBANS WV 25177 55-0738182 501(C)(3) 7 015 PRICE EOUIPMENT PATIENTS 0.

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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	rt II.)	
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						PHARMACEUTICALS	SUPPORT TO US CLINICS &
DIABETES FOUNDATION OF MISSISSIPPI					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
CAMP KANDU - 800 AVERY BLVD -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
RIDGELAND, MS 39157	23-7262987	501(C)(3)	0.	7,332.	PRICE	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	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)	0.	6,377.	PRICE	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
DIABETES SOLUTIONS OF OKLAHOMA					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
CAMP ENDRES - 3333 NW 63RD STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
- OKLAHOMA CITY, OK 73116	73-1590673	501(C)(3)	0.	7,281.	PRICE	EQUIPMENT	PATIENTS
DIRECT RELIEF FOUNDATION 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	20-5983698	501(C)(3)	7,118,809.	0.			INTERCOMPANY TRANSFER OF
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
DIVERSITY HEALTH CENTER, INC.					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
213 NORTH MCDONALD STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
LUDOWICI, GA 31316	20-5746618	501(C)(3)	0.	26,741.	PRICE	SUPPLIES	PATIENTS
DOCTORS WITHOUT WALLS-SANTA					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
BARBARA STREET MEDICINE - 220 W					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CANON PERDIDO ST SANTA BARBARA,					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CA 93101	33-1210731	501(C)(3)	0.	9,576.	PURCHASED	SUPPLIES,	PATIENTS
							SUPPORT TO US CLINICS &
DOUGLAS COUNTY SCHOOL SYSTEM					ESTIMATED		HEALTH CENTERS FOR
11490 VETERANS MEMORIAL HIGHWAY					WHOLESALE		LOW-INCOME, UNINSURED
DOUGLASVILLE, GA 30134	58-6000232	DOUGLAS COUNTY	0.	9,000.	PRICE	PHARMACEUTICALS	PATIENTS
DOWNTOWN CLINIC							
PO BOX 834							
LARAMIE, WY 82073	83-0326354	501(C)(3)	225,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DOWNTOWN CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
611 S. 2ND ST.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LARAMIE, WY 82070	83-0326354	501(C)(3)	0.	33,689.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	rage
(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.	235,844.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
DREAM CENTERS WOMEN'S CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4360 MONTEBELLO DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)	0.	78,753.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
DUFFY HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
94 MAIN STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
HYANNIS, MA 02601	04-3373741	501(C)(3)	0.	10,688.	PRICE	SUPPLIES	PATIENTS
				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &
DYF - BEARSKIN MEADOW CAMP					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
65000 TEN MILE ROAD					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
CONCORD, CA 93633	94-6003673	501(C)(3)	0.	5,624.	PRICE	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.	55 950	PURCHASED	EQUIPMENT	PATIENTS
EDUCATION, ECONOMICS,	01 00101/1						
ENVIRONMENTAL CLIMATE AND HEALTH							
ORGANIZATION - 605 ROSEMARY DRIVE							
- GULFPORT, MS 39507	47-3809502	501(C)(3)	175,000.	0.			FUND FOR HEALTH EQUITY
GODITORI, MD 39307	47 3003302	301(0)(3)	175,000.	<u> </u>	ESTIMATED		SUPPORT TO US CLINICS &
EISNER HEALTH					WHOLESALE		HEALTH CENTERS FOR
1530 SOUTH OLIVE STREET					PRICE,	PHARMACEUTICALS	
	05 1600066	E01/G\/3\		72 010	<i>'</i>		LOW-INCOME, UNINSURED
LOS ANGELES, CA 90015	95-1690966	501(C)(3)	0.	73,010.	PURCHASED	, EQUIPMENT	PATIENTS
EL GENERO DE GORAZON					ECMINAMED		SUPPORT TO US CLINICS &
EL CENTRO DE CORAZON					ESTIMATED		HEALTH CENTERS FOR
7037 CAPITOL STREET, STE. N100	EC 0440501	F01/G1/21		145 556	WHOLESALE		LOW-INCOME, UNINSURED
HOUSTON, TX 77011	76-0442781	501(C)(3)	0.	145,556.	PRICE	PHARMACEUTICALS	PATIENTS
EL CENTRO DE LA RAZA							
2524 16TH AVE S.							
SEATTLE, WA 98144	91-0899927	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
OUTTINE, MY DOITE	1 21 0033321	201(0/(3/	230,000.	<u> </u>		1	FORD FOR HEADIN EQUILI

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Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL DORADO COMMUNITY HEALTH CENTERS							
4327 GOLDEN CENTER DRIVE							SUBSTANCE ABUSE DISORDER
PLACERVILLE, CA 95667	42-1533531	501(C)(3)	50,000.	0.			AWARDS - AMERIS
I I I I I I I I I I I I I I I I I I I	42 1333331	301(0)(3)	30,000.	<u> </u>			SUPPORT TO US CLINICS &
EL DORADO COMMUNITY HEALTH CENTERS					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
4212 MISSOURI FLAT ROAD					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
PLACERVILLE, CA 95667	42-1533531	501 (C) (3)	0.	201,760.		SUPPLIES	PATIENTS
THACERVILLE, CA 93007	42 1333331	301(0/(3/	0.	201,700.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EL PROYECTO DEL BARRIO					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
8902 WOODMAN AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ARLETA, CA 91331	95-2662606	501/C\/3\	0.	480 467	PURCHASED	EQUIPMENT	PATIENTS
ARLEIA, CA 91331	95-2002000	501(C)(3)	0.	400,407.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ET DIINTO EN LA MONTAR INC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
EL PUNTO EN LA MONTAA, INC. SAN JUAN					PRICE,	MEDICAL	
	66-0714669	E01/G\/2\	0.	20 040	,	SUPPLIES.	LOW-INCOME, UNINSURED PATIENTS
SAN JUAN, PR 00929	00-0714003	501(C)(3)	0.	30,040.	PURCHASED	SUPPLIES,	SUPPORT TO US CLINICS &
END OVERDOSE					ESTIMATED		
							HEALTH CENTERS FOR
1055 E COLORADO BLVD #5006	02 0606062	E01/G)/2)		1 400 605	WHOLESALE	DUADNA GRUMTOAT G	LOW-INCOME, UNINSURED
PASADENA, CA 91101	83-0696963	501(C)(3)	0.	1,492,625.		PHARMACEUTICALS	PATIENTS
TWO AT THE ALTHUA DUADNACY					ESTIMATED	DUADNA GRUMTOAT G	SUPPORT TO US CLINICS &
ENGAGE FREE CLINIC PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
10201 N. HARRISON	E2 1001660	F01/G)/2)		16 045	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SHAWNEE, OK 74804	73-1201669	501(C)(3)	0.	16,24/.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ERIC B. CHANDLER HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
277 GEORGE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NEW BRUNSWICK, NJ 08901	22-3273811	501(C)(3)	0.	37,727.	PURCHASED	EQUIPMENT	PATIENTS
					L		SUPPORT TO US CLINICS &
ERIE FAMILY HEALTH CENTER					ESTIMATED		HEALTH CENTERS FOR
1701 W. SUPERIOR STREET					WHOLESALE		LOW-INCOME, UNINSURED
CHICAGO, IL 60622	36-3088628	501(C)(3)	0.	22,034.	PRICE	PHARMACEUTICALS	PATIENTS
ESPERANZA HEALTH							
2001 S. CALIFORNIA AVE. SUITE 100				_			
CHICAGO, IL 60608	32-0115907	POI(C)(3)	375,000.	0.			ABBVIE HEALTH EQUITY

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	ırt 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 &
ESPERANZA HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1940 S WESTERN AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CHICAGO, IL 60608	32-0115907	501(C)(3)	0.	76,477.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ETOWAH BAPTIST CHARITY PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
18901 E. ETOWAH ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NOBLE, OK 73068	73-1637078	501(C)(3)	0.	7,288.	PURCHASED	SUPPLIES	PATIENTS
ETOWAH COUNTY BOARD OF							SUPPORT TO US CLINICS &
EDUCATION/MARIE FREEMAN RN, LEAD					ESTIMATED		HEALTH CENTERS FOR
NURSE - 401 BROAD STREET -					WHOLESALE		LOW-INCOME, UNINSURED
GADSDEN, AL 35901	63-6000878	ETOWAH COUNTY	0.	6,000.	PRICE	PHARMACEUTICALS	PATIENTS
							SUPPORT TO US CLINICS &
EUGENE SCHOOL DISTRICT 4J					ESTIMATED		HEALTH CENTERS FOR
400 EAST 19TH AVENUE					WHOLESALE		LOW-INCOME, UNINSURED
EUGENE, OR 97401	93-6000566	501(C)(3)	0.	8,000.	PRICE	PHARMACEUTICALS	PATIENTS
·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EUNICE COMMUNITY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
450 MOOSA BLVD, STE. E					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EUNICE, LA 70535	27-0213992	501(C)(3)	0.	1,363,590.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
EXCELTH, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1515 POYDRAS STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70112	72-1193464	501(C)(3)	0.	904,241.	PURCHASED	SUPPLIES,	PATIENTS
EVEDA DAGEG							
EXTRA BASES							ABBVIE PR MEDICALLY
P.O. BOX 4996	66-0594469	501/C\/3\	E0 000	0.			FRAGILE POPULATIONS
AGUADILLA, PR 00605	00-0394409	501(C)(3)	50,000.	٠.	ESTIMATED		
EXTRUTEM COMMINITARY DESITAR CESSARIO					WHOLESALE	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FAIRVIEW COMMUNITY HEALTH CENTER							HEALTH CENTERS FOR
225 NATCHEZ TRACE AVENUE	61 1206050	E01/a)/3)		270 252	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BOWLING GREEN, KY 42103	61-1386859	DOT(C)(3)	0.	2/8,353.	PURCHASED	SUPPLIES	PATIENTS
DATES COMMINSTRY HEALTH					ESTIMATED	DUADNA GRUMT GAT G	SUPPORT TO US CLINICS &
FAITH COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1232 BRANSON HILLS PARKWAY	04 245705	E01/a)/2)	_	455 500	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BRANSON, MO 65616	94-3467834	DOT(G)(3)	0.	155,530.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant noncash (book, FMV, assistance appraisal, other) FAITH COMMUNITY PHARMACY INC. 601 WASHINGTON AVE. NEWPORT, KY 41071 61-1378914 501(C)(3) 115,000 0. BAXTER INNOVATION AWARDS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS FAITH FAMILY MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 326 21ST AVENUE NORTH PRICE SUPPLIES LOW-INCOME UNINSURED NASHVILLE, TN 37203 62-1816811 501(C)(3) 0 1,572,460, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & FAMILIES TOGETHER OF ORANGE COUNTY WHOLESALE MEDICAL HEALTH CENTERS FOR 661 W. 1ST ST. #G PRICE SUPPLIES LOW-INCOME UNINSURED TUSTIN, CA 92780 20-0310654 501(C)(3) 0. 27,939, PURCHASED EOUIPMENT PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR FAMILY CARE HEALTH CENTER ESTIMATED 401 HOLLY HILLS AVENUE WHOLESALE SUPPLIES LOW-INCOME, UNINSURED ST. LOUIS, MO 63111 23-7076112 501(C)(3) 0 15,637, PRICE EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & FAMILY CHRISTIAN HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 31 WEST 155TH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 36-4346917 501(C)(3) 10,739. PURCHASED EOUIPMENT PATIENTS HARVEY, IL 60473 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR FAMILY HEALTH CARE WHOLESALE MEDICAL 340 SOUTHWEST BOULEVARD PRICE SUPPLIES. LOW-INCOME, UNINSURED 262,079. PURCHASED KANSAS CITY KS 66103 48-1067752 501(C)(3) EOUIPMENT PATTENTS 0. FAMILY HEALTH CARE CENTERS OF ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GREATER LOS ANGELES BELL GARDENS WHOLESALE MEDICAL HEALTH CENTERS FOR FAMILY MEDICAL CE - 6001 E. PRICE SUPPLIES LOW-INCOME, UNINSURED WASHINGTON BLVD. - COMMERCE CA 95-1641454 501(C)(3) 24 749 PURCHASED EOUIPMENT PATIENTS 0. FAMILY HEALTH CENTER OF CLARK ESTIMATED SUPPORT TO US CLINICS & COUNTY DBA FAMILY HEALTH CENTERS WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR OF SOUTHERN INDIA - 1319 DUNCAN PRICE. MEDICAL LOW-INCOME, UNINSURED AVENUE - JEFFERSONVILLE, IN 47130 35-1842342 501(C)(3) 0. 72 248 PURCHASED SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & FAMILY HEALTH CENTERS ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE PO BOX 1340 SUPPLIES. LOW-INCOME, UNINSURED OKANOGAN, WA 98840 91-1275011 501(C)(3) 0. 5 640 PRICE EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
(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 &
FAMILY HEALTH CENTERS INC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2215 PORTLAND AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LOUISVILLE, KY 40212	61-0716483	501(C)(3)	0.	13,010.	PURCHASED	EQUIPMENT	PATIENTS
FAMILY HEALTH CENTERS OF SAN DIEGO 823 GATEWAY CENTER WAY							ADDRESS MICRONUTRIENT DEF
SAN DIEGO, CA 92102-4541	95-2833205	501(C)(3)	50,000.	0.			AWARDS BAYER
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FAMILY HEALTH CENTERS OF SOUTHWEST					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
FLORIDA - 12771 WESTLINKS DRIVE -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
FORT MYERS, FL 33913	59-1741273	501(C)(3)	0.	116,478.	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.	24,238.	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.	317,432.	PURCHASED	EQUIPMENT	PATIENTS
FAMILY HEALTHCARE 301 NP AVENUE FARGO, ND 58102	45-0430628	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
FAMILY HEALTHCARE CENTER 301 NP AVENUE	45 0420620	F01/G)/2)	200 000	0			DOLLED TOD WINLEY
FARGO, ND 58102	45-0430628	DUI(C)(3)	200,000.	0.	E CETTAL EED	D.1.1 D.1.1 G.D.1.1 G.	POWER FOR HEALTH
EAMTLY HEALTHOADE COMMEN					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FAMILY HEALTHCARE CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
301 NP AVE	45 0420600	E01/G)/2)		48.656	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FARGO, ND 58102	45-0430628	501(C)(3)	0.	47,656.	PURCHASED	EQUIPMENT	PATIENTS
FAMILY REACH FOUNDATION							
142 BERKELEY ST , 4TH FL							GENERAL LOCAL EMERGENCY
BOSTON, MA 02116	91-2192211	501(C)(3)	265,000.	0.			PREP & RESPONSE

Schedule I (Form 990)

(a) Name and address of organization or government (b) EN (c) FC section of applicable (d) Amount of cash grant (d) Amount of cash grant (saistance) (e) Amount (saistance)	Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
PAVOR UPSTATE SOURCETTED PHARMACEUTICALS EARLY CENTERS FOR WIGHERNOLD, SC 25617 20-1724061 501(C)(3) 0. 317,685, RICES SUPPLIES APTIENTS	* *	(b) EIN	` '	` '	noncash	valuation (book, FMV,		
355 WOODRUFF ROAD 20-1724061 SOI(C)(3) 0. 317,685. RICE SUPPLIES ARTIENTS								SUPPORT TO US CLINICS &
GREENVILLE, SC 29607 20-1724061 501(c)(3) 0. 317,685.PRICE SUPPLIES APTIENTS PAYETTE CARE CLINIC HOLGSALE HOLGSALE SUPPORT TO US CLINICS & HOLESALE SUPPLIES, LOW-INCOME, UNINSURED PRETENTION OF HARMACEUTICALS SUPPORT TO US CLINICS & HOLESALE SUPPLIES, LOW-INCOME, UNINSURED PRETENTS PAYETTEVILE, GA 30214 20-0314897 501(c)(3) 0. 24,799. PURCHASED SUPPLIES, LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & HEALTH CENTERS FOR UNINSURED PRETENTS PEDERAL WAY PUBLIC SCHOOLS 33330 6TH AVENUE S SUPPLIES	FAVOR UPSTATE					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
STIMATED	355 WOODRUFF ROAD					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
PAYETTE CARE CLINIC 1260 HIGHWAY 54 W	GREENVILLE, SC 29607	20-1724061	501(C)(3)	0.	317,685.	PRICE	SUPPLIES	PATIENTS
1260 HIGHWAY 54 W FAYSTEVILE, GA 30214 20-0314897 501(C)(3) 0. 24,799, FORCHASED SOUTHERT PATIENTS FEDERAL WAY PUBLIC SCHOOLS 33330 STH AVENUE S FEDERAL WAY, WA 98003 91-6001624 501(C)(3) 0. 10,000, FRICE PHARMACEUTICALS SUPPORT TO US CLINICS & HEADTH CENTERS FOR CLINIC - 116 W AVENUE G - TEMPLE, TATION SUPPORT TO US CLINICS & HEADTH CENTERS FOR CLINIC - 116 W AVENUE G - TEMPLE, TO WINSURED FEMICALLY USA INC DEA CARAFEM 1001 CONNECTICUT AVENUE NW MASHINGTON, DC 20036 46-4144274 501(C)(3) 0. 5,848. PHARMACEUTICALS SUPPORT TO US CLINICS & FERNCARE FREE CLINIC, INC. FERNCARE FREE CLI						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PAYETTEVILE, GA 30214 20-0314897 501(C)(3) 0. 24,799, PURCHASED SQUIPMENT PATIENTS FEDERAL WAY PUBLIC SCHOOLS 33330 87H AVENUE S FEDERAL WAY, WA 98003 91-6001624 501(C)(3) 0. 10,000, FRICE PHARMACEUTICALS PATIENTS FEDERAL WAY, WA 98003 91-6001624 501(C)(3) 0. 10,000, FRICE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE NOTES AND ADDRESS AND ADDRES	FAYETTE CARE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
Support To Us Clinics & Health Centers For Health Use Addition Support To Us Clinics & Health Centers For Health Use Addition Support To Us Clinics & Health Centers For Health Use Addition Support To Us Clinics & Health Centers For Health Use Addition Support To Us Clinics & Health Centers For Health Use Addition Support To Us Clinics & Health Centers For Health Use Addition Support To Us Clinics & Health Use Addition	1260 HIGHWAY 54 W					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ESTIMATED MEALTH CENTERS FOR MINISTRED M	FAYETTEVILE, GA 30214	20-0314897	501(C)(3)	0.	24,799.	PURCHASED	EQUIPMENT	PATIENTS
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FINDLEY FOUNDATION INC 6114 W. CAPITOL DRIVE WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED			, ,		- •	ESTIMATED	PHARMACEUTICALS	
6114 W. CAPITOL DRIVE PRICE, SUPPLIES, LOW-INCOME, UNINSURED	FINDLEY FOUNDATION INC							
							/	
	MILWAUKEE, WI 53216	82-3097119	501(C)(3)	0.	326 893.	· ·	EQUIPMENT	PATIENTS

Schedule I (Form 990)

(a) Name and address of organization or government (b) EN (c) EN (c) EN (d) Amount of cash grant organization	Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
PROJECT DBA FINGER LAKES COMMUNITY	` '	(b) EIN	` '		noncash	valuation (book, FMV,	,	
HEALTH - P.O BOX 423 - PENN YAN, NY 14527 16-158104 501(C)(3) 115,000. 0. BAXTER INNOVATION AWARDS STREET - PARTIST MEDICAL/DENTAL CLINIC - 1607 CHERRY STREET - VICKSBURG, MS 39181 64-0334158 501(C)(3) 0. 372,944, PURCHASED SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES	FINGER LAKES MIGRANT HEALTH CARE							
No. 15.27 16.1581104 501(C)(3) 115,000. 0.								
ESTIMATED FRAMMACRUTICALS SUPPORT TO US CLINICS & FIRST BAPTIST MEDICAL/DENTAL CLINIC & FIRCE, SUPPLIES, LOW-INCOME, UNINSURED FRICE, S	HEALTH - P.O BOX 423 - PENN YAN,							
ERIFE TEMPLIES MEDICAL/DENTAL CLINIC - 1607 CHEERY STREET - VICKSBURG, MS 39181	NY 14527	16-1581104	501(C)(3)	115,000.	0.			BAXTER INNOVATION AWARDS
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VICKSBURG, MS 39181 64-0334158 501(C)(3) 0. 372,944 PURCHASED EQUIPMENT PATIENTS	FIRST BAPTIST MEDICAL/DENTAL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
ESTIMATED	CLINIC - 1607 CHERRY STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FIRST CHOICE PRIMARY CARE 400 POPLAR STREET MACON, GA 31201 20-4391090 501(c)(3) 0. 95,074. PURCHASED SUPPLIES, PATIETTS SUPPORT TO US CLINICS & SUPPLIES, MEDICAL CLINIC - 1701 BROADWAY STREET - 45-506427 501(c)(3) 0. 208,074. PRICE FIRST RESPONSE EMERGENCY MEDICAL SERVICES - JUBA J. OSUNA ST. 785 - 5ANIENTS FIRST RESPONSE EMERGENCY MEDICAL SERVICES - JUBA J. OSUNA ST. 785 - 66-0489666 501(c)(3) 13,976. 13,976. 13,976. 10. SETIMATED PHARMACEUTICALS ABBVIE PR EMERGENCY PREP & RESPONSE EMERGENCY MEDICAL SERVICES - JUBA J. OSUNA ST. 785 - 66-0489666 501(c)(3) 13,976. 10. SETIMATED PHARMACEUTICALS SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES COW-INCOME, UNINSURED ABBVIE PR EMERGENCY PREP & RESPONSE EMERGENCY MEDICAL SERVICES - JUBA J. OSUNA ST. 785 - 66-0489666 501(c)(3) 13,976. 0. SETIMATED PHARMACEUTICALS SUPPLIES PATIENTS SUPPORT TO US CLINICS & MEDICAL WHOLESALE WHOLESALE WHOLESALE WHOLESALE PRICE SUPPLIES SUPPLIES SUPPLIES PATIENTS SUPPORT TO US CLINICS & MEDICAL SUPPLIES SUPPLIES PATIENTS SUPPLIES S	VICKSBURG, MS 39181	64-0334158	501(C)(3)	0.	372,944.	PURCHASED	EQUIPMENT	PATIENTS
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FLAGLER COUNTY FREE CLINIC 703 E. MOODY BLVD. WHOLESALE , OTHER, HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED		13 3314330		· · ·	17,701.		+	<u> </u>
703 E. MOODY BLVD. PRICE, MEDICAL LOW-INCOME, UNINSURED	FLACIER COUNTY FREE CLINIC							
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BUNNELL, FL 32110 20-5036975 501(C)(3) 0. 465,579. PURCHASED SUPPLIES, PATIENTS		20-5036975	501 (C) (3)	_	465 570	'		· ·

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
FLORIDA CAMP FOR CHILDREN AND					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
YOUTH WITH DIABETES - CMS BUILDING					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
A - GAINESVILLE, FL 32608	23-7098099	501(C)(3)	0.	16,976.	PRICE	EQUIPMENT	PATIENTS
FLORIDA COUNCIL OF PRIMARY CARE							
2340 HANSEN LANE							
TALLAHASSEE, FL 32301	59-2559163	501(C)(3)	550,000.	0.			HURRICANE IAN
FLORIDA INTERNATIONAL UNIVERSITY			,		ESTIMATED		SUPPORT TO US CLINICS &
HERBERT WERTHEIM COLLEGE OF					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
MEDICINE MOBILE HEA - 11200 SW 8TH					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
STREET AHC 2, 559 - MIAMI, FL	65-0177616		0.	33,339.	PURCHASED	, SUPPLIES	PATIENTS
				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &
FLOYD ROGERS DIABETIC FOUNDATION					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
CAMP FLOYD ROGERS - 7205 WEST					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
CENTER ROAD - OMAHA, NE 68124	47-0592289	501(C)(3)	0.	5,181.	PRICE	EQUIPMENT	PATIENTS
,				,			SUPPORT TO US CLINICS &
FOOTPRINT PROJECT							HEALTH CENTERS FOR
1964 RAHNCLIFF COURT #22068					PURCHASED		LOW-INCOME, UNINSURED
EAGAN, MN 55122	82-4976481	501(C)(3)	0.	579,762.	PRICE	EQUIPMENT	PATIENTS
ECOMPRIME PROTECT AR							
FOOTPRINT PROJECT AR							GENERAL LOGAL EMERGENCY
1964 RAHNCLIFF COURT #22068	82-4976481	E01/G)/3)	250,000.	0.			GENERAL LOCAL EMERGENCY
EAGAN, MN 55122	02-49/0401	501(C)(3)	250,000.	0.		PHARMACEUTICALS	PREP & RESPONSE SUPPORT TO US CLINICS &
FOREMOST FAMILY HEALTH CENTER					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
					WHOLESALE	l'	
2922-B MARTIN LUTHER KING JR. BLVD	75 2000002	E01/G)/3)		E E 4.7		SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75215	75-2098992	501(C)(3)	0.	5,547.	PRICE	EQUIPMENT	PATIENTS
FOREMOST FAMILY HEALTH CENTERS							
2922 - B MARTIN LUTHER KING BLVD	75_200000	501/C\/3\	25 000	0.			ADDOMM DECTITEMOV
DALLAS, TX 75215	75-2098992	201(C)(3)	35,000.	0.	ESTIMATED	PHARMACEUTICALS	ABBOTT RESILIENCY SUPPORT TO US CLINICS &
FORT BEND FAMILY HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
						MEDICAL	
ACCESSHEALTH - 400 AUSTIN STREET -	71_1051176	501/C\/3\	0.	Q 21 E 21	PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED PATIENTS
RICHMOND, TX 77469	74-1951476	ho1(c)(3)	<u> </u>	021,321.	PURCHASED	bollites'	LUITUNIO

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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						PHARMACEUTICALS	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.	39,221.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FOUNDCARE, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
2330 S CONGRESS AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
WEST PALM BEACH, FL 33406	54-2083748	501(C)(3)	0.	46,224.	PURCHASED	SUPPLIES,	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.	1,760,886.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
FRANKLIN PRIMARY HEALTH CENTER					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
1303 DR. MARTIN LUTHER KING JR. AV	3				WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
MOBILE, AL 36603	63-0695975	501(C)(3)	0.	14,004.	PRICE	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FREDERIKSTED HEALTH CARE, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
516 STRAND STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ST. CROIX, VI 00840	66-0586667	501(C)(3)	0.	111,093.	PURCHASED	SUPPLIES,	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.	59,045.	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.	369,943.	PURCHASED	SUPPLIES	PATIENTS
•				,	ESTIMATED		SUPPORT TO US CLINICS &
FREE CLINIC OF ROCKINGHAM COUNTY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
315 S. MAIN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
REIDSVILLE, NC 27320	56-2003143	501(C)(3)	0.	11,568.	PURCHASED	SUPPLIES	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.	544 173.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other As	sistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDEE CLINIC OF CIMI VALLEY							
FREE CLINIC OF SIMI VALLEY 2003 ROYAL AVE							
	23-7108154	E01/G)/2)	165,000.	0.			POWER FOR HEALTH-CA
SIMI VALLEY, CA 93065	23-7108154	301(C)(3)	165,000.	0.	ESTIMATED		SUPPORT TO US CLINICS &
FREE CLINIC OF SIMI VALLEY					ESTIMATED WHOLESALE	PHARMACEUTICALS	
							HEALTH CENTERS FOR
2003 ROYAL AVE	22 7100154	E01 (a) (3)	,		PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SIMI VALLEY, CA 93065	23-7108154	501(C)(3)	0.	69,688.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
FREE CLINIC OF THE TWIN COUNTIES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
140 LARKSPUR LANE SUITE C			_		PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GALAX, VA 24333	54-1632194	501(C)(3)	0.	6,325.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
FREE CLINICS OF HENDERSON COUNTY							HEALTH CENTERS FOR
841 CASE STREET							LOW-INCOME, UNINSURED
HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	0.	287,312.		PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FREE CLINICS OF IOWA					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
P.O. BOX 12099					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DES MOINES, IA 50312	42-1428706	501(C)(3)	0.	26,872.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FREE MEDICAL CLINIC OF DARLINGTON					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
COUNTY - 203 GROVE STREET -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
DARLINGTON, SC 29532	58-2445265	501(C)(3)	0.	52,677.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
FREE MEDICAL CLINIC OF OAK RIDGE,					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC 116 EAST DIVISION ROAD -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
OAK RIDGE, TN 37830	90-0715369	501(C)(3)	0.	53,299.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FREE MEDICAL CLINIC OF THE OZARKS					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
400 SOUTH SUNSHINE STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BRANSON, MO 65616	73-1524435	501(C)(3)	0.		, PURCHASED	SUPPLIES,	PATIENTS
·				•		,	SUPPORT TO US CLINICS &
FRESNO UNIFIED SCHOOL DISTRICT -					ESTIMATED		HEALTH CENTERS FOR
					WHOLESALE		LOW-INCOME, UNINSURED
HEALTH SERVICES - 2348 MARIPOSA	I				MUOPESAPE		POM-INCOME, ONINSORED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government valuation non-cash assistance or assistance if applicable cash grant noncash (book, FMV. assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & FRIENDS IN NEED HEALTH CENTER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR INC. - 1916 BROOKSIDE DRIVE -PRICE. MEDICAL LOW-INCOME, UNINSURED 202,296, PURCHASED SUPPLIES PATIENTS KINGSPORT, TN 37660 62-1541637 501(C)(3) 0. SUPPORT TO US CLINICS & ESTIMATED FRIENDSHIP MEDICAL CLINIC, INC. WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1396 HWY 544 PRICE MEDICAL LOW-INCOME UNINSURED CONWAY, SC 29526 30-0127648 501(C)(3) 0 170,220, PURCHASED SUPPLIES PATTENTS FUNDACION ATENCION ATENCION ABBVIE PR MEDICALLY 267 SIERRA MORENA PMB 316 FRAGILE POPULATIONS SAN JUAN, PR 00926 66-0812537 501(C)(3) 85,000 0. HURRICANE FIONA FUNDACION CENTRO PEDIATRICO DE DIABETES - C/O MARIANA BENITEZ, 260 CONVENTO S - SANTURCE, PR ABBUTE PR MEDICALLY 00912 66-0597488 501(C)(3) 0 FRAGILE POPULATIONS 190,000 SUPPORT TO US CLINICS & PHARMACEUTICALS FUNDACION MANOS JUNTAS ESTIMATED MEDICAL HEALTH CENTERS FOR 1145 W INTERSTATE 240 SERVICE ROAD WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 73-1523135 501(C)(3) 73,736, PRICE EQUIPMENT PATIENTS OKLAHOMA CITY, OK 73139 0. FUNDACION STEFANO STEENBAKKERS INDUSTRIAL MINILLAS 111 CARR, 174 BAYAMON PR 00966 66-0797062 ABBUTE PR 100,000 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR G A CARMICHAEL FHC 1668 WEST PEACE STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 64 590 PURCHASED EOUIPMENT PATIENTS CANTON MS 39046 64-0580940 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR GAIN, INC 712 W 3RD STREET PRICE MEDICAL LOW-INCOME, UNINSURED LITTLE ROCK, AR 72201 71-0763418 501(C)(3) 0. 7 140 PURCHASED SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & GALES CREEK CAMP FOUNDATION ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE 6950 SW HAMPTON STREET SUPPLIES. LOW-INCOME, UNINSURED TIGARD, OR 97223 93-6010464 501(C)(3) 0. 18 973. PRICE EOUIPMENT 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.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED GARDEN OF EDEN HEALTH CENTER SUPPORT TO US CLINICS & CORPORATION - ROAD 141 KM 13.1 WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR VISTA ALEGRE, MAME - JAYUYA, PR PRICE MEDICAL LOW-INCOME, UNINSURED 10,431. PURCHASED 00664 66-0869427 501(C)(3) 0. SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED GENESIS COMMUNITY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 215 WEST 35TH STREET PRICE SUPPLIES LOW-INCOME UNINSURED GARDEN CITY, ID 83714 82-0505073 501(C)(3) 0 9,170, PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & GENESIS COMMUNITY HEALTH INC. ESTIMATED HEALTH CENTERS FOR PHARMACEUTICALS WHOLESALE 639 EAST OCEAN AVENUE MEDICAL LOW-INCOME UNINSURED 80-0374741 501(C)(3) BOYNTON BEACH, FL 33435 0. 166,845. PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR GENESIS HEALTH SERVICES, INC. WHOLESALE 707 7TH STREET W PRICE SUPPLIES LOW-INCOME, UNINSURED 65-0478868 501(C)(3) 0 24,484. PURCHASED EOUIPMENT PATTENTS PALMETTO, FL 34221 SUPPORT TO US CLINICS & HEALTH CENTERS FOR GEORGIA OVERDOSE PREVENTION ESTIMATED PHARMACEUTICALS 345 CREEKSTONE RIDGE WHOLESALE MEDICAL LOW-INCOME, UNINSURED 101,054. PRICE WOODSTOCK, GA 30188 58-2227958 501(C)(3) SUPPLIES PATIENTS 0. ESTIMATED SUPPORT TO US CLINICS & GET UP PROJECT DBA HOPE MEDICAL WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CLINIC - 8101 CAMERON ROAD PRICE MEDICAL LOW-INCOME, UNINSURED 107,484. PURCHASED 45-4931906 501(C)(3) SUPPLIES PATTENTS AUSTIN TX 78754 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR GHCAA DBA CAPNCM WOMEN'S HEALTH OTHER SERVICES - 1506 OKLAHOMA AVENUE -PRICE MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS TRENTON MO 64683 43-0828205 501(C)(3) 0. 21 934 PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR GOOD HEALTH CLINIC OTHER 91555 OVERSEAS HIGHWAY, #2 PRICE. MEDICAL LOW-INCOME, UNINSURED 137 612 PURCHASED TAVERNIER, FL 33070 04-3745805 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & GOOD NEIGHBOR COMMUNITY HEALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR CENTER - 4321 41ST AVE. -PRICE MEDICAL LOW-INCOME, UNINSURED COLUMBUS, NE 68601 13-4249732 501(C)(3) 15 778 PURCHASED SUPPLIES PATIENTS 0.

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DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) GOOD NEIGHBOR HEALTH CLINIC, INC. 70 N MAIN STREET WHITE RIVER JUNCTION, VT 05001 03-0346949 501(C)(3) 360,000 0. FUND FOR HEALTH EQUITY SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS GOOD NEIGHBOR HOUSE WHOLESALE MEDICAL HEALTH CENTERS FOR 627 EAST 1ST STREET PRICE SUPPLIES LOW-INCOME UNINSURED DAYTON, OH 45402 31-1374154 501(C)(3) 0 35,572. PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & GOOD NEWS CARE CENTER WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 7855 SW 104TH STREET PRICE MEDICAL LOW-INCOME UNINSURED MIAMI, FL 33156 59-0914210 501(C)(3) 0. 271,005, PURCHASED SUPPLIES PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR GOOD NEWS CLINICS WHOLESALE PHARMACEUTICALS 810 PINE STREET PRICE MEDICAL LOW-INCOME, UNINSURED 873 174. PURCHASED GAINESVILLE, GA 30501 58-2058853 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR GOOD NEWS HEALTH CLINIC 2716 EAST WASHINGTON STREET PRICE MEDICAL LOW-INCOME, UNINSURED INDIANAPOLIS, IN 46201 35-0999233 501(C)(3) 10 180 PURCHASED SUPPLIES PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GOOD SAMARITAN WHOLESALE MEDICAL HEALTH CENTERS FOR 175 SAMARITAN DRIVE PRICE SUPPLIES. LOW-INCOME, UNINSURED JASPER GA 30143 58-2576315 501(C)(3) 15 488 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR GOOD SAMARITAN CLINIC OTHER 3880 WATERMELON ROAD, SUITE A PRICE MEDICAL LOW-INCOME, UNINSURED PATIENTS TUSCALOOSA AL 35473 63-1199900 501(C)(3) 0. 530 948 PURCHASED SUPPLIES ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR GOOD SAMARITAN CLINIC OTHER 615 NORTH B STREET PRICE. MEDICAL LOW-INCOME, UNINSURED FORT SMITH, AR 72901 71-0863639 501(C)(3) 0. 434 394 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GOOD SAMARITAN CLINIC WHOLESALE OTHER HEALTH CENTERS FOR 4435 GULF BREEZE PARKWAY PRICE MEDICAL LOW-INCOME, UNINSURED GULF BREEZE, FL 32563 59-3690750 501(C)(3) 0. 173 168 PURCHASED SUPPLIES PATIENTS

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DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable valuation non-cash assistance or assistance cash grant noncash (book, FMV, assistance appraisal, other) GOOD SAMARITAN HEALTH CENTER INC. 1015 DONALD LEE HOLLOWELL PARKWAY N 58-2373395 501(C)(3) ATLANTA, GA 30318 380,000 0. FUND FOR HEALTH EQUITY PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED GOOD SAMARITAN HEALTH CLINIC OF WHOLESALE OTHER HEALTH CENTERS FOR PASCO - 5334 ASPEN STREET - NEW PRICE MEDICAL LOW-INCOME UNINSURED PORT RICHEY, FL 34652 59-3072334 501(C)(3) 0 201,913. PURCHASED SUPPLIES PATTENTS GOOD SAMARITAN HEALTH SERVICES PO BOX 1191 TULSA, OK 74101 73-1559561 501(C)(3) 210,000 0. FUND FOR HEALTH EQUITY ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS GOOD SAMARITAN HEALTH SERVICES HEALTH CENTERS FOR 1422 E 71ST ST SUITE B PRICE MEDICAL LOW-INCOME, UNINSURED 271,632. PURCHASED 73-1559561 501(C)(3) 0 SUPPLIES PATTENTS TULSA, OK 74136 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GOOD SAMARITAN PHARMACY WHOLESALE OTHER HEALTH CENTERS FOR MEDICAL 2502 NO. TAMIAMI TRAIL PRICE LOW-INCOME, UNINSURED 26-2295558 501(C)(3) NOKOMIS, FL 34275 90,301, PURCHASED SUPPLIES PATIENTS 0. GOOD SAMARITAN SHELTER SUPPORT TO US CLINICS & HEALTH CENTERS FOR ADMINISTRATION - 245 E. INGER ESTIMATED DRIVE, #103B - SANTA MARIA, CA WHOLESALE LOW-INCOME, UNINSURED 77-0133375 501(C)(3) 15 742. PRICE PATTENTS 93458 0. OTHER ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR GOOD SHEPHERD CLINIC 6392 MURPHY DRIVE PRICE SUPPLIES LOW-INCOME, UNINSURED 63 876 PURCHASED EOUIPMENT PATIENTS MORROW GA 30260 58-2578581 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & GOOD SHEPHERD COMMUNITY CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 20 12TH AVE. NW PRICE. MEDICAL LOW-INCOME, UNINSURED ARDMORE, OK 73401 47,532. PURCHASED 73-1509801 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & GOOD SHEPHERD FREE MEDICAL CLINIC WHOLESALE OTHER HEALTH CENTERS FOR 307 NORTH BROAD STREET PRICE MEDICAL LOW-INCOME, UNINSURED CLINTON, SC 29325 57-0996466 501(C)(3) 0. 87 909 PURCHASED SUPPLIES PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt 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
GOSHEN MEDICAL CENTER, INC.							
′							
412 SW CENTER STREET, PO BOX 187	56 1200062	E01/C\/2\	475 000	0.			POWER FOR HEALTH
FAISON, NC 28341	56-1209062	301(C)(3)	475,000.	0.	ESTIMATED		SUPPORT TO US CLINICS &
CDACE CLINIC						DHADMACEIMICAIC	HEALTH CENTERS FOR
GRACE CLINIC					WHOLESALE	PHARMACEUTICALS	
800 W CANAL DRIVE	77 0500400	E01/G)/2)		21 041	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
KENNEWICK, WA 99336	77-0592408	501(0)(3)	0.	31,041.	PURCHASED	SUPPLIES	PATIENTS
anian arawa an winna wiran					ESTIMATED		SUPPORT TO US CLINICS &
GRACE CLINIC OF YADKIN VALLEY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
948 JOHNSON RIDGE ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ELKIN, NC 28621	76-0800084	501(C)(3)	0.	9,220.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
GRACE COMMUNITY HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1019 CUMBERLAND FALLS HWY					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
CORBIN, KY 40701	26-1779437	501(C)(3)	0.	67,206.	PRICE	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.	232,850.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GRACE MEDICAL HOME					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1417 E. CONDCORD ST.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ORLANDO, FL 32803	26-1817966	501(C)(3)	0.	1,142,570.	PURCHASED	SUPPLIES,	PATIENTS
GRACE MEDICAL HOME, INC							
1417 E. CONCORD STREET							ACCESS TO MENTAL HEALTH
ORLANDO, FL 32803	26-1817966	501(C)(3)	75,000.	0.			CARE AWARDS-TEVA
OKLANDO, FL 32003	20 1017500	301(0/(3/	75,000.	٠.	ESTIMATED		SUPPORT TO US CLINICS &
GRACE OUTREACH TO HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
837 EAST WALNUT STREET	75 0105700	E01/G\/3\		00 202	PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GRAPEVINE, TX 76051	75-2195702	DU1(C)(3)	0.	82,393.	PURCHASED	SUPPLIES	PATIENTS
anium ninu at tura					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.	65,977.	PURCHASED	SUPPLIES	PATIENTS

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DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	t 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
GRANVILLE VANCE PUBLIC HEALTH					ESTIMATED		SUPPORT TO US CLINICS &
GRANVILLE COUNTY HEALTH DEPARTMENT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
- 1032 COLLEGE STREET - OXFORD, NC					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
27565	56-1060453	GRANVILLE COUNTY	0.	61,545.	PURCHASED	SUPPLIES	PATIENTS
GREATER GREENWOOD UNITED MINISTRY					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
FREE MEDICAL CLINIC - 1404					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
EDGEFIELD STREET - GREENWOOD, SC					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
29646	57-1012393	501(C)(3)	0.	60,703.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
GREATER HARTFORD HARM REDUCTION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
COALITION INC 28 GRAND ST					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
HARTFORD, CT 06106	47-4312705	501(C)(3)	0.	528,944.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
GREATER HICKORY COOPERATIVE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
COMMUNITY HEALTH CENTER - 31 1ST					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
AVENUE SE - HICKORY, NC 28602	56-0934855	501(C)(3)	0.	233,628.	PURCHASED	SUPPLIES	PATIENTS
·				,	ESTIMATED		SUPPORT TO US CLINICS &
GREATER KILLEEN FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
718 N. 2ND STREET, STE. A					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
KILLEEN, TX 76541	74-2724725	501(C)(3)	0.	1,023,332.	PURCHASED	SUPPLIES	PATIENTS
•				, ,	ESTIMATED		SUPPORT TO US CLINICS &
GREATER TEXOMA HEALTH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
900 N. ARMSTRONG					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
DENISON, TX 75020	81-0584983	501(C)(3)	0.	166 315.	PURCHASED	, SUPPLIES	PATIENTS
			-	, -			SUPPORT TO US CLINICS &
GREEN RIVER MEDICAL CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
585 W. MAIN					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
GREEN RIVER, UT 84525	87-0409346	501(C)(3)	0.	9,003.	PRICE	, SUPPLIES	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.	294 890	PURCHASED	EQUIPMENT	PATIENTS
			· ·			- x	SUPPORT TO US CLINICS &
GREENVILLE COUNTY SCHOOL DISTRICT					ESTIMATED		HEALTH CENTERS FOR
100 BLASSINGAME ROAD					WHOLESALE		LOW-INCOME, UNINSURED
GREENVILLE, SC 29605	57-6000234	GREENVILLE COUNT	0.	22,250.		PHARMACEUTICALS	· ·
GRIDAVIDDE, DC 27003	37 0000234	DIVERNATION COOM!	0.	22,230.	FILCE	L HANTHACHUI I CAHS	F111 TEM 1 D

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DIRECT RELIEF 95-1831116

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.)	ı ago
(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 &
GREENVILLE FREE MEDICAL CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
600 ARLINGTON AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
GREENVILLE, SC 29601	57-0855205	501(C)(3)	0.	1,137,777.	PURCHASED	SUPPLIES	PATIENTS
GROWING GARDENS							
3114 SE 50TH AVENUE							
PORTLAND, OR 97206	93-1213728	501(C)(3)	360,000.	0.			FUND FOR HEALTH EQUITY
					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.	451,444.	PURCHASED	SUPPLIES	PATIENTS
,				,			SUPPORT TO US CLINICS &
GUAM MEMORIAL HOSPITAL AUTHORITY					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
850 GOV. CARLOS G. CAMACHO ROAD					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
TAMUNING, GU 96913	96-0001695	GUAM	0.	107,797.	PRICE	SUPPLIES	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
GULF COAST HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
2548 MEMORIAL BLVD.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	0.	284,809.	PURCHASED	SUPPLIES,	PATIENTS
				, -		1	SUPPORT TO US CLINICS &
GWINNETT COUNTY PUBLIC SCHOOLS					ESTIMATED		HEALTH CENTERS FOR
437 OLD PEACHTREE RD NW					WHOLESALE		LOW-INCOME, UNINSURED
SUWANEE, GA 30024	58-6000254	GWINNETT COUNTY	0.	6,750.	PRICE	PHARMACEUTICALS	PATIENTS
							SUPPORT TO US CLINICS &
HALL COUNTY SCHOOL DISTRICT					ESTIMATED		HEALTH CENTERS FOR
711 GREEN STREET					WHOLESALE		LOW-INCOME, UNINSURED
GAINESVILLE, GA 30501	58-6000256	HALL COUNTY	0.	7,000.	PRICE	PHARMACEUTICALS	PATIENTS
HAMILTON COUNTY HEALTH DEPARTMENT				,			SUPPORT TO US CLINICS &
HOMELESS HEALTH CARE CENTER - 730					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
EAST 11TH STREET - CHATTANOOGA, TN					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
37403	62-6000636	HAMILTON COUNTY	0.	8,489.	PRICE	SUPPLIES	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.	19 027.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Othe	r Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
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.	523,180.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HANDS OF HOPE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1010 HOSPITAL DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STOCKBRIDGE, GA 30281	42-1591970	501(C)(3)	0.	54,354.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HANDS OF HOPE MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
320 WEST MAPLE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
YADKINVILLE, NC 27055	27-5569145	501(C)(3)	0.	1,042,472.	PURCHASED	EQUIPMENT	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.	184,950.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
HARBOR COMMUNITY CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
593 W. 6TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAN PEDRO, CA 90731	23-7103245	501(C)(3)	0.	12,181.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HARDEMAN COUNTY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
629 NUCKOLLS RD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BOLIVAR, TN 38008	58-1995646	HARDEMAN COUNTY	0.	520,232.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
HARM REDUCTION OHIO					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
935 RIVER ROAD SUITE G					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
GRANVILLE, OH 43023	82-5110907	501(C)(3)	0.	299,869.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
HARM REDUCTION SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2800 STOCKTON BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SACRAMENTO, CA 95817	68-0300656	501(C)(3)	0.	365,433.	PURCHASED	SUPPLIES	PATIENTS
HARMONY HEALTH							
1908 N. BEALE RD							
MARYSVILLE, CA 95901	57-1195947	501(C)(3)	250,000.	0.			GENERAL SUPPORT

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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	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
HARMONY HEALTH CLINIC VOLUNTEERS					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
IN MEDICINE - 201 EAST ROOSEVELT					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ROAD - LITTLE ROCK, AR 72206	20-5691313	501(C)(3)	0.	232,854.	PURCHASED	SUPPLIES	PATIENTS
HARMONY HEALTHCARE LONG ISLAND					ESTIMATED		SUPPORT TO US CLINICS &
ADMINISTRATIVE OFFICE - 1600					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
STEWART AVENUE - WESTBURY, NY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
11590	27-0216316	501(C)(3)	0.	69,691.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
HARNEY COUNTY HEALTH DEPARTMENT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
420 NORTH FAIRVIEW AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BURNS, OR 97720	93-6002296	HARNEY COUNTY	0.	189,667.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
HARRIS COUNTY PUBLIC HEALTH					ESTIMATED		HEALTH CENTERS FOR
2223 WEST LOOP SOUTH					WHOLESALE	PHARMACEUTICALS	LOW-INCOME, UNINSURED
HOUSTON, TX 77027	76-0454514	HARRIS COUNTY	0.	35,187.	PRICE	, OTHER	PATIENTS
HASKELL ALUMNI ASSOCIATION 155 INDIAN AVENUE LAWRENCE, KS 66046	83-4119242	501/C)/3)	300,000.	0.			FUND FOR HEALTH EQUITY
HAWKENCE, KS 00040	03-4119242	501(0/(3/	300,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HAWAII H.O.M.E. PROJECT					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
651 ILALO STREET					PRICE,	SUPPLIES,	
	99-0085260	E01/G\/3\	0.	100 002	PURCHASED	EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
HONOLULU, HI 96813	99-0065260	501(C)(3)	0.	109,092.	ESTIMATED	EQUIPMENT	SUPPORT TO US CLINICS &
HEAL THE CITY FREE CLINIC						PHARMACEUTICALS	
					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
609 S CAROLINA STREET	46 5604050	E01/G\/2\		240 200	PRICE,	/	LOW-INCOME, UNINSURED
AMARILLO, TX 79106	46-5694050	501(C)(3)	0.	249,398.	PURCHASED	SUPPLIES	PATIENTS
WELL THE DETERM OF THE					ESTIMATED	D D.V. GE	SUPPORT TO US CLINICS &
HEALING BRIDGE CLINC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
215 WILLOW BEND RD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PEACHTREE CITY, GA 30269	26-3555799	501(C)(3)	0.	6,343.	PURCHASED	SUPPLIES	PATIENTS
HEALING HANDS MINISTRIES							STRENGTHEN REPRODUCTIVE
8515 GREENVILLE AVENUE, SUITE N-11		E01/G\/3\	F0 000	_			
DALLAS, TX 75243	65-1259379	DOT(C)(3)	50,000.	0.			HLTH AWARD BAYER

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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	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 & WELLNESS CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1505 E. MAIN, SUITE A					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
STIGLER, OK 74462	20-0368759	501(C)(3)	0.	36,112.	PURCHASED	SUPPLIES	PATIENTS
HEALTH ACCESS FOR ALL INC. DBA					ESTIMATED		SUPPORT TO US CLINICS &
ANGELES COMMUNITY HEALTH CENTER -					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1919 W 7TH STREET - LOS ANGELES,					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CA 90057	46-2972741	501(C)(3)	0.	171,992.	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.	248,127.	PURCHASED	EQUIPMENT	PATIENTS
				-	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.	15,279.	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.	236,187.	PURCHASED	SUPPLIES,	PATIENTS
HEALTH BRIGADE 1010 N. THOMPSON STREET RICHMOND, VA 23230	54-0927792	501(C)(3)	320,000.	0.			FUND FOR 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)	0.	321,302.	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)	35,000.	0.			ABBOTT RESILIENCY
					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.	225,189.	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	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
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.	217,459.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH MINISTRIES CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
720 MEDICAL CENTER DR.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NEWTON, KS 67114	48-1091875	501(C)(3)	0.	104,009.	PURCHASED	EQUIPMENT	PATIENTS
					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
TROY, OH 45373	31-1596731	501(C)(3)	0.	417,654.	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.	25,017.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH PROMED FOUNDATION, INC.					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
AVE. BORINQUEN B.O OBRERO #2020					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
SAN JUAN, PR 00916	66-0437924	501(C)(3)	0.	139,599.	PRICE	SUPPLIES	PATIENTS
					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.	486,703.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
HEALTH SERVICES INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1845 CHERRY STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MONTGOMERY, AL 36107	63-0568762	501(C)(3)	0.	2,413,364.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HEALTH SERVICES OF NORTH TEXAS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4401 N. INTERSTATE 35E, SUITE 312					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DENTON, TX 76207	75-2252866	501(C)(3)	0.	62,226.	PURCHASED	EQUIPMENT	PATIENTS
				-			SUPPORT TO US CLINICS &
HEALTH WEST - LAVA CLINIC					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
85 SOUTH 5TH WEST					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LAVA HOT SPRINGS, ID 83246	82-0324100	501(C)(3)	0.	39,266.	PRICE	SUPPLIES	PATIENTS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(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 &	
HEALTHCARE FOR THE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
HOMELESS-HOUSTON - 1934 CAROLINE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
STREET - HOUSTON, TX 77002	76-0647934	501(C)(3)	0.	372,183.	PURCHASED	EQUIPMENT	PATIENTS	
							SUPPORT TO US CLINICS &	
HEALTHLINC, INC.					ESTIMATED		HEALTH CENTERS FOR	
2401 VALLEY DRIVE					WHOLESALE		LOW-INCOME, UNINSURED	
VALPARAISO, IN 46383	35-2147791	501(C)(3)	0.	193,448.	PRICE	PHARMACEUTICALS	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
HEALTHNET OF ROCK COUNTY, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR	
113 S FRANKLIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED	
JANESVILLE, WI 53548	39-1778804	501(C)(3)	0.	877,639.	PURCHASED	EQUIPMENT	PATIENTS	
							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.	73,499.	PRICE	SUPPLIES	PATIENTS	
					ESTIMATED		SUPPORT TO US CLINICS &	
HEALTHQUEST					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR	
415 E FRANKLIN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED	
MONROE, NC 28112	56-2117596	501(C)(3)	0.	144,182.	PURCHASED	SUPPLIES	PATIENTS	
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &	
HEALTHREACH 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.	316,878.	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.	25,823.	PURCHASED	EQUIPMENT	PATIENTS	
HEALTHY MOTHERS HEALTHY BABIES								
COAL - 245 N KUKUI STREET, SUITE								
102A - HONOLULU, HI 96817	99-0299264	501(C)(3)	425,000.	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	
STREET - HONOLULU, HI 96817	99-0299264	501(C)(3)	0.	56,005.	PURCHASED	EQUIPMENT	PATIENTS	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
							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.	25,799.	PRICE	PHARMACEUTICALS	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
HEART OF FLORIDA HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
ADMINISTRATION - 2553 E. SILVER					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
SPRINGS BLVD - OCALA, FL 34470	59-3060378	501(C)(3)	0.	29,774.	PURCHASED	SUPPLIES	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
HEART OF KANSAS FAMILY HEALTHCARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
INC - 1905 19TH STREET - GREAT					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
BEND, KS 67530	48-1165405	501(C)(3)	0.	35,692.	PURCHASED	SUPPLIES	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
HELPING HANDS CLINIC, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
810 HARPER AVE NW					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
LENOIR, NC 28645	56-2076541	501(C)(3)	0.	37,150.	PURCHASED	SUPPLIES	PATIENTS		
						PHARMACEUTICALS	SUPPORT TO US CLINICS &		
HELPING HANDS HEALTH AND WELLNESS					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR		
CENTER - 5100 KARL ROAD -					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED		
COLUMBUS, OH 43229	20-5937457	501(C)(3)	0.	25,338.	PRICE	EQUIPMENT	PATIENTS		
HEMOPHILIA FOUNDATION OF NORTHERN				,			SUPPORT TO US CLINICS &		
CALIFORNIA CAMP HEMOTION - 1155-C					ESTIMATED		HEALTH CENTERS FOR		
ARNOLD DRIVE #236 - MARTINEZ, CA					WHOLESALE		LOW-INCOME, UNINSURED		
94553	94-1638703	501(C)(3)	0.	54,515.		PHARMACEUTICALS	PATIENTS		
				, -			SUPPORT TO US CLINICS &		
HEMOPHILIA OF GEORGIA CAMP					ESTIMATED		HEALTH CENTERS FOR		
WANNAKLOT - 8607 ROBERTS DRIVE -					WHOLESALE		LOW-INCOME, UNINSURED		
SANDY SPRINGS, GA 30350	58-1175625	501(C)(3)	0.	28,006.		PHARMACEUTICALS	PATIENTS		
,							SUPPORT TO US CLINICS &		
HEMOPHILIA TREATMENT CENTER					ESTIMATED		HEALTH CENTERS FOR		
2401 TERRA CROSSING BLVD, STE 202					WHOLESALE		LOW-INCOME, UNINSURED		
LOUISVILLE, KY 40245	84-2961011	501(C)(3)	0.	24,465.		PHARMACEUTICALS	PATIENTS		
, 11 10410	01 2501011		•	24,403.					
HERITAGE UNIVERSITY									
3240 FORT ROAD									
TOPPENISH, WA 98948	91-1160585	501(C)(3)	350,000.	0.			FUND FOR HEALTH EQUITY		
1011 HILDII, MA 70740	71 1100202	501(0)(3)	1 330,000.	0.	1		FORD FOR HEADIN EQUIII		

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
HHM HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
8515 GREENVILLE AVE STE N-108					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75243	65-1259379	501(C)(3)	0.	11,141.	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.	239,442.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HILL COUNTRY HEALTH AND WELLNESS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 29632 HWY 299 EAST -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ROUND MOUNTAIN, CA 96084	94-2831597	501(C)(3)	0.	29,340.	PURCHASED	EQUIPMENT	PATIENTS
					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.	457,880.	PURCHASED	SUPPLIES	PATIENTS
				•			SUPPORT TO US CLINICS &
HILLSBORO SCHOOL DISTRICT					ESTIMATED		HEALTH CENTERS FOR
3083 NE 49TH PLACE #205					WHOLESALE		LOW-INCOME, UNINSURED
HILLSBORO, OR 97124	93-6001037	501(C)(3)	0.	12,250.	PRICE	PHARMACEUTICALS	PATIENTS
,				,	ESTIMATED		SUPPORT TO US CLINICS &
HISPANIC COMMUNITY SERVICES, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
211 VANDYNE STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
JONESBORO, AR 72401	68-0561016	501(C)(3)	0.	9,551.	PURCHASED	SUPPLIES	PATIENTS
,			-	, -			
HISPANIC COMMUNITY SERVICES, INC.)						
211 VANDYNE ST.							
JONESBORO, AR 72401	68-0561016	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HISPANIC HEALTH COALITION OF					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
GEORGI - 11175 CICERO DRIVE, SUITE					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
100 - ALPHARETTA, GA 30022	75-2995466	501(C)(3)	0.	6 609.	PURCHASED	EQUIPMENT	PATIENTS
				-,,,,,,,,	ESTIMATED	~	SUPPORT TO US CLINICS &
HIV ALLIANCE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1195 CITY VIEW					PRICE,	. MEDICAL	LOW-INCOME, UNINSURED
EUGENE, OR 97402	93-0963546	501(C)(3)	0.	514 369	PURCHASED	SUPPLIES	PATIENTS
, 01 3,102	20 0000040		٠.	311,303.			

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (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) HOGAR DEL BUEN PASTOR INC PUERTO RICO, ABBVIE PR 250 AVENIDA DE LA CONSTITUCION MEDICALLY FRAGILE SAN JUAN, PR 00901 66-0488299 105,000 0. POPULATIONS PHARMACEUTICALS SUPPORT TO US CLINICS & HOLLAND FREE HEALTH CLINIC ESTIMATED MEDICAL HEALTH CENTERS FOR 99 WEST 26TH STREET WHOLESALE SUPPLIES LOW-INCOME UNINSURED HOLLAND, MI 49423 30-0072620 501(C)(3) 0 12,832, PRICE EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & HOMELESS HEALTH CARE LOS ANGELES WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 512 E 4TH STREET PRICE MEDICAL LOW-INCOME UNINSURED LOS ANGELES, CA 90013 95-4074970 501(C)(3) 0. 78,606, PURCHASED SUPPLIES PATIENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR HOMESTEAD COMMUNITY HEALTH CENTER WHOLESALE OTHER 151 NW 11 ST. PRICE MEDICAL LOW-INCOME, UNINSURED HOMESTEAD, FL 33030 84-2514662 501(C)(3) 0 369,827, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HOPE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 203 NORTH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 56-2114681 501(C)(3) 380,699, PURCHASED EQUIPMENT PATIENTS BAYBORO, NC 28515 0. ESTIMATED SUPPORT TO US CLINICS & HOPE CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 518 HARRIET STREET PRICE MEDICAL LOW-INCOME, UNINSURED 190,417. PURCHASED YPSILANTI MI 48197 38-2469007 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR HOPE CLINIC AND CARE CENTER PHARMACEUTICALS 1814 APPLETON RD PRICE MEDICAL LOW-INCOME, UNINSURED 47-3031346 501(C)(3) PATIENTS MENASHA WI 54952 0. 909 995 PURCHASED SUPPLIES SUPPORT TO US CLINICS & HOPE CLINIC FOR WOMEN HEALTH CENTERS FOR 1602 21ST STREET LOW-INCOME, UNINSURED GRANITE CITY, IL 62040 37-1017984 0. 26 820. PHARMACEUTICALS PATTENTS ESTIMATED SUPPORT TO US CLINICS & HOPE CLINIC OF GARLAND INC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 800 S. SIXTH ST., SUITE 100 PRICE MEDICAL LOW-INCOME, UNINSURED GARLAND, TX 75040 75-2960314 501(C)(3) 0. 402 124 PURCHASED SUPPLIES PATIENTS

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & HOPE CLINIC OF MCKINNEY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 103 E. LAMAR ST. PRICE. MEDICAL LOW-INCOME, UNINSURED 24,647. PURCHASED SUPPLIES MCKINNEY, TX 75070 81-3813928 501(C)(3) 0. PATIENTS SUPPORT TO US CLINICS & ESTIMATED HOPE HEALTH CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1023 SANTBEL WAY STE C PRICE MEDICAL LOW-INCOME UNINSURED LAGRANGE, KY 40031 45-2340606 501(C)(3) 0 25,700. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HOPE MEDICAL CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 150 BEACH DRIVE PRICE SUPPLIES LOW-INCOME UNINSURED DESTIN, FL 32541 26-3811078 501(C)(3) 0. 411,216. PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR HOPELIGHT MEDICAL CLINIC WHOLESALE 1351 COLLYER STREET PRICE SUPPLIES LOW-INCOME, UNINSURED LONGMONT, CO 80501 46-4657471 501(C)(3) 0 135,518, PURCHASED EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR HORIZON HEALTH CARE, INC. ADMINISTRATION - 109 NORTH MAIN PRICE SUPPLIES LOW-INCOME, UNINSURED 46-0341255 501(C)(3) 1,885,319, PURCHASED EOUIPMENT PATIENTS STREET - HOWARD, SD 57349 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HORIZONS HEALTH COASTAL HORIZONS WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER, INC. - 613 SHIPYARD BLVD PRICE SUPPLIES LOW-INCOME, UNINSURED 439 625 PURCHASED WILMINGTON NC 28412 56-0950370 501(C)(3) EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR HOSPITAL COMUNITARIO BUEN SAMARITANO, - CARR. EST. PR-460. PRICE MEDICAL LOW-INCOME, UNINSURED 46 712 PURCHASED SUPPLIES PATIENTS KM. 0.2 - AGUADILLA, PR 00603 66-0571457 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HUMBOLDT AREA CENTER FOR HARM WHOLESALE MEDICAL HEALTH CENTERS FOR REDUCTION - 5000 VALLEY WEST BLVD PRICE. SUPPLIES. LOW-INCOME, UNINSURED - ARCATA, CA 95521 47-2822261 501(C)(3) 0. 20 958 PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & HUNTSVILLE CITY SCHOOLS ESTIMATED HEALTH CENTERS FOR WHOLESALE 714 BOB WALLACE AVENUE LOW-INCOME, UNINSURED HUNTSVILLE, AL 35801 63-6000813 501(C)(3) 0. 11 750. PRICE PHARMACEUTICALS 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), Pai	t II.)	
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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HYDE COUNTY HEALTH DEPARTMENT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1151 MAIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SWAN QUARTER, NC 27885	56-6000308	HYDE COUNTY	0.	25,872.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HYNDMAN AREA HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
104 RAILROAD STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BEDFORD, PA 15522	25-1343824	501(C)(3)	0.	113,681.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
IBN SINA FOUNDATION					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
11226 SOUTH WILCREST DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HOUSTON, TX 77099	76-0698464	501(C)(3)	0.	252,761.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ICNA RELIEF USA PROGRAMS INC DBA					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
SHIFA FREE CLINIC - 668 MARINA DR					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SUITE A-5 - CHARLESTON, SC 29492	04-3810161	501(C)(3)	0.	394,170.	PURCHASED	SUPPLIES	PATIENTS
IISAVIK COLLEGE 100 STEVENSON STREET UTQIAVIK (BARROW), AK 99723	92-0158414	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
			,				SUPPORT TO US CLINICS &
INDIAN HEALTH SERVICE- CALIFORNIA					ESTIMATED		HEALTH CENTERS FOR
AREA OFFICE - 650 CAPITOL MALL,					WHOLESALE		LOW-INCOME, UNINSURED
SUITE 7-100 - SACRAMENTO, CA 95814	30-0594373	STATE OF CALIFOR	0.	25,000.	PRICE	PHARMACEUTICALS	PATIENTS
				,			SUPPORT TO US CLINICS &
INDIANA FAMILY HEALTH COUNCIL					ESTIMATED		HEALTH CENTERS FOR
151 N DELAWARE STREET, SUITE 520					WHOLESALE		LOW-INCOME, UNINSURED
INDIANAPOLIS, IN 46204	35-1373319	501(C)(3)	0.	7,261.	PRICE	PHARMACEUTICALS	PATIENTS
				•	ESTIMATED		SUPPORT TO US CLINICS &
INDIANA HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
8003 CASTLEWAY DR					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
INDIANAPOLIS, IN 46250	31-1003977	501(C)(3)	0.	16,682.	PURCHASED	, SUPPLIES	PATIENTS
·				,		PHARMACEUTICALS	SUPPORT TO US CLINICS &
INHEALTH COMMUNITYFREE CLINIC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
109 1/2 E BLUFF ST					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
BOSCOBEL, WI 53805	33-1170597	501(C)(3)	0.	6,304.	PRICE	EQUIPMENT	PATIENTS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & INLAND BEHAVIORAL HEALTH SERVICES WHOLESALE MEDICAL HEALTH CENTERS FOR INC. - 1963 NORTH E STREET - SAN PRICE LOW-INCOME, UNINSURED SUPPLIES 60,082. PURCHASED BERNARDINO, CA 92405 95-3246624 501(C)(3) 0. EOUIPMENT PATIENTS TNSTTTUTE FOR FAMILY HEALTH 2006 MADISON AVENUE NEW YORK, NY 10035 13-3273402 501(C)(3) 450,000 0 FUND FOR HEALTH EOUITY INSTITUTO NUEVA ESCUELA INC 1101 ESO. PONCE DE LEON PASEO DIEGO ABBVIE PR MEDICALLY SAN JUAN, PR 00925 66-0725105 501(C)(3) 100,000 0. FRAGILE POPULATIONS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & INTEGRATED HEALTH CARE SYSTEMS WHOLESALE OTHER HEALTH CENTERS FOR 31 W 20TH STREET PRICE MEDICAL LOW-INCOME, UNINSURED RIVIERA BEACH, FL 33404 42-1615117 501(C)(3) 0 950,353, PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE OTHER HEALTH CENTERS FOR INTERCAMBIOS PUERTO RICO, INC. 165 CALLE DIEGO ZALDUONDO (ALTOS) PRICE MEDICAL LOW-INCOME, UNINSURED FAJARDO, PR 00738 66-0731885 501(C)(3) 11 081 PURCHASED SUPPLIES PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & INTERFAITH CLINIC WHOLESALE OTHER HEALTH CENTERS FOR 2305 CHAMPAGNOLLE RD. PRICE MEDICAL LOW-INCOME, UNINSURED EL DORADO AR 71730 71-0236863 501(C)(3) 178 873 PURCHASED SUPPLIES PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR IRONBOUND COMMUNITY HEALTH CENTER PHARMACEUTICALS INC. - 788 MOUNT PROSPECT AVENUE PRICE MEDICAL LOW-INCOME, UNINSURED PATIENTS FLOOR 2 - NEWARK NJ 07104 85-0829120 501(C)(3) 0. 168 221 PURCHASED SUPPLIES ESTIMATED SUPPORT TO US CLINICS & ISLAND HEALTH & WELLNESS CENTER WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 5000 ESTATE ENIGHED PMB 311 PRICE. MEDICAL LOW-INCOME, UNINSURED ST. JOHN, VI 00830 66-0852135 501(C)(3) 0. 31 500 PURCHASED SUPPLIES PATTENTS 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) 17 411 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS ITHACA HEALTH ALLIANCE WHOLESALE MEDICAL HEALTH CENTERS FOR 521 WEST SENECA STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 78,361. PURCHASED 90-0192978 501(C)(3) 0. EOUIPMENT PATIENTS ITHACA, NY 14850 SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS J C LEWIS HEALTH CARE CENTER WHOLESALE OTHER HEALTH CENTERS FOR 5 MALL ANNEX PRICE MEDICAL LOW-INCOME UNINSURED SAVANNAH, GA 31406 27-0380035 501(C)(3) 0 347,821, PURCHASED SUPPLIES PATTENTS ESTIMATED JACKSON FREE CLINIC FOR THE SUPPORT TO US CLINICS & HOMELESS (DBA: JACKSON FREE WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS CLINIC) - 925 MARTIN LUTHER KING PRICE MEDICAL LOW-INCOME UNINSURED JR DRIVE - JACKSON, MS 39203 64-0945749 501(C)(3) 0. 399 254 PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR JEFFERSON COMPREHENSIVE HEALTH WHOLESALE CENTER INC. - 405 MAIN STREET -PRICE SUPPLIES LOW-INCOME, UNINSURED FAYETTE, MS 39069 64-0667610 501(C)(3) 0 2,636,885, PURCHASED EOUTPMENT PATTENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR JEFFERSON COUNTY SCHOOLS ESTIMATED 2100 18TH STREET SOUTH WHOLESALE LOW-INCOME, UNINSURED BIRMINGHAM, AL 35209 63-6000945 JEFFERSON COUNTY PHARMACEUTICALS PATIENTS 0. 14,250, PRICE SUPPORT TO US CLINICS & JENNIFER SHARP ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 3354 E 51ST ST WHOLESALE MEDICAL LOW-INCOME, UNINSURED 7,810. PRICE 73-1537952 501(C)(3) SUPPLIES PATTENTS TULSA OK 74135 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR JFK GLOBAL PRAYER MINISTRY 9494 SOUTHWEST FREEWAY SUITE 450-R PRICE SUPPLIES. LOW-INCOME, UNINSURED EOUIPMENT PATIENTS HOUSTON TX 77074 47-5269630 501(C)(3) 0. 3 831 151. PURCHASED ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR JOHNSON CITY COMMUNITY HEALTH CENTER - 2151 CENTURY LANE -PRICE SUPPLIES LOW-INCOME, UNINSURED 267,265, PURCHASED JOHNSON CITY TN 37604 62-6021046 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & JWCH INSTITUTE, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 5650 JILLSON STREET PRICE LOW-INCOME, UNINSURED SUPPLIES COMMERCE, CA 90040 95-2289916 501(C)(3) 14 470 PURCHASED EOUIPMENT PATIENTS 0.

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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	rt II.)	
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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KATY TRAIL COMMUNITY HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
SEDALIA - 821 WESTWOOD DRIVE -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SEDALIA, MO 65301	43-1879853	501(C)(3)	0.	5,941.	PURCHASED	SUPPLIES,	PATIENTS
KAWERAK, INC.							
P.O. BOX 948							GENERAL LOCAL EMERGENCY
NOME, AK 99762	92-0047009	501(C)(3)	60,000.	0.			PREP & RESPONSE
10112, III 33702	32 0017003	301(0)(3)	00,000.	•••	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KC CARE HEALTH CENTER					WHOLESALE	OTHER,	HEALTH CENTERS FOR
3515 BROADWAY BLVD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
KANSAS CITY, MO 64111	43-0967292	501(C)(3)	0.	19 722	PURCHASED	SUPPLIES	PATIENTS
MINDIO CITI, NO 04111	43 0307232	301(0)(3)	•••	15,722.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KEE CHA E NAR					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
230 KLAMATH BLVD., SUITE A					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
′	47-4098140	501/C\/3\	0.	7 901	PURCHASED	EQUIPMENT	PATIENTS
KLAMATH, CA 95548	47-4030140	301(0)(3)	0.	7,801.	FORCHASED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
KEYSTONE DIABETIC KIDS CAMP CAMP					ESTIMATED	. MEDICAL	HEALTH CENTERS FOR
VICTORY - 58 CAMP VICTORY ROAD -					WHOLESALE	l'	
	23-2481065	E01/G\/2\	0.	7,674.		SUPPLIES, EQUIPMENT	LOW-INCOME, UNINSURED PATIENTS
MILLVILLE, PA 17846	23-2481065	501(C)(3)	0.	7,674.	PRICE	FOOTSWENT	PATIENTS
KIAMICHI FAMILY MEDICAL CENTER							
6026 BATTIEST PICKENS RD							GENERAL LOCAL EMERGENCY
BATTIEST, OK 74722	45-0463188	501(C)(3)	50,000.	0.			PREP & RESPONSE
					ESTIMATED		SUPPORT TO US CLINICS &
KIM HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
6209 CHAPMAN HWY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
KNOXVILLE, TN 37920	68-0604388	501(C)(3)	0.	52,518.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
KINSTON COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
324 N. QUEEN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
KINSTON, NC 28501	56-1833275	501(C)(3)	0.	342,285.	PURCHASED	SUPPLIES	PATIENTS
				-	ESTIMATED		SUPPORT TO US CLINICS &
KINTEGRA FAMILY MEDICINE - HUDSON					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
991 W. HUDSON BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GASTONIA, NC 28052	58-1958398	501(C)(3)	0.	702,562.	PURCHASED	SUPPLIES	PATIENTS

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(a) Name and address of organization or government (b) EIN (c) IRC section of organization or government (d) Amount of cash grant (e) Amount of noncash assistance (book, FMV, appraisal, other) ESTIMATED (PHARMACEUTICALS SUPPORT TO US CONTY HEALTH CLINIC 22 WHITE STREET SUITE 201 ROCKLAND, ME 04841 (01-0528885 501(C)(3) (0.381,175, PURCHASED EQUIPMENT PATIENTS	LINICS &
KNOX COUNTY HEALTH CLINIC 22 WHITE STREET SUITE 201 WHOLESALE , MEDICAL HEALTH CENTERS IN PRICE, SUPPLIES, LOW-INCOME, UNIT	FOR
22 WHITE STREET SUITE 201 PRICE, SUPPLIES, LOW-INCOME, UNIX	
	NSURED
ROCKLAND ME 04841 01-0528885 501(C)(3) 0. 381 175 PURCHASED EQUIPMENT PATTENTS	
, , , , , , , , , , , , , , , , , , , ,	
ESTIMATED PHARMACEUTICALS SUPPORT TO US C	LINICS &
KNOX COUNTY HEALTH DEPARTMENT WHOLESALE , MEDICAL HEALTH CENTERS I	FOR
140 DAMERON AVE PRICE, SUPPLIES, LOW-INCOME, UNII	NSURED
KNOXVILLE, TN 37917 62-6007979 KNOX COUNTY 0. 302,234. PURCHASED EQUIPMENT PATIENTS	
ESTIMATED SUPPORT TO US C	LINICS &
KOKUA KALIHI VALLEY COMPREHENSIVE WHOLESALE PHARMACEUTICALS HEALTH CENTERS I	FOR
FAMILY SERVICES - 2239 N. SCHOOL LOW-INCOME, UNII	NSURED
STREET - HONOLULU, HI 96819 99-0149797 501(C)(3) 0. 45,286. PURCHASED SUPPLIES PATIENTS	
KOREAN COMMUNITY SERVICES DBA KCS SUPPORT TO US C	LINICS &
HEALTH CENTER - 7212 ORANGETHORPE WHOLESALE PHARMACEUTICALS HEALTH CENTERS I	FOR
AVE. SUITE 9A - BUENA PARK, CA PRICE, MEDICAL LOW-INCOME, UNII	NSURED
90621 95-3245254 501(C)(3) 0. 807,031. PURCHASED SUPPLIES PATIENTS	
ESTIMATED PHARMACEUTICALS SUPPORT TO US C	LINICS &
KWANG HE WON HEALTH CENTER WHOLESALE , MEDICAL HEALTH CENTERS I	FOR
815 S ARDMORE AVE 1ST FLOOR PRICE, SUPPLIES, LOW-INCOME, UNIX	NSURED
LOS ANGELES, CA 90005 82-4806703 501(C)(3) 0. 33,088. PURCHASED EQUIPMENT PATIENTS	
ESTIMATED SUPPORT TO US C	LINICS &
LA CLINICA COMMUNITY PHARMACY WHOLESALE HEALTH CENTERS I	FOR
3617 SOUTH PACIFIC HWY PRICE, PHARMACEUTICALS LOW-INCOME, UNI	NSURED
MEDFORD, OR 97501 94-3096772 501(C)(3) 0. 6,139. PURCHASED , OTHER PATIENTS	
ESTIMATED SUPPORT TO US C	LINICS &
LA CLINICA CRISTIANA WHOLESALE PHARMACEUTICALS HEALTH CENTERS I	FOR
380 WILSON LAKE SHORES PRICE, MEDICAL LOW-INCOME, UNII	NSURED
MUSCLE SHOALS, AL 35661 20-1624284 501(C)(3) 0. 231,463. PURCHASED SUPPLIES PATIENTS	
LA CLINICA DEL VALLE FAMILY HEALTH	
931 CHEVY WAY	
MEDFORD, OR 97504 94-3096772 501(C)(3) 225,000. 0. FUND FOR HEALTH	EQUITY
ESTIMATED SUPPORT TO US C	LINICS &
LA COMUNIDAD HISPANA WHOLESALE PHARMACEUTICALS HEALTH CENTERS I	FOR
731 W. CYPRESS STREET PRICE, MEDICAL LOW-INCOME, UNIX	NSURED
KENNETT SQUARE, PA 19348 23-2041915 501(C)(3) 0. 100,713.PURCHASED SUPPLIES PATIENTS	

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & LACKEY CLINIC PHARMACY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1620 OLD WILLIAMSBURG ROAD PRICE MEDICAL LOW-INCOME, UNINSURED 23,774. PURCHASED SUPPLIES YORKTOWN, VA 23690 54-1850915 501(C)(3) 0. PATIENTS SUPPORT TO US CLINICS & ESTIMATED LAHAT HEALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 2152 NORTH 122ND STREET PRICE MEDICAL LOW-INCOME UNINSURED SEATTLE, WA 98133 33-1052418 501(C)(3) 0 22,854. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LAKE COUNTY FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 462 CHARDON STREET PRICE SUPPLIES LOW-INCOME UNINSURED PAINESVILLE, OH 44077 34-1081191 501(C)(3) 0. 1,356,885, PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR LAKE COUNTY TRIBAL HEALTH WHOLESALE MEDICAL 925 BEVINS CT PRICE SUPPLIES LOW-INCOME, UNINSURED 94-2847137 501(C)(3) 0 9,556. PURCHASED EOUTPMENT PATTENTS LAKEPORT, CA 95453 LAKE HEALTH DISTRICT FUND ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NORTHEAST OHIO DRUG REPOSITORY PROGRAM - 7757 AUBURN ROAD UNIT 6 PRICE LOW-INCOME, UNINSURED SUPPLIES 34-1598598 501(C)(3) 64,711. PURCHASED PATIENTS - PAINESVILLE, OH 44077 0. EOUIPMENT ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LAKE NORMAN FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 14230 HUNTERS ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED HUNTERSVILLE NC 28078 04-3723062 501(C)(3) 204 693 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR LAKELAND VOLUNTEERS IN MEDICINE PHARMACEUTICALS 600 W PEACHTREE ST PRICE MEDICAL LOW-INCOME, UNINSURED PATIENTS LAKELAND FL 33815 52-2351630 501(C)(3) 0. 104 181 PURCHASED SUPPLIES SUPPORT TO US CLINICS & LANAI COMMUNITY HEALTH CENTER PHARMACEUTICALS HEALTH CENTERS FOR ESTIMATED WHOLESALE 333 SIXTH STREET MEDICAL LOW-INCOME, UNINSURED 14,644. PRICE LANAI CITY, HI 96763 20-2509287 501(C)(3) 0. SUPPLIES PATTENTS SUPPORT TO US CLINICS & LANCASTER HEALTH CENTER ESTIMATED HEALTH CENTERS FOR WHOLESALE 304 NORTH WATER STREET LOW-INCOME, UNINSURED LANCASTER, PA 17603 23-2160896 501(C)(3) 51 115. PRICE PHARMACEUTICALS PATIENTS 0.

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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	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
LANDER FREE MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
860 S. 3RD ST.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LANDER, WY 82520	87-3205378	501(C)(3)	0.	13,441.	PURCHASED	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.	66,743.	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.	1,199,834.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LEBANON VALLEY VOLUNTEERS IN					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
MEDICINE - 711 SOUTH 8TH STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LEBANON, PA 17042	26-3915958	501(C)(3)	0.	160,101.	PURCHASED	EQUIPMENT	PATIENTS
LESTONNAC FREE CLINIC							
1215 E. CHAPMAN AVENUE							ACCESS TO MENTAL HEALTH
ORANGE, CA 92866	95-3499011	501(C)(3)	75,000.	0.			CARE AWARDS-TEVA
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LESTONNAC FREE CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1215 E. CHAPMAN AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ORANGE, CA 92866	95-3499011	501(C)(3)	0.	304,894.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LEWIS & CLARK BEHAVIORAL HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SERVICES, INC 1028 WALNUT					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - YANKTON, SD 57078	46-0309601	501(C)(3)	0.	129,593.	PURCHASED	EQUIPMENT	PATIENTS
LHRC - LOUISIANA HEALTH AND					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
REHAB/REALITY HOUSE - 2121					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
WOODDALE BLVD BATON ROUGE, LA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
70806	72-1476680	501(C)(3)	0.	12,753.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LIFECARE FAMILY HEALTH AND DENTAL					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 2725 LINCOLN ST E -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CANTON, OH 44707	34-1708901	501(C)(3)	0.	156,747.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS LIFECYCLES HEALTH SERVICES INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 433 NORTH 7TH STREET, FIRST FLOOR PRICE SUPPLIES LOW-INCOME, UNINSURED 850 381. PURCHASED CAMDEN, NJ 08102 47-5438771 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE LIFELONG MEDICAL CARE WEST PHARMACEUTICALS HEALTH CENTERS FOR BERKELEY - 2031 6TH STREET -PRICE MEDICAL LOW-INCOME UNINSURED BERKELEY, CA 94710 94-2502308 501(C)(3) 0 18 181. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LIFESPRING COMMUNITY HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR 1042 E 3RD STREET SUITE 300 PRICE SUPPLIES LOW-INCOME UNINSURED 27-3856741 501(C)(3) CHATTANOOGA, TN 37404 0. 20,789, PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR LIFESPRING, INC. WHOLESALE PHARMACEUTICALS 460 SPRING STREET PRICE MEDICAL LOW-INCOME, UNINSURED 21,915. PURCHASED JEFFERSONVILLE, IN 47130 35-1097350 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LIGHT OF THE WORLD CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 5333 N. DIXIE HWY #201 PRICE SUPPLIES LOW-INCOME, UNINSURED 65-0266070 501(C)(3) 313,307, PURCHASED EOUIPMENT PATIENTS OAKLAND PARK, FL 33334 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & LIGHTHOUSE MEDICAL MINISTRIES WHOLESALE MEDICAL HEALTH CENTERS FOR 2801 S. ROBINSON AVENUE PRICE SUPPLIES LOW-INCOME, UNINSURED 716 417. PURCHASED OKLAHOMA CITY, OK 73109 20-0503733 501(C)(3) EOUIPMENT PATTENTS 0. SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH CENTERS FOR LINCOLN COUNTY HEALTH & HUMAN ESTIMATED SERVICES - 36 SW NYE STREET -WHOLESALE MEDICAL LOW-INCOME, UNINSURED 93-6002304 LINCOLN COUNTY 54 427. PRICE SUPPLIES PATIENTS NEWPORT OR 97365 0. PHARMACEUTICALS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR LIRIOS PEDIATRICS 4201 S. CONGRESS, SUITE 202 PRICE. SUPPLIES. LOW-INCOME, UNINSURED AUSTIN, TX 78745 87-2567395 501(C)(3) 0. 34 714 PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & LITTLE HOUSE BY THE PARK WHOLESALE HEALTH CENTERS FOR 230 CALLE CESAR E CHAVEZ #234 PRICE LOW-INCOME, UNINSURED OTHER, MEDICAL SUPPLIES GUADALUPE, CA 93434 95-1644031 501(C)(3) 0. 8 301 PURCHASED 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
					ESTIMATED		SUPPORT TO US CLINICS &
LLOYD F. MOSS FREE CLINIC PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1301 SAM PERRY BLVD. STE 100					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FREDERICKSBURG, VA 22401	54-1677934	501(C)(3)	0.	1,003,784.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LONE STAR COMMUNITY HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
605 S. CONROE MEDICAL DR.					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
CONROE, TX 77304	30-0038860	501(C)(3)	0.	76,754.	PURCHASED	SUPPLIES,	PATIENTS
							SUPPORT TO US CLINICS &
LONG BEACH UNIFIED SCHOOL DISTRICT					ESTIMATED		HEALTH CENTERS FOR
2221 ARGONNE AVENUE					WHOLESALE		LOW-INCOME, UNINSURED
LONG BEACH, CA 90815	95-6001886	501(C)(3)	0.	21,000.	PRICE	PHARMACEUTICALS	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.	134,448.	PURCHASED	EQUIPMENT	PATIENTS
				-			
LOS AMIGOS DE GUADALUPE							
4545 10TH STREET							GENERAL LOCAL EMERGENCY
GUADALUPE, CA 93434	82-1325014	501(C)(3)	10,000.	0.			PREP & RESPONSE
							SUPPORT TO US CLINICS &
LOS ANGELES CHRISTIAN HEALTH					ESTIMATED		HEALTH CENTERS FOR
CENTERS - 453 S. SPRING ST LOS					WHOLESALE		LOW-INCOME, UNINSURED
ANGELES, CA 90013	95-4315734	501(C)(3)	0.	32,964.	PRICE	PHARMACEUTICALS	PATIENTS
				•			SUPPORT TO US CLINICS &
LOS ANGELES UNIFIED SCHOOL					ESTIMATED		HEALTH CENTERS FOR
DISTRICT - 121 N. BEAUDRY AVENUE -					WHOLESALE		LOW-INCOME, UNINSURED
LOS ANGELES, CA 90012	95-6001908	501(C)(3)	0.	37,500.		PHARMACEUTICALS	PATIENTS
,				, -	ESTIMATED		SUPPORT TO US CLINICS &
LOS BARRIOS UNIDOS COMMUNITY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CLINIC - 809 SINGLETON BLVD -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
DALLAS, TX 75212	75-1378664	501(C)(3)	0.	9 711.	PURCHASED	SUPPLIES	PATIENTS
			1	- ,	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

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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	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
LSS HEALTH CENTER AT FAITH MISSION					ESTIMATED		HEALTH CENTERS FOR
245 N. GRANT AVE.					WHOLESALE		LOW-INCOME, UNINSURED
COLUMBUS, OH 43215	31-4412586	501(C)(3)	0.	20,191.	PRICE	PHARMACEUTICALS	PATIENTS
							SUPPORT TO US CLINICS &
LYNN PUBLIC SCHOOLS					ESTIMATED		HEALTH CENTERS FOR
100 BENNETT STREET					WHOLESALE		LOW-INCOME, UNINSURED
LYNN, MA 01905	04-6001397	501(C)(3)	0.	7,500.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
LYON-MARTIN COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SERVICES - 1735 MISSION ST - SAN					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FRANCISCO, CA 94103	86-3008459	501(C)(3)	0.	64,330.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
MABEL WADSWORTH CENTER							HEALTH CENTERS FOR
700 MOUNT HOPE AVENUE							LOW-INCOME, UNINSURED
BANGOR, ME 04401	22-2667466	501(C)(3)	0.	18,434.		PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MACON VOLUNTEER CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
376 ROGERS AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MACON, GA 31204	74-3055376	501(C)(3)	0.	20,480.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
MADISON FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
125 N. MAIN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MADISON, VA 22727	31-1654015	501(C)(3)	0.	87,930.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MAHEC COMMUNITY PHARMACY AT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
BILTMORE - 125 HENDERSONVILLE RD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ASHEVILLE, NC 28803	56-1071426	501(C)(3)	0.	207,524.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
MALIHEH FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
941 E 3300 S					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MILLCREEK, UT 84106	20-2313461	501(C)(3)	0.	5,633.	PURCHASED	SUPPLIES	PATIENTS
•				,	ESTIMATED		SUPPORT TO US CLINICS &
MAMOU HEALTH RESOURCES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
300 SOUTH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MAMOU, LA 70554	72-0949444	501(C)(3)	0.	54,165.	PURCHASED	, SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS MANNA MEDICAL CLINIC WHOLESALE OTHER HEALTH CENTERS FOR 120 STREET A, SUITE A PRICE. MEDICAL LOW-INCOME, UNINSURED 31,222. PURCHASED PICAYUNE, MS 39466 20-1788094 501(C)(3) 0. SUPPLIES PATIENTS SUPPORT TO US CLINICS & ESTIMATED MARJORTE WILSON WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 2717 W. BANNOCK ST. SUITE 100 PRICE MEDICAL LOW-INCOME UNINSURED BOISE, ID 83702 84-2505295 501(C)(3) 0 347,786. PURCHASED SUPPLIES PATTENTS MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET 72-1079721 501(C)(3) SHREVEPORT, LA 71104 375,000 0. FUND FOR HEALTH EQUITY ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MARTIN LUTHER KING HEALTH CENTER OTHER HEALTH CENTERS FOR 865 OLIVE STREET PRICE MEDICAL LOW-INCOME, UNINSURED SHREVEPORT, LA 71104 72-1079721 501(C)(3) 0 601,742, PURCHASED SUPPLIES PATTENTS SUPPORT TO US CLINICS & PHARMACEUTICALS HEALTH CENTERS FOR MARTIN-TYRRELL-WASHINGTON DISTRICT ESTIMATED HEALTH - 198 NC HWY 45 N -WHOLESALE MEDICAL LOW-INCOME, UNINSURED 56-1066387 MARTIN/TYRRELL/W 51,292, PRICE SUPPLIES PATIENTS PLYMOUTH, NC 27962 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MASSACHUSETTS LEAGUE OF COMMUNITY WHOLESALE MEDICAL HEALTH CENTERS FOR HEALTH CENTERS - 16 BROOKS STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED - WORCESTER MA 01606 04-2507409 501(C)(3) 10 125 PURCHASED EOUIPMENT PATTENTS 0. MATAGORDA EPISCOPAL HEALTH PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR OUTREACH PROGRAM MEDICAL CLINIC -ESTIMATED OTHER 101 AVENUE F NORTH - BAY CITY, TX WHOLESALE MEDICAL LOW-INCOME, UNINSURED 26,940, PRICE PATIENTS 77414 20-0537948 501(C)(3) 0. SUPPLIES 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. 192 895 PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & MATTHEW 25, INC. WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 413 EAST JEFFERSON BLVD. PRICE MEDICAL LOW-INCOME, UNINSURED FORT WAYNE, IN 46802 35-1484951 501(C)(3) 1 315 459 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

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
					ESTIMATED		SUPPORT TO US CLINICS &
MCR HEALTH, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
101 RIVERFRONT BLVD., STE 710					PRICE,	, OTHER,	LOW-INCOME, UNINSURED
BRADENTON, FL 34205	59-1773262	501(C)(3)	0.	35,499.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MED CENTRO, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1034 HOSTOS AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PONCE, PR 00716	66-0292961	501(C)(3)	0.	200,491.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MEDICAL ASSOCIATES PLUS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2467 GOLDEN CAMP ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
AUGUSTA, GA 30906	31-1591242	501(C)(3)	0.	136,546.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MEDICAL OUTREACH MINISTRIES					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
5741 CARMICHAEL PARKWAY					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
MONTGOMERY, AL 36117	63-1204645	501(C)(3)	0.	111,150.	PURCHASED	SUPPLIES,	PATIENTS
				•		·	SUPPORT TO US CLINICS &
MEDLINK GEORGIA, INC.					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
11 CHARLIE MORRIS ROAD					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
COLBERT, GA 30628	58-1394645	501(C)(3)	0.	6,941.	PRICE	SUPPLIES	PATIENTS
MEHARRY MEDICAL COLLEGE							
1005 DR. D.B. TODD JR. BLVD.							
NASHVILLE, TN 37208	62-0488046	501(C)(3)	400,000.	0.			FUND FOR HEALTH EQUITY
,			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MEL LEAMAN FREE CLINIC OF SMYTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
COUNTY - 601 RADIO HILL ROAD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MARION, VA 24354	54-1993876	501(C)(3)	0.	7 917.	PURCHASED	EQUIPMENT	PATIENTS
				, -	ESTIMATED	1	SUPPORT TO US CLINICS &
MENDOCINO COMMUNITY HEALTH CLINIC					WHOLESALE		HEALTH CENTERS FOR
INC. HILLSIDE HEALTH CENTER - 333					PRICE,	OTHER, MEDICAL	LOW-INCOME, UNINSURED
LAWS AVENUE - UKIAH, CA 95482	68-0259045	501(C)(3)	0.	6 272	PURCHASED	SUPPLIES	PATIENTS
	10 0200010		†	· , 2 , 2 .	ESTIMATED		SUPPORT TO US CLINICS &
MENDONOMA HEALTH ALLIANCE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
39251 CA-1					PRICE,	MEDICAL	LOW-INCOME, UNINSURED

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MERCI CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1315 TATUM DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NEW BERN, NC 28560	56-2034052	501(C)(3)	0.	738,157.	PURCHASED	SUPPLIES,	PATIENTS
							SUPPORT TO US CLINICS &
MERCY & TRUTH MEDICAL MISSIONS					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
721 N 31ST STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
KANSAS CITY, KS 66102	27-1274225	501(C)(3)	0.	9,567.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MERCY CLINIC OF FORT WORTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
775 WEST BOWIE ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FORT WORTH, TX 76110	45-3841621	501(C)(3)	0.	40,383.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
MERCY HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
700 OGLETHORPE AVENUE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ATHENS, GA 30606	58-2603523	501(C)(3)	0.	44,258.	PRICE	SUPPLIES	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
MERCY HOUSING NORTHWEST					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
6930 MARTIN LUTHER KING JR. WAY S					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
SEATTLE, WA 98118	91-1546525	501(C)(3)	0.	6,329.	PRICE	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.	277,546.	PURCHASED	SUPPLIES	PATIENTS
·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MERCY MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
300 ARLINGTON DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VIDALIA, GA 30474	27-1107136	501(C)(3)	0.	9,457.	PURCHASED	EQUIPMENT	PATIENTS
METROPOLITAN COMMUNITY HEALTH				•		PHARMACEUTICALS	SUPPORT TO US CLINICS &
SERVICES DBA AGAPE HEALTH SERVICES					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
- 120 W. MARTIN LUTHER KING DRIVE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
- WASHINGTON, NC 27889	56-2143419	501(C)(3)	0.	7,649.	PRICE	EQUIPMENT	PATIENTS
·				,			SUPPORT TO US CLINICS &
METROPOLITAN NASHVILLE PUBLIC					ESTIMATED		HEALTH CENTERS FOR
SCHOOLS - 2601 BRANSFORD AVENUE -					WHOLESALE		LOW-INCOME, UNINSURED
					TITO DE DETENDE		EST INCOME, CHILDSHEE

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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	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
MIAMI BEACH COMMUNITY HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CENTER - 710 ALTON ROAD - MIAMI					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BEACH, FL 33139	59-1829984	501(C)(3)	0.	1,414,433.	PURCHASED	SUPPLIES,	PATIENTS
MIAMI RESCUE MISSION CLINIC							
2015 NW 1ST AVENUE							
MIAMI, FL 33127	45-1481860	501(C)(3)	160,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MID-DELTA HEALTH SYSTEMS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
245 MADISON STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CLARENDON, AR 72029	71-0638760	501(C)(3)	0.	43 706.	PURCHASED	EQUIPMENT	PATIENTS
	/1 0000700		· ·	20,700.	ESTIMATED		SUPPORT TO US CLINICS &
MIDTOWN HEALTH CENTER, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
302 W PHILLIP					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NORFOLK, NE 68701	47-0833378	501(C)(3)	0.	26 801	PURCHASED	SUPPLIES	PATIENTS
MIGRANT HEALTH CENTER WESTERN							SUPPORT TO US CLINICS &
REGION, INC CALLE RAMN E.							HEALTH CENTERS FOR
BETANCES #491 SUR - MAYAGEZ, PR					PURCHASED		LOW-INCOME, UNINSURED
00680	66-0427801	501(C)(3)	0.	5,231.		EQUIPMENT	PATIENTS
MIGRANT HEALTH CTR WESTERN REGION							ABBVIE PR MEDICALLY
P.O. BOX 190							FRAGILE POPULATIONS,
MAYAGUEZ, PR 00681	66-0427801	501(C)(3)	35,000.	0.			ABBOTT RESILIENCY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MILAN PUSKAR HEALTH RIGHT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
341 SPRUCE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MORGANTOWN, WV 26505	31-1118673	501(C)(3)	0.	219,158.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
MILWAUKEE HEALTH SERVICES, INC.					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
2555 N. MARTIN LUTHER KING DRIVE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
MILWAUKEE, WI 53212	39-1664109	501(C)(3)	0.	35,156.	PRICE	SUPPLIES	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.	2,438,861.	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	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 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.	149,913.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
MISSION EAST DALLAS					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
4550 GUS THOMASSON ROAD					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
MESQUITE, TX 75150	72-2935803	501(C)(3)	0.	6,243.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MISSION HOUSE FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
800 SHETTER AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JACKSONVILLE BEACH, FL 32250	59-3376704	501(C)(3)	0.	36,161.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MISSION MEDICAL CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2125 EAST LASALLE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)	0.	113,928.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MISSION OF MERCY ADMINISTRATION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
MD/PA CLINICS - 103 WEST MIDDLE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET - GETTYSBURG, PA 17325	86-0704883	501(C)(3)	0.	1,259,815.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
MOAB FREE HEALTH CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
121 W 200 S, SUITE A					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MOAB, UT 84532	26-2082745	501(C)(3)	0.	27,375.	PURCHASED	SUPPLIES	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
MOBILE COUNTY HEALTH DEPARTMENT					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
251 NORTH BAYOU STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
MOBILE, AL 36603	63-6001641	MOBILE COUNTY	0.	26,387.	PRICE	SUPPLIES,	PATIENTS
MOBILE HEALTH CLINICS ASSOCIATION							
2275 SCHUETZ ROAD							
ST LOUIS, MO 63146	27-1234557	501(C)(3)	200,000.	0.			SAFETY NET SUPPORT
					ESTIMATED		SUPPORT TO US CLINICS &
MOBILEMED					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
12320 PARKLAWN DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ROCKVILLE, MD 20852	23-7022588	501(C)(3)	0.	103,122.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) 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	MORGAN COUNTY	0.	166,367.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
MOROVIS COMMUNITY HEALTH CENTER,					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
INC CALLE PATRON #2 AVE.					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
COROZAL Y PATR - MOROVIS, PR 00687	66-0480948	501(C)(3)	0.	7,653.	PURCHASED	SUPPLIES	PATIENTS
					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.	1,164,556.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
MOSES LAKE SCHOOL DISTRICT					ESTIMATED		HEALTH CENTERS FOR
1620 S PIONEER WAY					WHOLESALE		LOW-INCOME, UNINSURED
MOSES LAKE, WA 98837	91-6001956	501(C)(3)	0.	5,250.	PRICE	PHARMACEUTICALS	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MOUNTAIN COMPREHENSIVE HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CORPORATION - 226 MEDICAL PLAZA					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LANE - WHITESBURG, KY 41858	61-0712406	501(C)(3)	0.	399,492.	PURCHASED	SUPPLIES,	PATIENTS
				,	ESTIMATED	,	SUPPORT TO US CLINICS &
MOUNTAIN FAMILY COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 1905 BLAKE AVENUE SUITE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
101 - GLENWOOD SPRINGS, CO 81601	84-0742145	501(C)(3)	0.	9 218.	PURCHASED	SUPPLIES	PATIENTS
,				,===	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.	100 669	PURCHASED	EQUIPMENT	PATIENTS
,						PHARMACEUTICALS	SUPPORT TO US CLINICS &
MOUNTAINLANDS COMMUNITY					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
589 SOUTH STATE STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
PROVO, UT 84606	87-0515716	501(C)(3)	0.	33,604.		EQUIPMENT	PATIENTS
	5, 5313710		+	33,004.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
M-POWER MINISTRIES					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
4022 FOURTH AVENUE SOUTH					PRICE.	SUPPLIES,	
	31_1630601	501/C\/3\	0.	40 000	,	· ·	LOW-INCOME, UNINSURED
BIRMINGHAM, AL 35222	31-1639601	DOT(C)(3)	1 0.	40,809.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	ı age
(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 &
MULTNOMAH EDUCATION SERVICE					ESTIMATED		HEALTH CENTERS FOR
DISTRICT - 11611 NE AINSWORTH					WHOLESALE		LOW-INCOME, UNINSURED
CIRCLE - PORTLAND, OR 97220	93-6000829	501(C)(3)	0.	5,500.	PRICE	PHARMACEUTICALS	PATIENTS
MUSKINGUM VALLEY HEALTH CENTERS							
716 ADAIR AVE							SUBSTANCE ABUSE DISORDER
ZANESVILLE, OH 43701	20-8814374	501(C)(3)	50,000.	0.			AWARDS - AMERIS
,			,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MY NEIGHBOR'S CHARITABLE PHARMACY					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1232 BRANSON HILLS PKWY, STE 102					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
BRANSON, MO 65616	87-3742175	501(C)(3)	0.	38,884.	PURCHASED	SUPPLIES,	PATIENTS
NAFC							
1800 DIAGONAL ROAD, STE 600 -							SAFETY NET SUPPORT,
ALEXANDRIA ATTN: NICOLE LAMOUREUX,							ACCESS TO MENTAL HEALTH
VA 22314	56-2273242	501(C)(3)	365,000.	0.			CARE AWARDS-TEVA
NATIVE AMERICAN DEVELOPMENT CORP							
17 N 26TH ST							
	81-0512124	501/C\/3\	430,000.	0.			FUND FOR HEALTH EQUITY
BILLINGS, MT 59101	81-0512124	301(C)(3)	430,000.	0.			FOND FOR MEALIN EQUIII
NAT'L ASSOC OF COMM. HEALTH							
CENTERS - 7501 WISCONSIN AVENUE,							
#1100W - BETHESDA, MD 20814	52-0939952	501(C)(3)	150,000.	0.			POWER FOR HEALTH
					ESTIMATED		SUPPORT TO US CLINICS &
NC MEDASSIST					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4428 TAGGART CREEK ROAD, SUITE 101					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CHARLOTTE, NC 28208	56-2018957	501(C)(3)	0.	19,882,844.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
NCADA					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
9355 OLIVE BLVD					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ST. LOUIS, MO 63132	43-0827852	501(C)(3)	0.	75,541.	PRICE	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
NEIGHBORHOOD CLINIC					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1323 S. YAKIMA AVENUE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
TACOMA, WA 98405	91-1318144	501(C)(3)	0.	38,220.	PRICE	SUPPLIES	PATIENTS

Schedule I (Form 990)

(a) Name and address of organization or government (b) EIN (c) IFO Section (e) applicable (c) Set grant (c) Amount of cell grant (c) Amount of cel	Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
NEIGHBORHOOD HEALTH 6677 RICHMOND HIGHWAY ALEXAMDRIA, VA 22306 54-1849891 501(C)(3) 0. 257,989, UNCRASED ESTIMATED RICHMOND HIGHWAY ALEXAMDRIA, VA 22306 NNIGHBORHOOD HEALTH NNIGHBORHOOD HEALTH 617 SOUTH 8TH STREET NASHVILLE, TN 37206 62-1032792 501(C)(3) 0. 199,992, UNCRASED ROUTHBERT RASHVILLE, TN 37206 62-1032792 501(C)(3) 0. 199,992, UNCRASED ROUTHBERT RASHVILLE, TN 37206 62-1032792 501(C)(3) 0. 199,992, UNCRASED ROUTHBERT RASHVILLE, TN 37206 ROUTHBERT RESTIMATED RASHWALE, TO REPORT TO US CLINICS & REALTH CENTRES FOR ROUTHBERT PATIENTS REIGHBORHOOD HEALTH CLINIC REIGHBORHOOD MEDICAL CENTER, INC. RIGHBORHOOD MEDICAL CENTER, INC. RIGHBORHOOD MEDICAL CENTER, INC. RIGHBORHOOD MEDICAL CENTER, INC. RIGHBORHOOD OUTREACH ACCESS TO HEA - 7500 N. DREAMY DEAN DR., SUPPLIES, PATIENTS REIGHBORHOOD OUTREACH ACCESS TO HEA - 7500 N. DREAMY DEAN DR., SUPPLIES, PATIENTS REIGHBORHOOD OUTREACH ACCESS TO HEA - 7500 N. DREAMY DEAN DR., SUPPLIES, PATIENTS RIJE 145 - PHOENIX, AZ 85258 RESTIMATED RING RASHWALE RESTIMATED RING R	• • • • • • • • • • • • • • • • • • • •	(b) EIN	, , , , , , , , , , , , , , , , , , ,	` '	noncash	valuation (book, FMV,	107	
ALEXANDRIA, VA 23306 54-1849991 501(C)(3) 0. 257,999. UNCREASED COUPERT AT STIENTS NEIGHBORHOOD HEALTH (1908, UNINSURED HEALTH CRIVERS FOR STIENTS) NEIGHBORHOOD HEALTH CLINIC (1908, UNINSURED HEALTH CHINES) FOR HEALTH STREET NORTH HEALTH STREET (1908, UNINSURED HEALTH CHINES) FOR HEALTH STREET (1908, UNINSURED HEALTH CHINES) FOR HEALTH CHINES FO						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
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NEIGHBORHOOD HEALTH 617 SOUTH 9TH STREET 618 SUPPLIES, TOWN-INCOME, UNINSURED 618 SOUTH 9TH STREET 619, 99,092, FURCHASED 619,092, FURCHASED 619,092, FURCHASED 619,092, FURCHASED 610-INCOME, UNINSURED 610-INCOME, UNINSURED 611 SUPPLIES, COW-INCOME, UNINSURED 611 SUPPLIES, COW-INCOME, UNINSURED 612 STREET NORTH 612 SOUTH 9TH STREET NORTH 613 SUPPLIES, FL 34102 614 SOUTH 9TH STREET NORTH 615 STREET NORTH 616 STREET NORTH 617 SUPPLIES, FL 34102 619 SP346884 610(C)(3) 610 SP40,207, FURCHASED 611 STREET NORTH 618 STIMATED 618 STIMATED 618 STIMATED 618 STREET NORTH 619 STREET NORTH 610 STREET NORTH 610 STREET NORTH 610 STREET NORTH 611 STREET NORTH 612 STREET NORTH 613 SUPPLIES, FL 32101 613 STREET STREET NORTH 614 STREET NORTH 615 STREET NORTH 616 STREET NORTH 617 STREET NORTH 618 STREET NORTH 618 STREET NORTH 618 STREET NORTH 619 STREET NORTH 619 STREET NORTH 619 STREET NORTH 610 STREET NORTH 611 STREET NORTH 612 STREET NORTH 613 STREET NORTH 614 STREET NORTH 615 STREET NORTH 616 STREET NORTH 617 STREET NORTH 618 STREET NORTH 618 STREET NORTH 619 STREET NORTH 619 STREET NORTH 610 STREET NORTH 610 STREET NORTH 610 STREET NORTH 611 STREET NORTH 611 STREET NORTH 612 STREET NORTH 613 STREET NORTH 614 STREET NORTH 615 STREET NORTH 616 STREET NORTH 617 STREET NORTH 617 STREET NORTH 618 STREET NORTH 618 STREET NORTH 619 STREET NORTH 619 STREET NORTH 610 STREET NORTH 610 STREET NORTH 610 STREET NORTH 611 STREET NORTH 612 STREET NORTH 613 STREET NORTH 614 STREET NORTH 615 STREET NORTH 616 STREET NORTH 617 STREET NORTH 617 STREET NORTH 618 STREET NORTH 618 STREET NORTH 619 STREET NORTH 610 S	ALEXANDRIA, VA 22306	54-1849891	501(C)(3)	0.	257,989.	PURCHASED	EQUIPMENT	PATIENTS
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NEIGHBORHOOD HEALTH CLINIC 88 12TH STREET NORTH NAPLES, FL 34102 59-3546884 501(C)(3) 0. 940,207. PURCHASED SUPPLIES, PATTENTS NIGHBORHOOD MEDICAL CENTER, INC. 183 WEST BREVARD STREET NIGHBORHOOD MEDICAL CENTER, INC. 183 WEST BREVARD STREET NIGHBORHOOD OUTREACH ACCESS TO HEA - 7550 N. DREAMY DRAW DR., SUITE 145 - PHOENIX, AZ 85258 27-3188239 501(C)(3) 325,000. 0. 39,001. PURCHASED SUPPLIES, PATTENTS NEIGHBORHOOD OUTREACH ACCESS TO HEA - 7550 N. DREAMY DRAW DR., SUITE 145 - PHOENIX, AZ 85258 27-3188239 501(C)(3) 325,000. 0. 434,478. PURCHASED NEWADAD DIABETES ASSOCIATION 115 CASAZZA DRIVE RENO, NV 89502 88-0386000 501(C)(3) 0. 16,735. PRICE SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE PHARMACEUTICALS SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE PHARMACEUTICALS SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARM	NASHVILLE, TN 37206	62-1032792	501(C)(3)	0.	199,092.	PURCHASED	EQUIPMENT	PATIENTS
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NEW COMMUNITY CLINIC NEW HOLESALE PHARMACEUTICALS PHARMACEUTICALS PHARMACEUTICALS SUPPORT TO US CLINICS & PATIENTS PHARMACEUTICALS NEW HEIGHTS CLINIC NEW HEIGHTS CLINIC NEW HEIGHTS CLINIC NEW HOLESALE NEW HOLESALE VANCOUVER, WA 98665 91-2009672 501(C)(3) 0. 8,653. PRICE ESTIMATED WHOLESALE SUPPORT TO US CLINICS & PATIENTS LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & WHOLESALE WHOLESALE SUPPORT TO US CLINICS & SUPPLIES, LOW-INCOME, UNINSURED WHOLESALE NEW HOPE CLINIC NEW HOPE CLINICS SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC NEW HOPE CLINIC NEW HOPE CLINIC NEW HOPE CLINICS SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC NEW HOPE CLINIC NEW HOPE CLINICS SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC NEW HOPE CLINIC NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEW HOPE CLINIC SUPPORT TO US CLINICS & HEALTH CENTERS FOR HEALTH	RENO NV 89502	88-0386000	501(C)(3)	0.	16.735.	PRICE	'	'
GREEN BAY, WI 54303 39-1200636 501(C)(3) 0. 434,478. PURCHASED PRICE, MEDICAL LOW-INCOME, UNINSURED PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED VANCOUVER, WA 98665 91-2009672 501(C)(3) 0. 8,653. PRICE EQUIPMENT PATIENTS ESTIMATED NEW HOPE CLINIC NEW HOPE CLINIC NEW HOPE CLINIC 201 WEST BOILING SPRING ROAD PRICE, MEDICAL LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED NEW HOPE CLINIC PHARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED					,			SUPPORT TO US CLINICS &
GREEN BAY, WI 54303 39-1200636 501(C)(3) 0. 434,478. PURCHASED SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & SUPPORT TO US CLINICS & SUPPORT TO US CLINICS & SUPPLIES, LOW-INCOME, UNINSURED VANCOUVER, WA 98665 91-2009672 501(C)(3) 0. 8,653. PRICE ESTIMATED WHOLESALE SUPPLIES SUPPLIES LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & WHOLESALE WHOLESALE NEW HOPE CLINIC 201 WEST BOILING SPRING ROAD NOW HOPE CLINICS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED	NEW COMMUNITY CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
GREEN BAY, WI 54303 39-1200636 501(C)(3) 0. 434,478. PURCHASED SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE WHOLESALE VANCOUVER, WA 98665 91-2009672 501(C)(3) 0. 8,653. PRICE ESTIMATED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & WHOLESALE WHOLESALE PHARMACEUTICALS WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED NEW HOPE CLINIC PRICE, MEDICAL LOW-INCOME, UNINSURED	610 N BROADWAY					PRICE.	, MEDICAL	LOW-INCOME, UNINSURED
PHARMACEUTICALS SUPPORT TO US CLINICS & NEW HEIGHTS CLINIC 8000 NE 58TH AVENUE VANCOUVER, WA 98665 91-2009672 0. 8,653. PRICE ESTIMATED WHOLESALE SUPPLIES, LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & WHOLESALE WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED	GREEN BAY, WI 54303	39-1200636	501(C)(3)	0.			SUPPLIES	· ·
8000 NE 58TH AVENUE VANCOUVER, WA 98665 91-2009672 501(C)(3) 0. 8,653. PRICE EQUIPMENT PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED NEW HOPE CLINIC 201 WEST BOILING SPRING ROAD WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED	,				, -		PHARMACEUTICALS	SUPPORT TO US CLINICS &
8000 NE 58TH AVENUE VANCOUVER, WA 98665 91-2009672 501(C)(3) 0. 8,653. PRICE EQUIPMENT ESTIMATED WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED NEW HOPE CLINIC 201 WEST BOILING SPRING ROAD	NEW HEIGHTS CLINIC					ESTIMATED		
VANCOUVER, WA 98665 91-2009672 501(C)(3) 0. 8,653.PRICE EQUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED							SUPPLIES.	
ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 201 WEST BOILING SPRING ROAD PRICE, MEDICAL LOW-INCOME, UNINSURED		91-2009672	501(C)(3)	0.	8.653.		,	· ·
NEW HOPE CLINIC 201 WEST BOILING SPRING ROAD WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED					,		-	
201 WEST BOILING SPRING ROAD PRICE, MEDICAL LOW-INCOME, UNINSURED	NEW HOPE CLINIC						PHARMACEUTICALS	
	SOUTHPORT, NC 28461	31-1614379	501(C)(3)	0.	49,310.	· ·	 '	

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
NEW HOPE SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1302 WALL STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JEFFERSONVILLE, IN 47130	35-1022158	501(C)(3)	0.	89,131.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
NEW JERSEY HARM REDUCTION					ESTIMATED		HEALTH CENTERS FOR
COALITION - 137 W. HANOVER STREET					WHOLESALE		LOW-INCOME, UNINSURED
- TRENTON, NJ 08618	91-1435394	501(C)(3)	0.	78,359.	PRICE	PHARMACEUTICALS	PATIENTS
NEW ORLEANS WOMEN'S WELLNESS							
535 S GALVEZ STREET							L
NEW ORLEANS, LA 70119	88-2459824	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
NEW SONG HEALTH CENTER DBA					ESTIMATED		SUPPORT TO US CLINICS &
BOLINBROOK CHRISTIAN HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
- 151 EAST BRIARCLIFF ROAD -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BOLINGBROOK, IL 60440	36-4401468	501(C)(3)	0.	841,706.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
NEWHOPE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
41 S. COURT STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OWINGSVILLE, KY 40360	61-1363437	501(C)(3)	0.	372,958.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
NEXT HARM REDUCTION					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
22 WEST 27TH STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NEW YORK, NY 10001	83-1333112	501(C)(3)	0.	212,714.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
NEXUS RECOVERY CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
8733 LA PRADA DR					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
DALLAS, TX 75228	23-7169388	501(C)(3)	0.	43,998.	PURCHASED	SUPPLIES	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
NHAN HOA COMPREHENSIVE HEALTH CARE					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
CLINIC - 7761 GARDEN GROVE BLVD					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
GARDEN GROVE, CA 92841	33-0477323	501(C)(3)	0.	17,284.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NKY HEALTH DEPARTMENT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
8001 VETERANS MEMORIAL DR					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
FLORENCE, KY 41042	61-1008505	STATE OF KENTUCK	0.	240,174.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NO AIDS TASK FORCE WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE LOW-INCOME, UNINSURED 1631 ELYSIAN FIELDS AVENUE SUPPLIES NEW ORLEANS, LA 70117 72-1059635 501(C)(3) 0. 9 392 PURCHASED EOUIPMENT PATIENTS NORTH BY NORTHEAST COMMUNITY HEALTH CENTER - 714 NE ALBERTA STREET - PORTLAND, OR 97211 72-1618287 501(C)(3) 325,000 0 ABBVIE HEALTH EQUITY NORTH CENTRAL NURSING CLINICS DBA PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED FAMILY HEALTH CLINICS OF WHOLESALE MEDICAL HEALTH CENTERS FOR BURLINGTON CARROLL - 901 PRINCE PRICE SUPPLIES LOW-INCOME UNINSURED WILLIAM RD., SUITE A - DELPHI, IN 26-1553382 501(C)(3) 0. 403,729. PURCHASED EOUIPMENT PATIENTS NORTH CENTRAL TEXAS COMMUNITY ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR HEALTHCARE CENTER - 200 MARTIN WHOLESALE PHARMACEUTICALS LUTHER KING JR BOULEVARD - WICHITA PRICE MEDICAL LOW-INCOME, UNINSURED 89,255. PURCHASED 75-2429644 501(C)(3) 0 SUPPLIES PATTENTS FALLS, TX 76301 NORTH COUNTRY HEALTHCARE 2920 N. 4TH STREET FLAGSTAFF, AZ 86004 86-0663432 501(C)(3) 325,000 0. ABBVIE HEALTH EQUITY ESTIMATED SUPPORT TO US CLINICS & NORTH DALLAS SHARED MINISTRIES WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR FREE MEDICAL CLINIC - 2875 MERRELL PRICE MEDICAL LOW-INCOME, UNINSURED 7,142. PURCHASED 75-1908563 501(C)(3) SUPPLIES PATTENTS ROAD - DALLAS, TX 75229 0. ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR NORTH EAST MEDICAL SERVICES MEDICAL 1520 STOCKTON STREET PRICE SUPPLIES LOW-INCOME, UNINSURED SAN FRANCISCO, CA 94133 8 013 PURCHASED EOUIPMENT PATIENTS 94-1722562 501(C)(3) 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR NORTH HUDSON COMMUNITY ACTION CORPORATION - ADMINISTRATION - 800 PRICE. SUPPLIES. LOW-INCOME, UNINSURED 31ST STREET - UNION CITY, NJ 07087 22-1818699 501(C)(3) 0. 181 067 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & NORTH JEFFERSON COUNTY CLINIC WHOLESALE OTHER HEALTH CENTERS FOR PHARMACY - 1295 PEARL STREET PRICE MEDICAL LOW-INCOME, UNINSURED 1,148,300, PURCHASED BEAUMONT, TX 77701 74-6000291 NORTH JEFFERSON SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NORTH MIAMI BEACH MEDICAL CENTER					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
MERCY MOBILE CLINIC - 13899					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
BISCAYNE BLVD. STE. 132 - NORTH					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
MIAMI BEACH, FL 33181	65-1032266	501(C)(3)	0.	17,098.	PURCHASED	EQUIPMENT	PATIENTS		
NORTH ORANGE COUNTY REGIONAL					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
HEALTH COMMUNITY HEALTH CENTER) -					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
1182 N. EUCLID STREET - ANAHEIM,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
CA 90801	33-0970731	501(C)(3)	0.	24,018.	PURCHASED	EQUIPMENT	PATIENTS		
							SUPPORT TO US CLINICS &		
NORTHEAST MISSOURI HEALTH COUNCIL					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR		
INC 1416 CROWN DRIVE -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED		
KIRKSVILLE, MO 63501	43-1606173	501(C)(3)	0.	30,728.	PRICE	SUPPLIES	PATIENTS		
NORTHEAST VALLEY HEALTH				•	ESTIMATED		SUPPORT TO US CLINICS &		
CORPORATION CORPORATE OFFICE -					WHOLESALE		HEALTH CENTERS FOR		
1172 NORTH MACLAY AVE SAN					PRICE,	PHARMACEUTICALS	LOW-INCOME, UNINSURED		
FERNANDO, CA 91340	23-7120632	501(C)(3)	0.	35,778.	PURCHASED	, EQUIPMENT	PATIENTS		
NORTHERN INDIANA MATERNAL AND				•	ESTIMATED		SUPPORT TO US CLINICS &		
CHILD HEALTH NETWORK, INC 413					WHOLESALE		HEALTH CENTERS FOR		
W. MCKINLEY AVE. STE D -					PRICE,		LOW-INCOME, UNINSURED		
MISHAWAKA, IN 46545	20-2402368	501(C)(3)	0.	39,931.	PURCHASED	PHARMACEUTICALS	PATIENTS		
•				,	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.	61,741.	PURCHASED	EQUIPMENT	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		
STREET - TURTLE LAKE, ND 58575	33-1029318	501(C)(3)	0.	194 437.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
NORTHSHORE HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
6050 STERLING CREEK ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
PORTAGE, IN 46368	35-2028588	501(C)(3)	0.	54 647.	PURCHASED	SUPPLIES	PATIENTS		
NORTHWEST MICHIGAN HEALTH			•	,,,,,,,,	ESTIMATED		SUPPORT TO US CLINICS &		
SERVICES, INC. TRAVERSE CITY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
CLINIC - 10767 TRAVERSE HIGHWAY -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
TRAVERSE CITY, MI 49684-5549	38-1958790	501(C)(3)	0.	344 336	PURCHASED	SUPPLIES	PATIENTS		
	1 33 1330730		· · ·	311,330.					

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NODWON GOIND HEALEN GODDODAWTON									
NORTON SOUND HEALTH CORPORATION							GENERAL LOGAL EMERGENCY		
PO BOX 966 1000 GREG KRUSCHEK AVE	00 0041400	E01/G)/2)	160.000	0			GENERAL LOCAL EMERGENCY		
NOME, AK 99762	92-0041488	501(C)(3)	160,000.	0.		DUADNA GRUMTOAT G	PREP & RESPONSE		
NODVILLE GOLGGINIAN WILLIAM GENTLE						PHARMACEUTICALS	SUPPORT TO US CLINICS &		
NORWALK COMMUNITY HEALTH CENTER					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR		
120 CONNECTICUT AVENUE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED		
NORWALK, CT 06854	06-1436620	501(C)(3)	0.	104,149.	PRICE	EQUIPMENT	PATIENTS		
NOVA SCRIPTS CENTRAL INC									
6400 ARLINGTON BLVD SUITE 120									
FALLS CHURCH, VA 22042	65-1275162	501/C\/3\	150,000.	0.			FUND FOR HEALTH EQUITY		
FADES CHORCH, VA 22042	03-12/3102	301(0)(3)	130,000.	0.	ESTIMATED		SUPPORT TO US CLINICS &		
NOVA SCRIPTSCENTRAL INC PHARMACY					WHOLESALE	PHARMACEUTICALS			
							HEALTH CENTERS FOR		
6400 ARLINGTON BLVD. #120	CE 40754C0	504 (5) (0)			PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
FALLS CHURCH, VA 22042	65-1275162	501(C)(3)	0.	1,472,214.		SUPPLIES	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
NURSES GLOBAL OUTREACH ICT STREET					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
TEAM - 402 N TOPEKA AVE - WICHITA,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
KS 67202	83-1687039	501(C)(3)	0.	510,146.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
OASIS FREE CLINICS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
66 BARIBEAU DRIVE, STE. 5B					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
BRUNSWICK, ME 04011	01-0497587	501(C)(3)	0.	398,707.	PURCHASED	SUPPLIES	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)	0.	9,444.	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)	0.	2,427,576.	,	EQUIPMENT	PATIENTS		
,				, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
			1		i	i			
ODYSSEY HOUSE COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
ODYSSEY HOUSE COMMUNITY HEALTH CENTER - 1125 N. TONTI STREET -					WHOLESALE PRICE,	, MEDICAL SUPPLIES,	HEALTH CENTERS FOR LOW-INCOME, UNINSURED		

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt 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 &
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)	0.	55,846.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
OLDE TOWNE MEDICAL AND DENTAL					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 5249 OLDE TOWNE ROAD -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	0.	46,957.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OLYMPIC PENINSULA COMMUNITY CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
819 GEORGIANA STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PORT ANGELES, WA 98362	01-0590704	501(C)(3)	0.	164,858.	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)	0.	57 _. 755 .	PURCHASED	EQUIPMENT	PATIENTS
,				,			
ONE COMMUNITY HEALTH							
849 PACIFIC AVE							
HOOD RIVER, OR 97031	93-0910794	501(C)(3)	325,000.	0.			FUND FOR HEALTH EQUITY
,			, -	-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ONE LOVE CENTER FOR HEALTH					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
825 CARLSTON AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OAKLAND, CA 94610	27-3215926	501(C)(3)	0.	32 604	PURCHASED	EQUIPMENT	PATIENTS
	2, 0210320			02,001.			
ONE805							
2000 STATE STREET							GENERAL LOCAL EMERGENCY
SANTA BARBARA, CA 93105	83-2571437	501(C)(3)	144,000.	0.			PREP & RESPONSE
DIMITI DIMBINIT, CH 33103	03 23/143/	301(0)(3)	144,000.	••			SUPPORT TO US CLINICS &
ONEWORLD COMMUNITY HEALTH CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
					WHOLESALE	MEDICAL	
4920 SOUTH 30TH STREET, STE. 103	47-0548990	501/C\/3\	0.	33,339.		, MEDICAL SUPPLIES	LOW-INCOME, UNINSURED PATIENTS
OMAHA, NE 68107	4/-0340330	201(C)(3)	0.	33,339.	LVICE	DOLLHIED	LUITUNID
ONEMODID COMMINITAL REVIEWS CENTEDS							
ONEWORLD COMMUNITY HEALTH CENTERS,							
4920 SOUTH 30TH STREET, SUITE 103	47 0540000	E01/G)/3)	450 000	_			BIND BOD HEALBH BOTTEN
OMAHA, NE 68132	47-0548990	DOT(C)(3)	450,000.	0.			FUND FOR HEALTH EQUITY

Schedule I (Form 990)

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Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation non-cash assistance organization or government if applicable cash grant noncash or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & OPEN AID ALLIANCE ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 715 RONAN STREET WHOLESALE MEDICAL LOW-INCOME, UNINSURED 16,014. PRICE MISSOULA, MT 59801 36-3652244 501(C)(3) 0. SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED WHOLESALE OPEN ARMS CLINIC MEDICAL HEALTH CENTERS FOR 109 BTG A ROAD PRICE SUPPLIES LOW-INCOME UNINSURED TOCCOA, GA 30577 20-3296577 501(C)(3) 0 381 114 PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & OPEN ARMS FREE CLINIC, INC. ESTIMATED HEALTH CENTERS FOR 205 E COMMERCE ST WHOLESALE LOW-INCOME UNINSURED ELKHORN, WI 53121 45-4475625 501(C)(3) 0. 22,034, PRICE PHARMACEUTICALS PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR OPEN ARMS HEALTH CLINIC WHOLESALE PHARMACEUTICALS 3311 LITTLE RD PRICE MEDICAL LOW-INCOME, UNINSURED 584,903, PURCHASED ARLINGTON, TX 76016 45-0621201 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR OPEN DOOR COMMUNITY HEALTH CENTERS - ADMINISTRATION - 1275 8TH STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 95-2671433 501(C)(3) 276,494, PURCHASED EOUIPMENT PATIENTS - ARCATA, CA 95521 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & OPEN DOOR HEALTH CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 151 NW 11 STREET PRICE SUPPLIES LOW-INCOME, UNINSURED 2,648,759. PURCHASED HOMESTEAD FL 33030 83-0375996 501(C)(3) EOUIPMENT PATTENTS 0. SUPPORT TO US CLINICS & HEALTH CENTERS FOR OPEN DOOR MISSION ESTIMATED PHARMACEUTICALS 2828 NORTH 23RD STREET EAST WHOLESALE MEDICAL LOW-INCOME, UNINSURED 24 996. PRICE SUPPLIES PATIENTS OMAHA NE 68110 47-0411375 501(C)(3) 0. 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. 109 718 PURCHASED EOUIPMENT PATTENTS ORANGE BLOSSOM FAMILY HEALTH ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & CENTER FOR THE HOMELESS - 232 WHOLESALE OTHER HEALTH CENTERS FOR NORTH ORANGE BLOSSOM TRAIL -PRICE MEDICAL LOW-INCOME, UNINSURED ORLANDO, FL 32805 59-3185020 501(C)(3) 1 320 061, PURCHASED SUPPLIES PATIENTS 0.

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Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
ORANGE COUNTY FREE CLINIC					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
101 C WOODWARK STREET					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ORANGE, VA 22960	25-1922019	501(C)(3)	0.	41,315.	PRICE	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
OREGON CITY SCHOOL DISTRICT					ESTIMATED		HEALTH CENTERS FOR
1306 12TH STREET					WHOLESALE		LOW-INCOME, UNINSURED
OREGON CITY, OR 97045	93-6000264	501(C)(3)	0.	7,750.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
OUTLOOK HEALTH SERVICES					WHOLESALE		HEALTH CENTERS FOR
10510 SOUTH AVE W					PRICE,		LOW-INCOME, UNINSURED
CHISAGO CITY, MN 55013	41-1707647	501(C)(3)	0.	11,267.	PURCHASED	PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OUTREACH COMMUNITY HEALTH CENTERS					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
711 W. CAPITOL DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MILWAUKEE, WI 53206	39-1353282	501(C)(3)	0.	44,593.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
OUTREACH HEALTH SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
130 NORTH HIGH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SHUBUTA, MS 39360	64-0736857	501(C)(3)	0.	299,012.	PURCHASED	EQUIPMENT	PATIENTS
OZANAM CHARITABLE PHARMACY							
109 SOUTH CEDAR ST							
MOBILE, AL 36602	72-1386236	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY
					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.	234,495.	PURCHASED	SUPPLIES	PATIENTS
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.	34,205.	PRICE	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.	20,538.	PURCHASED	EQUIPMENT	PATIENTS

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DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
PACIFIC GARDEN MISSION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1458 S. CANAL STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CHICAGO, IL 60607	36-2445391	501(C)(3)	0.	119,682.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PALMETTO HEALTH COUNCIL, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
643 MAIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PALMETTO, GA 30268	58-1307597	501(C)(3)	0.	4,325,336.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PANCARE OF FLORIDA, INC.					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
403 EAST 11TH STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PANAMA CITY, FL 32401	91-2189932	501(C)(3)	0.	2,791,222.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
PARK DUVALLE COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 3015 WILSON AVENUE -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LOUISVILLE, KY 40211	61-0666209	501(C)(3)	0.	87,407.	PURCHASED	SUPPLIES	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PARK STREET HEALTHSHARE, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
145 STATE STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RUTLAND, VT 05701	83-0427544	501(C)(3)	0.	144,874.	PURCHASED	EQUIPMENT	PATIENTS
PARKER FAMILY HEALTH CENTER 211 SHREWSBURY AVENUE							ACCESS TO MENTAL HEALTH
RED BANK, NJ 07701	22-3619518	501(C)(3)	75,000.	0.			CARE AWARDS-TEVA
					ESTIMATED		SUPPORT TO US CLINICS &
PARKER FAMILY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
211 SHREWSBURY AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
RED BANK, NJ 07701	22-3619518	501(C)(3)	0.	79,949.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
PARKVIEW OUTREACH COMMUNITY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1205 DR. MARTIN LUTHER KING JR. WAY	?				PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HAINES CITY, FL 33844	01-0790991	501(C)(3)	0.	388,827.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
PARTNERS FOR HEALING					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
109 W. BLACKWELL STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
TULLAHOMA, TN 37388	62-1834800	501(C)(3)	0.	82,989.	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	ırt 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 &
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.	7,021.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
PARTNERSHIP HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
520 GRIFFIN AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
VALDOSTA, GA 31601	58-2405825	501(C)(3)	0.	333,057.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PASADENA HEALTH CENTER, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
908 SOUTHMORE STE. 100					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PASADENA, TX 77502	20-0462905	501(C)(3)	0.	547,188.	PURCHASED	EQUIPMENT	PATIENTS
PEDIATRIC AND FAMILY MEDICAL CENTER - 1530 S. OLIVE STREET - LOS ANGELES, CA 90015	95-1690966	501(C)(3)	50,000.	0.			ADDRESS MICRONUTRIENT DEF
,			, , , , , , , , , , , , , , , , , , ,		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PEDIPLACE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
502 S OLD ORCHARD SUITE 126					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LEWISVILLE, TX 75067	75-2512752	501(C)(3)	0.	130,134.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PEOPLES CITY MISSION MEDICAL					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
CLINIC - 401 NORTH 2ND STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
LINCOLN, NE 68508	26-3819766	501(C)(3)	0.	8,583.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED		SUPPORT TO US CLINICS &
PEOPLE'S FAMILY HEALTH SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
102 SOUTH ELM					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NORTH PLATTE, NE 69101	47-0550611	501(C)(3)	0.	40,583.	PURCHASED	SUPPLIES	PATIENTS
·				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PEOPLE'S HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
650 ROUND VALLEY DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PARK CITY, UT 84068	87-0638042	501(C)(3)	0.	7,931.	PURCHASED	EQUIPMENT	PATIENTS
				,	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(C)(3)	0.	379,474.	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.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & PHOENIX CHILDREN'S HOSPITAL ESTIMATED HEALTH CENTERS FOR HEMOPHILIA TREATMENT CENTER - 1919 WHOLESALE LOW-INCOME, UNINSURED 143,366. PRICE E THOMAS ROAD - PHOENIX, AZ 85016 86-0422559 501(C)(3) 0. PHARMACEUTICALS PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS PIEDMONT ACCESS TO HEALTH WHOLESALE MEDICAL HEALTH CENTERS FOR SERVICES, INC. - 705 MAIN STREET PRICE SUPPLIES LOW-INCOME UNINSURED DANVILLE, VA 24541 54-2026502 501(C)(3) 0 111,565, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PLAN A HEALTH, INC WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS 1454 MAIN STREET PRICE MEDICAL LOW-INCOME UNINSURED LOUISE, MS 39097 83-2144751 501(C)(3) 0. 106,565, PURCHASED SUPPLIES PATIENTS PLANNED PARENTHOOD CALIFORNIA 518 GARDEN STREET 95-2319356 501(C)(3) 0 POWER FOR HEALTH SANTA BARBARA, CA 93101 450,000 ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR PLANNED PARENTHOOD CALIFORNIA CENTRAL COAST - 518 GARDEN STREET PRICE SUPPLIES, LOW-INCOME, UNINSURED - SANTA BARBARA, CA 93101 95-2319356 501(C)(3) 7,638, PURCHASED EQUIPMENT PATIENTS 0. PLANNED PARENTHOOD OF SOUTH, EAST SUPPORT TO US CLINICS & AND NORTH FLORIDA PEMBROKE PINES HEALTH CENTERS FOR 263 NORTH UNIVERSITY DRIVE -LOW-INCOME, UNINSURED PEMBROKE PINES, FL 33024 59-1391115 501(C)(3) PHARMACEUTICALS PATTENTS 0. 50,217 PLANNED PARENTHOOD OF TENNESSEE AND NORTH MISSISSIPPI - 2430 STRENGTHEN REPRODUCTIVE HLTH AWARD BAYER POPLAR AVENUE - MEMPHIS TN 38112 62-6073178 501(C)(3) 50 000 0. SUPPORT TO US CLINICS & PLANNED PARENTHOOD OF THE GULF HEALTH CENTERS FOR COAST SPRING HEALTH CENTER - 4747 LOW-INCOME, UNINSURED LOUETTA ROAD - SPRING, TX 77388 74-1100163 501(C)(3) 0. 151 668. PHARMACEUTICALS PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & POCATELLO FREE CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 1001 N. 7TH AVENUE SUITE 155 PRICE LOW-INCOME, UNINSURED SUPPLIES. POCATELLO, ID 83201 82-0351133 501(C)(3) 0. 977 683 PURCHASED EOUIPMENT 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	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
POINT WASHINGTON MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1290 N. CO. HWY 395					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SANTA ROSA BEACH, FL 32459	83-1125021	501(C)(3)	0.	257,621.	PURCHASED	SUPPLIES	PATIENTS
PONCE MEDICAL SCHOOL FOUNDATION P.O. BOX 70004							ABBVIE PR MEDICALLY
PONCE, PR 00731	66-0379122	501(C)(3)	25,000.	0.			FRAGILE POPULATIONS
ionel, in oursi	00 0373122	301(0)(3)	25,000.	<u> </u>	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.	58 115	PURCHASED	SUPPLIES,	PATIENTS
			•		011011111111111111111111111111111111111	,	SUPPORT TO US CLINICS &
PORTLAND COMMUNITY FREE CLINIC					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
39 FOREST AVENUE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
PORTLAND, ME 04101	46-2965702	501(C)(3)	0.	5,895.		SUPPLIES	PATIENTS
				-,	ESTIMATED		SUPPORT TO US CLINICS &
PORTLAND COMMUNITY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
180 PARK AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PORTLAND, ME 04102	45-4960453	501(C)(3)	0.	113 931.	PURCHASED	SUPPLIES	PATIENTS
,,					ESTIMATED		SUPPORT TO US CLINICS &
PORTLAND STREET MEDICINE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2717 NE BROADWAY ST					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
PORTLAND, OR 97232	82-4209837	501(C)(3)	0.	14.337.	PURCHASED	SUPPLIES	PATIENTS
				, -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PREMIER MOBILE HEALTH SERVICES					WHOLESALE	OTHER,	HEALTH CENTERS FOR
10676 COLONIAL BLVD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
FORT MYERS, FL 33913	82-5372657	501(C)(3)	0.	74,480.	PURCHASED	SUPPLIES,	PATIENTS
PREMIER MOBILE HEALTH SERVICES C/O							
NADINE SINGH - 10676 COLONIAL BLVD							
- FORT MYERS, FL 33913	82-5372657	501(C)(3)	110,000.	0.			HURRICANE IAN
							SUPPORT TO US CLINICS &
PRESTON-TAYLOR COMMUNITY HEALTH					ESTIMATED		HEALTH CENTERS FOR
CENTERS - 725 N. PIKE STREET -					WHOLESALE		LOW-INCOME, UNINSURED
GRAFTON, WV 26354	55-0665614	501(C)(3)	0.	5,321.	PRICE	PHARMACEUTICALS	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	ırt 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 &
PRETERM					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
12000 SHAKER BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CLEVELAND, OH 44120	23-7314836	501(C)(3)	0.	11,637.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PRIMARY CARE AT HOME, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
400 - 29TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
OAKLAND, CA 94609	47-5519154	501(C)(3)	0.	54,506.	PURCHASED	EQUIPMENT	PATIENTS
PRIMARY CARE MEDICAL SERVICES OF					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
POINCIANA, INC. OSCEOLA COMMUNITY					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
HEALTH SERVIC - 1877 FORTUNE ROAD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
- KISSIMMEE, FL 34744	75-3147007	501(C)(3)	0.	20,240.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
PRIMARY CARE OF SOUTHWEST GEORGIA					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
360 COLLEGE ST					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BLAKELY, GA 39823	31-1840668	501(C)(3)	0.	12,345.	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
MONROE, LA 71201	72-1347028	501(C)(3)	0.	536,833.	PURCHASED	EQUIPMENT	PATIENTS
•				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PRIMARY HEALTHCARE CENTERS OF DADE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
13570 N. MAIN ST.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TRENTON, GA 30752	58-1410404	501(C)(3)	0.	6.380.	PURCHASED	EQUIPMENT	PATIENTS
PROGRAM FOR HEALTH CARE TO				,,,,,,	ESTIMATED	~	SUPPORT TO US CLINICS &
UNDERSERVED POPULATIONS BIRMINGHAM					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
FREE CLINIC - UPMC MONTEFIORE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
HOSPITAL - PITTSBURGH, PA 15213	23-2919472	501(C)(3)	0.	280 539.	PURCHASED	SUPPLIES	PATIENTS
				233,222	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
CAMDEN, NJ 08103	20-4133180	501(C)(3)	0.	24 593	PURCHASED	EQUIPMENT	PATIENTS
	20 1133100		· · · · ·	24,333.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
PROJECT HEAL OF SANTA BARBARA					WHOLESALE	OTHER,	HEALTH CENTERS FOR
COUNTY - 351 PASEO NUEVO, 2ND					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
	47_2120072	501/C\/3\	0.	10 551	,		· '
FLOOR - SANTA BARBARA, CA 93101	47-2138973	DOT(C)(3)	1 0.	10,351.	PURCHASED	SUPPLIES,	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT LAZARUS 5368 NC HWY 16 S MORAVIAN FALLS, NC 28654	56-2087110	501(C)(3)	0.	508,820.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT VIDA HEALTH CENTER 3607 RIVERA AVENUE EL PASO, TX 79905-2412	68-0541648	501(C)(3)	300,000.	0.			FUND FOR HEALTH EQUITY
PROTOTYPE HEALTH, INC. 2055 E SOUTHERN AVE MESA, AZ 85282	86-0975231	501(C)(3)	0.	355 331	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROVIDENCE MEDICAL CLINIC OF KINGSPORT - 441 CLAY STREET - KINGSPORT, TN 37660	26-4547646		0.	,	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRYMED MEDICAL CARE, INC. CARRETERA 149, KM. 13.0 CIALES, PR 00638	66-0428120	501(C)(3)	0.	7,188.	ESTIMATED WHOLESALE	PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUBLIC HEALTH SEATTLE & KING COUNTY - 401 5TH AVE SUITE 1000 - SEATTLE, WA 98104	91-6001327		0.	,	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUERTO RICO DEPARTMENT OF HEALTH BO. MONACILLOS SAN JUAN, PR 00921-0619	66-0437470	PUERTO RICO	90,000.	0.			ABBVIE PR MOBILE HEALTH
PUERTO RICO DEPARTMENT OF HEALTH BO. MONACILLOS SAN JUAN, PR 00921-0619	66-0437470	PUERTO RICO	0.	1,245,696.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUERTO RICO SALUD INC 560 AVE CONSTITUCIN SAN JUAN, PR 00917	85-3051049	501(C)(3)	0.	283,003.	ESTIMATED WHOLESALE PRICE, PURCHASED	PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & PUERTO RICO TRAUMA CENTER HEALTH CENTERS FOR BARRIO MONACILLOS PURCHASED LOW-INCOME, UNINSURED 39,753, PRICE SAN JUAN, PR 00935 66-0788380 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & PUYALLUP SCHOOL DISTRICT ESTIMATED HEALTH CENTERS FOR 302 2ND STREET SE WHOLESALE LOW-INCOME UNINSURED PUYALLUP, WA 98372 91-6001545 501(C)(3) 0 9,250. PRICE PHARMACEUTICALS PATTENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR **OUANTUM HEALTHCARE** ESTIMATED WHOLESALE 210 BLACK GOLD BLVD LOW-INCOME UNINSURED 20-8951125 501(C)(3) HAZARD, KY 41701 0. 20,192, PRICE PHARMACEUTICALS PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR OUEENSCARE HEALTH CENTERS ESTIMATED MEDICAL 950 SOUTH GRAND AVENUE WHOLESALE SUPPLIES LOW-INCOME, UNINSURED LOS ANGELES, CA 90015 95-3702136 501(C)(3) 0 70,332, PRICE EOUTPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR RAPHA CLINIC OF WEST GEORGIA 253 HWY 78 EAST PRICE SUPPLIES. LOW-INCOME, UNINSURED 27-1188932 501(C)(3) 359,733, PURCHASED EQUIPMENT PATIENTS TEMPLE, GA 30179 0. ESTIMATED SUPPORT TO US CLINICS & RAPHAEL COMMUNITY FREE CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1807 WATER ST PRICE MEDICAL LOW-INCOME, UNINSURED 82,767. PURCHASED KERRVILLE, TX 78028 74-2819628 501(C)(3) SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR RAPIDES PRIMARY HEALTH CARE CENTER WHOLESALE 1217 WILLOW GLEN RIVER ROAD PRICE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS ALEXANDRIA LA 71302 72-1252422 501(C)(3) 0. 59 975 PURCHASED RECOVERY INSTITUTE OF SOUTH SUPPORT TO US CLINICS & CAROLINA DBA "CHALLENGES INC" -ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR 103 CLAIR DRIVE SUITE C -WHOLESALE MEDICAL LOW-INCOME, UNINSURED PIEDMONT, SC 29673 84-2776604 501(C)(3) 0. 88 075. PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & REDWOODS RURAL HEALTH CENTER INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 101 WEST COAST ROAD PRICE LOW-INCOME, UNINSURED SUPPLIES. REDWAY, CA 95560 94-2337367 501(C)(3) 151 386 PURCHASED EOUIPMENT PATIENTS 0.

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

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
							SUPPORT TO US CLINICS &
RESPONSIVE EDUCATION PUBLIC					ESTIMATED		HEALTH CENTERS FOR
CHARTER SCHOOL - 1301 WATERS RIDGE					WHOLESALE		LOW-INCOME, UNINSURED
DR - LEWISVILLE, TX 75057	75-2748762	501(C)(3)	0.	22,500.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RICHFORD HEALTH CENTER, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
44 MAIN STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RICHFORD, VT 05476	03-0215982	501(C)(3)	0.	34,847.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
RISING SUNS PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
16 WEST GREEN DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ATHENS, OH 45701	84-2852530	501(C)(3)	0.	120,744.	PURCHASED	SUPPLIES	PATIENTS
•				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RITESH SHAH CHARITABLE PHARMACY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
224 SHREWSBURY AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RED BANK, NJ 07701	87-2441191	501(C)(3)	0.	64.791.	PURCHASED	EQUIPMENT	PATIENTS
				, -	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ROANE COUNTY FAMILY HEALTH CARE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
146 WILLIAMS DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SPENCER, WV 25276	55-0627933	501(C)(3)	0.	255,385.	PURCHASED	EQUIPMENT	PATIENTS
ROANOKE CHOWAN COMM HLTH CTR 120 HEALTH CENTER DRIVE							
AHOSKIE, NC 27910	42-1638714	501(C)(3)	350,000.	0.			FUND FOR HEALTH EQUITY
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
ROANOKE CHOWAN COMMUNITY HEALTH					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
CENTER - 120 HEALTH CENTER ROAD -					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
AHOSKIE, NC 27910	42-1638714	501(C)(3)	0.	26,895.	PRICE	SUPPLIES,	PATIENTS
				,	ESTIMATED	,	SUPPORT TO US CLINICS &
ROBESON HEALTH CARE CORPORATION					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
60 COMMERCE PLAZA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
PEMBROKE, NC 28372	58-1622664	501(C)(3)	0.	18 590.	PURCHASED	EQUIPMENT	PATIENTS
,, <u>-</u>				==,350.		PHARMACEUTICALS	SUPPORT TO US CLINICS &
ROCK SPRINGS CLINIC					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
211 ROCK SPRINGS ROAD					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ZII KOCK BIKINGB KOM							

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Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
ROCKDALE COUNTY PUBLIC SCHOOLS					ESTIMATED		HEALTH CENTERS FOR
960 PINE STREET					WHOLESALE		LOW-INCOME, UNINSURED
CONYERS, GA 30012	58-6000312	ROCKDALE COUNTY	0.	5,500.	PRICE	PHARMACEUTICALS	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ROCKINGHAM COUNTY DIVISION OF					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
PUBLIC HEALTH - 371 NC 65 -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WENTWORTH, NC 27375	56-6001527	ROCKINGHAM COUNT	0.	6,001.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
ROLETTE COUNTY PUBLIC HEALTH					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
DISTRICT - 114 3RD ST NE - ROLLA,					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ND 58367	02-0761623	ROLETTE COUNTY	0.	15,168.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ROTACARE, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
15 FLETCHER AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
VALLEY STREAM, NY 11580	11-3135331	501(C)(3)	0.	126,414.	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.	8,082.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
RURAL HEALTH MEDICAL PROGRAM INC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
101 PARK PLACE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SELMA, AL 36701	63-0737968	501(C)(3)	0.	2,021,486.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
RURAL MEDICAL SERVICES, INC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
207 MURRAY DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
NEWPORT, TN 37821	62-1102683	501(C)(3)	0.	92,267.	PURCHASED	SUPPLIES	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.	155,065.	PURCHASED	SUPPLIES	PATIENTS
RUSH UNIVERSITY MEDICAL CENTER/				-			SUPPORT TO US CLINICS &
CAMP WARREN JYRCH BLEEDING					ESTIMATED		HEALTH CENTERS FOR
DISORDERS ALLIANCE IL - 1725 W					WHOLESALE		LOW-INCOME, UNINSURED
HARRISON STREET, SUITE 418 -	36-2174823	501(C)(3)	0.	52,786.	PRICE	PHARMACEUTICALS	PATIENTS

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) 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 &
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.	13,065.	PURCHASED	EQUIPMENT	PATIENTS
					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.	29,337.	PURCHASED	EQUIPMENT	PATIENTS
SAFER ALTERNATIVES THROUGH					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
NETWORKING & 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.	544,067.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SALINA FAMILY HEALTHCARE CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
651 E. PRESCOTT ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SALINA, KS 67401	48-0858197	501(C)(3)	0.	28,458.	PURCHASED	EQUIPMENT	PATIENTS
·				•	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SALUD INTEGRAL EN LA MONTANA					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CARR 164 BARRIO ACHIOTE SECTOR EL 1	•				PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NARANJITO, PR 00719	66-0329532	501(C)(3)	0.	53,200.	PURCHASED	SUPPLIES,	PATIENTS
SALUD PARA LA GENTE							
P.O. BOX 1870							
WATSONVILLE, CA 95077-1870	94-2705747	501(C)(3)	400,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SALUD PARA LA GENTE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
195 AVIATION WAY					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
WATSONVILLE, CA 95076	94-2705747	501(C)(3)	0.	72,140.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAMARITAN HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
303 DACUSVILLE HIGHWAY					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
EASLEY, SC 29640	57-0947115	501(C)(3)	0.	141,662.	PURCHASED	EQUIPMENT	PATIENTS
SAMARITAN HOUSE							
C/O JASON WONG							ACCESS TO MENTAL HEALTH
REDWOOD CITY, CA 94063	23-7416272	501(C)(3)	75,000.	0.			CARE AWARDS-TEVA

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(a) Name and saddress of organization or government (b) EN (c) PEC section of dash grant or clash assistance or government (f) Applicable (c) PEC section or clash assistance as	Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	rt II.)	
SAMARITAN RESIGNAL HEALTH CLINIC 27-5427837 501(C)(3)	• •	(b) EIN		` '	noncash	valuation (book, FMV,	107	
2150 BESSIE 87						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CAPE GIRARDEAU, NO 63701 27-5427837 501(c)(3) 0. 256,582 DURCHASED SUPPLIES, PATIENTS	SAMARITAN REGIONAL HEALTH CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
SAMARITANS TOUCH CARE CENTER, INC SAMARITANS TOUCH CARE CENTER, INC SIGNING, FL 33870 0. 1,015,781, PURCHASED SEBRING, FL 33870 0. 1,015,781, PURCHASED SEBRING, FL 33870 0. 1,015,781, PURCHASED SEBRING, FL 33870 0. 1,015,781, PURCHASED SUPPLIES, PATIENTS SUPPORT TO US CLINICS & WEDICAL LOW-INCOME, UNINSURED SEBRING, FL 33870 0. 1,015,781, PURCHASED SUPPLIES, PATIENTS SUPPORT TO US CLINICS & WEDICAL LOW-INCOME, UNINSURED SUPPLIES, PATIENTS SUPPORT TO US CLINICS & WEDICAL LOW-INCOME, UNINSURED SUPPLIES, PATIENTS SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118 94-3186248 501(C)(3) 0. 509,815, PURCHASED SUPPLIES, LOW-INCOME, UNINSURED SAN JOSE CLINIC SAN JOSE CL	2150 BESSIE ST					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SAMARITANS TOUCH CARE CENTER, INC 3015 HERRING AVE 3016 O. 1,015,781, FURCHASED 3017 HERRING AVE 3017 HERRING AVE 3018 HERRING CHICKS 3018 HERRING CHICKS 3018 HERRING CHICKS 3018 HERRING CHICKS 3018 HERRING SUITE A-104 3018 HERRING SUITE SUIT	CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)	0.	256,582.	PURCHASED	SUPPLIES,	PATIENTS
SIRRING AVE SEBRING, FL 33870						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SERING, FL 33870 02-0773338 01(C)(3) 0. 1,015,781 UNCHASED SUPPLIES, PATIENTS	SAMARITANS TOUCH CARE CENTER, INC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
SAMUEL DIXON FAMILY HEALTH CENTER 25115 AVENUE STAMFORD, SUITE A-104 VALENCIA, CA 91355 95-4278726 501(c)(3) 0. 6,710 PURCHASED ESTIMATED WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PATIENTS AND JOSE CLINIC SAN FRANCISCO, CA 94118 94-3186248 501(c)(3) 0. 509,815, PURCHASED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, SUPPLIES, LOW-INCOME, UNINSURED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, PRICE, PRICE, PRICE, PRICE, PRICE, PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, PRICE, PRICE, PRICE, PRICE, PRICE, PRICE, PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, PRIC	3015 HERRING AVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SANUEL DIXON FAMILY HEALTH CENTER 25115 AVENUE STRAFORD, SUITE A-104 VALENCIA, CA 91355 95-4278725 501(C)(3) 0. 6,710. PURCHASED SUPPLIES PATIENTS SAN FRANCISCO FREE CLINIC SAN FRANCISCO, CA 94118 94-3186248 501(C)(3) 0. 509,815. PURCHASED SAN FRANCISCO, CA 94118 94-3186248 501(C)(3) 0. 509,815. PURCHASED SAN FRANCISCO, CA 94118 94-3186248 501(C)(3) 0. 509,815. PURCHASED SUPPLIES, LOW-INCOME, UNINSURED PATIENTS SAN JOSE CLINIC 2615 FANNIN STREET HOUSTON, TX 77002 76-0373703 501(C)(3) 180,000. 851 AUTHOR STREET HOUSTON, TX 77002 76-0373703 501(C)(3) 180,000. 95-4278726 501(C)(A) 180,000. 95-4278726 501(C) 180,000. 96-4278726 501(C) 180,000. 96-4278726 501(C) 180,00	SEBRING, FL 33870	02-0773338	501(C)(3)	0.	1,015,781.	PURCHASED	SUPPLIES,	PATIENTS
25115 AVENUE STANFORD, SUITE A-104 VALENCIA, CA 91355 95-4278726 501(C)(3) 0. 6,710. PURCHASED SUPPLIES SUPPLIES SUPPLIES SUPPLIES PATIENTS SAN FRANCISCO PREE CLINIC 4900 CALIFORNIA STREET 4900 CALIFORNIA STREET 5AN FRANCISCO, CA 94118 94-3186248 501(C)(3) 0. 509,815. PURCHASED 501/MENT						ESTIMATED		SUPPORT TO US CLINICS &
VALENCIA, CA 91355 95-4278726 501(C)(3) 0. 6,710. PURCHASED SUPPLIES PATIENTS	SAMUEL DIXON FAMILY HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA STREET 5AN FRANCISCO, CA 94118 5A186248 501(C)(3) 50. 509,815. FURCHASED 5019 FURCHA	25115 AVENUE STANFORD, SUITE A-104					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118 94-3186248 501(C)(3) 0. 509,815. PURCHASED PATCE, SUPPLIES, COM-INCOME, UNINSURED PATIENTS SAN JOSE CLINIC 2615 FANNIN STREET HOUSTON, TX 77002 76-0373703 501(C)(3) 180,000. 0. ESTIMATED HOUSTON, TX 77002 76-0373703 501(C)(3) 0. 1,450,977. PURCHASED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR LOW-INCOME, UNINSURED HEALTH EQUITY SAN JOSE CLINIC	VALENCIA, CA 91355	95-4278726	501(C)(3)	0.	6,710.	PURCHASED	SUPPLIES	PATIENTS
4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118 94-3186248 501(C)(3) 0. 509,815. PURCHASED EQUIPMENT PATIENTS SAN JOSE CLINIC 2615 FANNIN STREET HOUSTON, TX 77002 76-0373703 501(C)(3) 180,000. 0. ESTIMATED HOUSTON, TX 77002 76-0373703 501(C)(3) 180,000. 1. ESTIMATED HOUSTON, TX 77002 76-0373703 501(C)(3) 1. 450,977. PURCHASED EQUIPMENT PHARMACEUTICALS SUPPORT TO US CLINICS & SUPPORT SUPP						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAN JOSE CLINIC 2615 FANNIN STREET HOUSTON, TX 77002 76-0373703 501(C)(3) 180,000. 0. ESTIMATED WHOLESALE PRICE, WHOLESALE PRICE, WHOLESALE SANDGARAD FOUNDATION 9655 MAROON CIR ENGLEWOOD, CO 80112 83-1476001 501(C)(3) 0. 1,450,977. PURCHASED WHOLESALE WHOL	SAN FRANCISCO FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SAN JOSE CLINIC 2615 FANNIN STREET HOUSTON, TX 77002 76-0373703 501(C)(3) 180,000. 0. ESTIMATED WHOLESALE NHOLESALE	4900 CALIFORNIA STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
2615 FANNIN STREET HOUSTON, TX 77002 76-0373703 501(C)(3) 180,000. 8 ESTIMATED WHOLESALE WHOLESALE PARENACEUTICALS WHOLESALE HOUSTON, TX 77002 76-0373703 501(C)(3) 0. 1,450,977. PURCHASED SUPPLIES, PATIENTS SUPPORT TO US CLINICS & WHOLESALE PATIENTS SUPPORT TO US CLINICS & SUPPLIES, PATIENTS SUPPORT TO US CLINICS & SUPPLIES, PATIENTS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE NAME AGAINATED WHOLESALE NAME AGAINATED WHOLESALE SUPPLIES SUPPLIES PATIENTS SUPPLIES PATIENTS SUPPLIES PATIENTS SUPPLIES PATIENTS SUPPLIES PATIENTS SESTIMATED WHOLESALE PATIENTS SESTIMATED SUPPLIES PATIENTS SESTIMATED WHOLESALE SUPPLIES PATIENTS SESTIMATED WHOLESALE SUPPLIES PATIENTS SESTIMATED PRICE WHOLESALE NAME AGAINATED PRICE WHOLESALE NAME AGAINATE SUPPLIES PATIENTS SESTIMATED PRICE WHOLESALE NAME AGAINATE SUPPLIES PATIENTS SESTIMATED PRICE WHOLESALE NAME AGAINATE SUPPORT TO US CLINICS & SESTIMATED PRICE WHOLESALE NAME AGAINATE SUPPORT TO US CLINICS & SESTIMATED PRICE WHOLESALE NAME AGAINATE SUPPORT TO US CLINICS & SUPPLIES SUPPLIE	SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	0.	509,815.	PURCHASED	EQUIPMENT	PATIENTS
2615 FANNIN STREET HOUSTON, TX 77002 76-0373703 501(C)(3) 180,000. 8 ESTIMATED WHOLESALE WHOLESALE PARENACEUTICALS WHOLESALE HOUSTON, TX 77002 76-0373703 501(C)(3) 0. 1,450,977. PURCHASED SUPPLIES, PATIENTS SUPPORT TO US CLINICS & WHOLESALE PATIENTS SUPPORT TO US CLINICS & SUPPLIES, PATIENTS SUPPORT TO US CLINICS & SUPPLIES, PATIENTS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE NAME AGAINATED WHOLESALE NAME AGAINATED WHOLESALE SUPPLIES SUPPLIES PATIENTS SUPPLIES PATIENTS SUPPLIES PATIENTS SUPPLIES PATIENTS SUPPLIES PATIENTS SESTIMATED WHOLESALE PATIENTS SESTIMATED SUPPLIES PATIENTS SESTIMATED WHOLESALE SUPPLIES PATIENTS SESTIMATED WHOLESALE SUPPLIES PATIENTS SESTIMATED PRICE WHOLESALE NAME AGAINATED PRICE WHOLESALE NAME AGAINATE SUPPLIES PATIENTS SESTIMATED PRICE WHOLESALE NAME AGAINATE SUPPLIES PATIENTS SESTIMATED PRICE WHOLESALE NAME AGAINATE SUPPORT TO US CLINICS & SESTIMATED PRICE WHOLESALE NAME AGAINATE SUPPORT TO US CLINICS & SESTIMATED PRICE WHOLESALE NAME AGAINATE SUPPORT TO US CLINICS & SUPPLIES SUPPLIE								
HOUSTON, TX 77002 76-0373703 501(C)(3) 180,000. 0. ESTIMATED WHOLESALE NOTHER, HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED SANDGARD FOUNDATION 9655 MAROON CIR ENGLEWOOD, CO 80112 83-1476001 501(C)(3) 0. 1,450,977. BESTIMATED WHOLESALE NEDICAL SUPPLIES, PATIENTS SUPPORT TO US CLINICS & SUPPLIES, PATIENTS SANTA BARBARA BUCKET BRIGADE 224 SOUTH MILPAS SANTA BARBARA, CA 93103 85-1156413 501(C)(3) 10,000. 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE NOTHER, HEALTH CENTERS FOR WHOLESALE NOTHER	SAN JOSE CLINIC							
SAN JOSE CLINIC SUPPLIES SUPPORT TO US CLINICS & SUPPLIES SAN JOSE CLINIC SUPPORT TO US CLINICS & SUPPLIES SAN JOSE CLINIC SAN JOSE CLINIC SUPPORT TO US CLINICS & SUPPLIES SAN JOSE CLINIC SUPPORT TO US CLINICS & SUPPLIES SAN JOSE CLINIC SAN JOSE CLINIC SUPPORT TO US CLINICS & S	2615 FANNIN STREET							
SAN JOSE CLINIC 2615 FANNIN STREET HOUSTON, TX 77002 76-0373703 501(c)(3) 0. 1,450,977. PURCHASED SUPPLIES, PATIENTS SANDGAARD FOUNDATION 9655 MARGON CIR ENGLEWOOD, CO 80112 83-1476001 501(c)(3) 0. 80,069. PRICE SUPPLIES, PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE WHOLESALE WHOLESALE WHOLESALE SUPPLIES SANTA BARBARA BUCKET BRIGADE 224 SOUTH MILPAS SANTA BARBARA, CA 93103 85-1156413 501(C)(3) 10,000. ESTIMATED PHARMACEUTICALS GENERAL LOCAL EMERGENCY PREP & RESPONSE SUPPLIES PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE SUPPLIES FREP & RESPONSE SUPPLIES PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE WHOLESALE OTHER, HEALTH CENTERS FOR HEALTH CENTERS FOR WHOLESALE OTHER, HEALTH CENTERS FOR LOW-INCOME, UNINSURED	HOUSTON, TX 77002	76-0373703	501(C)(3)	180,000.	0.			FUND FOR HEALTH EQUITY
2615 FANNIN STREET HOUSTON, TX 77002 76-0373703 501(C)(3) 0. 1,450,977. PURCHASED SUPPLIES, PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WHOLESALE HEALTH CENTERS FOR WHOLESALE SANTA BARBARA BUCKET BRIGADE 224 SOUTH MILPAS SANTA BARBARA, CA 93103 85-1156413 501(C)(3) 10,000. 10,000. 10,000. ESTIMATED WHOLESALE SUPPLIES SUPPLIES FATIENTS BESTIMATED FHARMACEUTICALS SUPPLIES FOR GENERAL LOCAL EMERGENCY FREP & RESPONSE SANTA BARBARA COUNTY EXECUTIVE OFFICE - 105 EAST ANAPAMU STREET, MEDICAL LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & HEALTH CENTERS FOR HEALTH						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
HOUSTON, TX 77002 76-0373703 501(C)(3) 0. 1,450,977. PURCHASED SUPPLIES, PATIENTS SUPPORT TO US CLINICS & SUPPLIES OF MEDICAL ESTIMATED HARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED	SAN JOSE CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
SANDGAARD FOUNDATION 9655 MAROON CIR ENGLEWOOD, CO 80112 83-1476001 501(C)(3) 0. 80,069. PRICE SUPPLIES SUPPLIES HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS SANTA BARBARA BUCKET BRIGADE 224 SOUTH MILPAS SANTA BARBARA, CA 93103 85-1156413 501(C)(3) 10,000. ESTIMATED PHARMACEUTICALS PRICE PHARMACEUTICALS SUPPORT TO US CLINICS & BESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE OTHER, HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED	2615 FANNIN STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SANDGAARD FOUNDATION 9655 MAROON CIR ENGLEWOOD, CO 80112 83-1476001 501(C)(3) 0. 80,069. PRICE SUPPLIES SANTA BARBARA BUCKET BRIGADE 224 SOUTH MILPAS SANTA BARBARA, CA 93103 85-1156413 501(C)(3) 10,000. 0. ESTIMATED PHARMACEUTICALS GENERAL LOCAL EMERGENCY PREP & RESPONSE SANTA BARBARA COUNTY EXECUTIVE OFFICE - 105 EAST ANAPAMU STREET, BEALTH CENTERS FOR WHOLESALE OTHER HEALTH CENTERS FOR WHOLESALE OTHER HEALTH CENTERS FOR WHOLESALE OTHER PRICE, MEDICAL LOW-INCOME, UNINSURED	HOUSTON, TX 77002	76-0373703	501(C)(3)	0.	1,450,977.	PURCHASED	SUPPLIES,	PATIENTS
9655 MAROON CIR ENGLEWOOD, CO 80112 83-1476001 501(C)(3) 0. 80,069. PRICE SUPPLIES PATIENTS SANTA BARBARA BUCKET BRIGADE 224 SOUTH MILPAS SANTA BARBARA, CA 93103 85-1156413 501(C)(3) 10,000. 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE WHOLESALE OFFICE - 105 EAST ANAPAMU STREET, MEDICAL LOW-INCOME, UNINSURED DWH-INCOME, UNINSURED AND SUPPLIES PATIENTS SUPPORT TO US CLINICS & WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED								SUPPORT TO US CLINICS &
ENGLEWOOD, CO 80112 83-1476001 501(C)(3) 0. 80,069. PRICE SUPPLIES PATIENTS GENERAL LOCAL EMERGENCY PREP & RESPONSE SANTA BARBARA, CA 93103 85-1156413 501(C)(3) 10,000. 0. ESTIMATED WHOLESALE OFFICE - 105 EAST ANAPAMU STREET, MEDICAL LOW-INCOME, UNINSURED	SANDGAARD FOUNDATION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
SANTA BARBARA BUCKET BRIGADE 224 SOUTH MILPAS SANTA BARBARA, CA 93103 85-1156413 501(C)(3) 10,000. 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE OFFICE - 105 EAST ANAPAMU STREET, WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED	9655 MAROON CIR					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
224 SOUTH MILPAS SANTA BARBARA, CA 93103 85-1156413 501(C)(3) 10,000. 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE OFFICE - 105 EAST ANAPAMU STREET, OFFICE, MEDICAL GENERAL LOCAL EMERGENCY PREP & RESPONSE WHOLESALE OTHER, HEALTH CENTERS FOR LOW-INCOME, UNINSURED	ENGLEWOOD, CO 80112	83-1476001	501(C)(3)	0.	80,069.	PRICE	SUPPLIES	PATIENTS
224 SOUTH MILPAS SANTA BARBARA, CA 93103 85-1156413 501(C)(3) 10,000. 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE OFFICE - 105 EAST ANAPAMU STREET, OFFICE, MEDICAL GENERAL LOCAL EMERGENCY PREP & RESPONSE WHOLESALE OTHER, HEALTH CENTERS FOR LOW-INCOME, UNINSURED								
SANTA BARBARA, CA 93103 85-1156413 501(C)(3) 10,000. 0. ESTIMATED WHOLESALE OFFICE - 105 EAST ANAPAMU STREET, PREP & RESPONSE WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PRICE, MEDICAL LOW-INCOME, UNINSURED	SANTA BARBARA BUCKET BRIGADE							
ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SANTA BARBARA COUNTY EXECUTIVE OFFICE - 105 EAST ANAPAMU STREET, BESTIMATED WHOLESALE OTHER, HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED	224 SOUTH MILPAS							GENERAL LOCAL EMERGENCY
ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SANTA BARBARA COUNTY EXECUTIVE OFFICE - 105 EAST ANAPAMU STREET, BESTIMATED WHOLESALE OTHER, HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED	SANTA BARBARA, CA 93103	85-1156413	501(C)(3)	10,000.	0.			PREP & RESPONSE
OFFICE - 105 EAST ANAPAMU STREET, LOW-INCOME, UNINSURED	·					ESTIMATED	PHARMACEUTICALS	
OFFICE - 105 EAST ANAPAMU STREET, LOW-INCOME, UNINSURED	SANTA BARBARA COUNTY EXECUTIVE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
	OFFICE - 105 EAST ANAPAMU STREET.					PRICE,	ľ '	LOW-INCOME, UNINSURED
	SUITE 3 - SANTA BARBARA, CA 93103	95-6002833	SANTA BARBARA CO	0.	572,223.	PURCHASED	SUPPLIES,	l .

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
SANTA BARBARA NEIGHBORHOOD CLINICS					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
414 E. COTA ST. 1ST FLOOR					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93101	77-0496382	501(C)(3)	0.	107,620.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SANTA CLARA COUNTY BETTER HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
PHARMACY - 725 E. SANTA CLARA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
STREET #202 - SAN JOSE, CA 95112	94-6400533	SANTA CLARA COUN	0.	443,455.	PURCHASED	EQUIPMENT	PATIENTS
SANTA CRUZ BARRIOS UNIDOS							
1817 SOQUEL AVENUE							GENERAL LOCAL EMERGENCY
SANTA CRUZ, CA 95062	77-0333450	501(C)(3)	10,000.	0.			PREP & RESPONSE
,			,				SUPPORT TO US CLINICS &
SANTA CRUZ BARRIOS UNIDOS					ESTIMATED		HEALTH CENTERS FOR
1817 SOQUEL AVENUE					WHOLESALE		LOW-INCOME, UNINSURED
SANTA CRUZ, CA 95062	77-0333450	501(C)(3)	0.	6,633.	PRICE	OTHER	PATIENTS
				•	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.	30,046.	PURCHASED	EQUIPMENT	PATIENTS
SAVIE HEALTH							
C/O ERYN SHUGART							ACCESS TO MENTAL HEALTH
LOMPOC, CA 93436	86-1668790	501(C)(3)	75,000.	0.			CARE AWARDS-TEVA
			·		ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SAVIE HEALTH					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1111 E. OCEAN AVENUE SUITE 2					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
LOMPOC, CA 93436	86-1668790	501(C)(3)	0.	56,428.	PURCHASED	SUPPLIES	PATIENTS
SCHOOL OF MEDICINE CLINICS				,			SUPPORT TO US CLINICS &
UNIVERSITY OF PUERTO RICO - 1008					ESTIMATED		HEALTH CENTERS FOR
AVE. AMERICO MIRANDA - RIO					WHOLESALE		LOW-INCOME, UNINSURED
PIEDRAS, PR 00921	66-0433762	PUERTO RICO	0.	73,772.	PRICE	PHARMACEUTICALS	PATIENTS
,				,,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SCOTLAND COMMUNITY HEALTH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
1405-B WEST BLVD.							

Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
SEA MAR COMMUNITY HEALTH CENTERS										
1040 S. HENDERSON ST.										
SEATTLE, WA 98108	91-1020139	501(C)(3)	276,000.	0.			FUND FOR HEALTH EQUITY			
BHITTEL, MIT SOIDS	31 1020133	301(0)(3)	2,0,000.	••			TOND TON MEMBER EQUITI			
SEATTLE INDIAN HEALTH BOARD										
611 12TH AVE S.										
SEATTLE, WA 98144	91-0869056	501(C)(3)	475,000.	0.			ABBVIE HEALTH EQUITY			
			, -	-						
SELF-HELP FOR THE ELDERLY										
731 SANSOME ST, SUITE 100										
SAN FRANCISCO, CA 94111	94-1750717	501(C)(3)	450,000.	0.			FUND FOR HEALTH EQUITY			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
SEMO HEALTH NETWORK SOUTHEAST					WHOLESALE	, OTHER,	HEALTH CENTERS FOR			
MISSOURI HEALTH NETWORK - 311 MAIN					PRICE,	MEDICAL	LOW-INCOME, UNINSURED			
STREET - NEW MADRID, MO 63869	43-1253101	501(C)(3)	0.	25,358.	PURCHASED	SUPPLIES,	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
SERENITY CARE HEALTH GROUP					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
515 S. FLOWER ST. 18TH FL.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
LOS ANGELES, CA 90071	27-1882511	501(C)(3)	0.	11,138.	PURCHASED	EQUIPMENT	PATIENTS			
						PHARMACEUTICALS	SUPPORT TO US CLINICS &			
SETEBAID SERVICES, INC.					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR			
1157 WESTBRANCH HIGHWAY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED			
WINFIELD, PA 17889	23-2979076	501(C)(3)	0.	37,911.	PRICE	EQUIPMENT	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.	6,621.	PURCHASED	EQUIPMENT	PATIENTS			
							SUPPORT TO US CLINICS &			
SHELBY COUNTY SCHOOLS					ESTIMATED		HEALTH CENTERS FOR			
40800 HWY 25					WHOLESALE		LOW-INCOME, UNINSURED			
VINCENT, AL 35178	63-6001081	SHELBY COUNTY	0.	7,500.	PRICE	PHARMACEUTICALS	PATIENTS			
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &			
SHENANDOAH COUNTY FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR			
124 VALLEY VISTA DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED			
WOODSTOCK, VA 22664	54-2032008	501(C)(3)	0.	5,281.	PURCHASED	EQUIPMENT	PATIENTS			

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
SHEPHERD'S CLINIC, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2800 KIRK AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
BALTIMORE, MD 21218	52-1739001	501(C)(3)	0.	16,668.	PURCHASED	SUPPLIES	PATIENTS
					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.	29,802.	PURCHASED	SUPPLIES	PATIENTS
SHEPHERD'S HOPE, INC 455 9TH STREET WINTER GARDEN, FL 34787	59-3420727	501(C)(3)	300,000.	0.			FUND FOR HEALTH EQUITY
,							
SHINGLETOWN MEDICAL CENTER							
31292 ALPINE MEADOWS ROAD							
SHINGLETOWN, CA 96088	68-0063054	501(C)(3)	275,000.	0.			POWER FOR HEALTH-CA
·			,		ESTIMATED		SUPPORT TO US CLINICS &
SHINGLETOWN MEDICAL CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
31292 ALPINE MEADOWS ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SHINGLETOWN, CA 96088	68-0063054	501(C)(3)	0.	8,621.	PURCHASED	SUPPLIES	PATIENTS
·				,	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.	758,366.	PURCHASED	EQUIPMENT	PATIENTS
•				,	ESTIMATED		SUPPORT TO US CLINICS &
SILOAM HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
820 GALE LANE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
NASHVILLE, TN 37204	58-1867940	501(C)(3)	0.	496,487.	PURCHASED	SUPPLIES	PATIENTS
· · · · · · · · · · · · · · · · · · ·				,	ESTIMATED		SUPPORT TO US CLINICS &
SINCLAIR HEALTH CLINIC PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
301 N. CAMERON STREET, STE. #100					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
WINCHESTER, VA 22601	54-1373296	501(C)(3)	0.	517,686.	PURCHASED	SUPPLIES	PATIENTS
,				, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SISTERS IN BIRTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
405 BRIARWOOD DRIVE, SUITE 303					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JACKSON, MS 39206	81-2072883	501(C)(3)	0.	30,831.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation or assistance organization or government if applicable cash grant noncash non-cash assistance (book, FMV, assistance appraisal, other) SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS SLO NOOR FOUNDATION WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE. SUPPLIES. LOW-INCOME, UNINSURED 1428 PHILLIPS LANE #203, N/A 502,406, PURCHASED SAN LUIS OBISPO, CA 93401 27-1412176 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS 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) 0 213,594, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS SNAKE RIVER COMMUNITY CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR 215 TENTH STREET PRICE SUPPLIES LOW-INCOME UNINSURED LEWISTON, ID 83501 31-1726460 501(C)(3) 0. 237,724. PURCHASED EOUIPMENT PATIENTS ESTIMATED SUPPORT TO US CLINICS & HEALTH CENTERS FOR SNOHOMISH COUNTY SYRINGE SERVICES WHOLESALE PHARMACEUTICALS 1625 E MARINE VIEW DRIVE, #4 PRICE MEDICAL LOW-INCOME, UNINSURED 13,055. PURCHASED EVERETT, WA 98201 91-0851917 501(C)(3) 0 SUPPLIES PATTENTS SOAR WV SOLUTIONS ORIENTED SUPPORT TO US CLINICS & ADDICTION RESPONSE WEST VIRGINIA PHARMACEUTICALS HEALTH CENTERS FOR ESTIMATED 520 KANAWHA BLVD W - CHARLESTON WHOLESALE MEDICAL LOW-INCOME, UNINSURED 11-3660992 501(C)(3) 105,408. PRICE SUPPLIES PATIENTS WV 25302 0. SOCIEDAD PRO HOSPITAL DEL NINO P.O. BOX 2124 ABBVIE PR INFRASTRUCTURE 66-0204707 501(C)(3) EOUIPMENT SAN JUAN, PR 00922-2124 50,000 0. SOCIETY OF CRITICAL CARE MEDICINE 500 MIDWAY DRIVE MOUNT PROSPECT, IL 60056 23-7104387 501(C)(3) 750 000 0. UKRAINE CRISIS SUPPORT TO US CLINICS & SOLAR RESPONDER HEALTH CENTERS FOR 902 BROADWAY PURCHASED LOW-INCOME, UNINSURED 6,975. PRICE NEW YORK, NY 10010 83-3822965 501(C)(3) 0. EOUIPMENT PATTENTS SOUTH BROWARD COMMUNITY HEALTH SUPPORT TO US CLINICS & SERVICES MEMORIAL HALLANDALE HEALTH CENTERS FOR PHARMACY - 1750 E. HALLANDALE LOW-INCOME, UNINSURED BEACH BLVD - HALLANDALE BEACH FL 59-6014973 501(C)(3) 0. 1 089 982 PHARMACEUTICALS PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & PHARMACEUTICALS SOUTH CENTRAL PRIMARY CARE CENTER WHOLESALE MEDICAL HEALTH CENTERS FOR 406 WEST 5TH STREET PRICE. SUPPLIES. LOW-INCOME, UNINSURED 14,161. PURCHASED OCILLA, GA 31774 58-2019024 501(C)(3) 0. EOUIPMENT PATIENTS SUPPORT TO US CLINICS & SOUTH COUNTY COMMUNITY CLINIC DBA ESTIMATED WHOLESALE TNTERFAITH COMMUNITY CLINIC - 101 PHARMACEUTICALS HEALTH CENTERS FOR PINE MANOR DRIVE - OAK RIDGE PRICE MEDICAL LOW-INCOME UNINSURED NORTH, TX 77385 75-2634623 501(C)(3) 0 58,865, PURCHASED SUPPLIES PATTENTS ESTIMATED SUPPORT TO US CLINICS & SOUTH PLAINS RURAL HEALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 1000 FM 300, UNIT A PRICE MEDICAL LOW-INCOME UNINSURED 75-2123252 501(C)(3) LEVELLAND, TX 79336 0. 198,007. PURCHASED SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR SOUTHEAST COMMUNITY HEALTH SYSTEMS WHOLESALE OTHER 6351 MAIN STREET PRICE MEDICAL LOW-INCOME, UNINSURED 594,417. PURCHASED ZACHARY, LA 70791 72-1212880 501(C)(3) 0 SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SOUTHEAST MS RURAL HEALTH WHOLESALE OTHER HEALTH CENTERS FOR INITIATIVE, INC. - 5488 US HWY 49 PRICE MEDICAL LOW-INCOME, UNINSURED - HATTIESBURG, MS 39403 64-0625076 501(C)(3) 333,994, PURCHASED SUPPLIES PATIENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & SOUTHEAST, INC. WHOLESALE MEDICAL HEALTH CENTERS FOR 16 W. LONG STREET PRICE SUPPLIES. LOW-INCOME, UNINSURED COLUMBUS OH 43215 31-0940189 501(C)(3) 28 995, PURCHASED EOUIPMENT PATTENTS 0. SOUTHEASTERN DIABETES EDUCATION PHARMACEUTICALS SUPPORT TO US CLINICS & SERVICES CAMP SEALE HARRIS - 500 MEDICAL HEALTH CENTERS FOR ESTIMATED CHASE PARK SOUTH - BIRMINGHAM, AL WHOLESALE SUPPLIES LOW-INCOME, UNINSURED 20 726. PRICE EOUIPMENT PATIENTS 35244 63-1091899 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & SOUTHERN CALIFORNIA CARE COMMUNITY WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 120 N ASH ST PRICE. MEDICAL LOW-INCOME, UNINSURED ESCONDIDO, CA 92027 85-0858493 501(C)(3) 0. 30 710 PURCHASED SUPPLIES PATTENTS PHARMACEUTICALS SUPPORT TO US CLINICS & SOUTHWESTERN DIABETIC FOUNDATION ESTIMATED MEDICAL HEALTH CENTERS FOR WHOLESALE CAMP SWEENEY - 10687 FM 678 -LOW-INCOME, UNINSURED SUPPLIES. WHITESBORO, TX 76273 75-6002547 501(C)(3) 0. 86 771. PRICE EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	ırt 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 &
SPACE COAST VOLUNTEERS IN MEDICINE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
2555 JUDGE FRAN JAMIESON WAY					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
VIERA, FL 32940	27-2135914	501(C)(3)	0.	161,860.	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.	38,417.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
SPOKANE PUBLIC SCHOOLS					ESTIMATED		HEALTH CENTERS FOR
200 N BERNARD STREET					WHOLESALE		LOW-INCOME, UNINSURED
SPOKANE, WA 99201	91-6001582	SPOKANE COUNTY	0.	10,250.	PRICE	PHARMACEUTICALS	PATIENTS
SPRING BRANCH COMM HEALTH CTR 800 SAM HOUSTON PKWY SOUTH							STRENGTHEN REPRODUCTIVE
HOUSTON, TX 77042	30-0198705	501(C)(3)	50,000.	0.			HLTH AWARD BAYER
SPRING BRANCH COMMUNITY HEALTH						PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTER - 800 W. SAM HOUSTON					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
PARKWAY S., SUIT - HOUSTON, TX			_		WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
77042	30-0198705	501(C)(3)	0.	26,387.	PRICE	SUPPLIES,	PATIENTS
SPRINGVALE HEALTH CENTERS 204 S BELLEVUE AVE					ESTIMATED WHOLESALE		SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
DOVER, OH 44622	34-1135374	501(C)(3)	0.	27,373.	PRICE	PHARMACEUTICALS	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.	31,993.	PURCHASED	SUPPLIES	PATIENTS
					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.	880,861.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ST. FRANCIS FREE CLINIC FATHER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CARR'S PLACE 2B - 1000 N KOELLER					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ST OSHKOSH, WI 54902	39-1334342	501(C)(3)	0.	111,694.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	nedule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) 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. GABRIEL EASTSIDE COMMUNITY					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
HEALTH CENTER - 5760 MONTICELLO					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
STREET - ST. GABRIEL, LA 70776	72-1241592	501(C)(3)	0.	2,799,395.	PURCHASED	SUPPLIES,	PATIENTS
							SUPPORT TO US CLINICS &
ST. JOHN'S COMMUNITY CENTER					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
808 W. 58TH STREET					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90037	95-4067758	501(C)(3)	0.	28,423.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. JOSEPH SOCIAL WELFARE BOARD					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
904 S. 10TH, SUITE A					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ST. JOSEPH, MO 64503	80-0308973	501(C)(3)	0.	1,076,482.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. JOSEPH'S/CANDLER HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
SYSTEMS, INC 11705 MERCY BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- SAVANNAH, GA 31419	58-2288758	501(C)(3)	0.	163,647.	PURCHASED	EQUIPMENT	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.	23,352.	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.	71,082.	PURCHASED	SUPPLIES	PATIENTS
				,	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.	40,514.	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.	24,429.	PURCHASED	EQUIPMENT	PATIENTS
,				, , ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. MICHAEL'S MEDICAL CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
1005 WEST 18TH STREET					PRICE.	SUPPLIES,	LOW-INCOME, UNINSURED
ANNISTON, AL 36201	82-5246184	501(C)(3)	0.	796 012.	PURCHASED	EQUIPMENT	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt 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. 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.	115,108.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
ST. THOMAS CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
600 PAUL HAND BOULEVARD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
FRANKLIN, IN 46131	35-1449379	501(C)(3)	0.	93,622.	PURCHASED	SUPPLIES	PATIENTS
					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.	48,994.	PURCHASED	SUPPLIES,	PATIENTS
ST. VINCENT DE PAUL CHARITABLE 1125 BANK STREET CINCINNATI, OH 45214	30-0272954	501(C)(3)	115,000.	0.			BAXTER INNOVATION AWARDS
			,		ESTIMATED		SUPPORT TO US CLINICS &
ST. 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.	3,384,512.	PURCHASED	SUPPLIES	PATIENTS
·				, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. VINCENT DE PAUL CHARITABLE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
PHARMACY - 2033 FISH HATCHERY ROAD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
- MADISON, WI 53725	39-0824876	501(C)(3)	0.	180,699.	PURCHASED	EQUIPMENT	PATIENTS
•				,	ESTIMATED		SUPPORT TO US CLINICS &
ST. VINCENT DE PAUL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
420 W. WATKINS					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
PHOENIX, AZ 85003	86-0096789	501(C)(3)	0.	149,248.	PURCHASED	SUPPLIES	PATIENTS
,				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
ST. VINCENT DE PAUL COMMUNITY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
PHARMACY - 502 GRAMMONT STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MONROE, LA 71201	90-0014479	501(C)(3)	0.	194,426.	PURCHASED	EQUIPMENT	PATIENTS
,		· · · · · · · · · · · · · · · · · · ·		, , ,	ESTIMATED		SUPPORT TO US CLINICS &
ST. VINCENT DE PAUL PHARMACY					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
5750 PINELAND DR SUITE 280					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
DALLAS, TX 75231	26-3273175	501(C)(3)	0.	8,292,931.	l '	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
ST. VINCENT'S HOPE CLINIC					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
2817 POSTOFFICE ST.					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
GALVESTON, TX 77550	61-1619240	501(C)(3)	0.	24,084.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
START CORPORATION					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
235 CIVIC CENTER BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
HOUMA, LA 70360	58-1687098	501(C)(3)	0.	752,568.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
STEPHEN F AUSTIN COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
NETWORK - 218 E. HOUSE STREET -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
ALVIN, TX 77511	41-2273820	501(C)(3)	0.	261,112.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
STERLING AREA HEALTH CENTER					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
725 E STATE STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
STERLING, MI 48659-9548	38-2205859	501(C)(3)	0.	21,202.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
STEVE RUMMLER HOPE NETWORK					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
2233 UNIVERSITY AVE W, SUITE 325					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ST PAUL, MN 55114	45-2903444	501(C)(3)	0.	467,827.	PRICE	SUPPLIES	PATIENTS
				,			SUPPORT TO US CLINICS &
STOP HEROIN NOW					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
1202 E. LAKE ST					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
HORICON, WI 53032	46-5576478	501(C)(3)	0.	39,366.	PRICE	SUPPLIES	PATIENTS
·				,	ESTIMATED		SUPPORT TO US CLINICS &
STREET MEDICINE DETROIT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
320 E. CANFIELD ST. STE. 315					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
DETROIT, MI 48201	38-3982723	501(C)(3)	0.	33,133.	PURCHASED	SUPPLIES	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
STREET OUTREACH TEAMS					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
8642 WOODWARD AVENUE					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED
DETROIT, MI 48202	33-0875386	501(C)(3)	0.	348.110.	PURCHASED	EQUIPMENT	PATIENTS
		,		,		PHARMACEUTICALS	SUPPORT TO US CLINICS &
SU CLINICA FAMILIAR					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
1706 TREASURE HILLS BLVD					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
HARLINGEN, TX 78550	74-2357970	501(C)(3)	0.	14,004.		SUPPLIES,	PATIENTS
	1 .1 233,370		٠.	11,004.	<u></u>	,	

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
SULZBACHER HEALTH CENTER DOWNTOWN					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
CLINIC - 611 EAST ADAMS STREET -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	0.	373,811.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
SUNRISE COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2930 11TH AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
EVANS, CO 80620	84-0613289	501(C)(3)	0.	9,014.	PURCHASED	SUPPLIES	PATIENTS
SYMBA CENTER							
C/O SHAWN SMITH							ACCESS TO MENTAL HEALTH
APPLE VALLEY, CA 92307	84-3729902	501(C)(3)	75,000.	0.			CARE AWARDS-TEVA
milli viillii, en 32307	04 3723302	301(0)(3)	75,000.	<u> </u>	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SYMBA CENTER					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
20601 HWY 18 SUITE 171					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
APPLE VALLEY, CA 92307	84-3729902	501 (C) (3)	0.	200 041	PURCHASED	EQUIPMENT	PATIENTS
ATTHE VALUET, CA 72307	04 3723302	301(0/(3/	· ·	200,041.	LOKCHABED	EQUITMENT	FATIENTS
T.H.E. HEALTH AND WELLNESS CENTERS							
3834 S. WESTERN AVENUE							
LOS ANGELES, CA 90062	23-7351622	501(C)(3)	400,000.	0.			ABBVIE HEALTH EQUITY
TALBERT HOUSE HEALTH CENTER DBA	23 7331022	301(0)(3)	400,000.	<u> </u>	ESTIMATED		SUPPORT TO US CLINICS &
CENTERPOINT HEALTH - 231 NORTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
BREIEL BLVD MIDDLETOWN, OH					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
45042	46-1068818	501 (C) (3)	0.	53 513	PURCHASED	SUPPLIES	PATIENTS
43042	40 1000010	301(0/(3/	· · ·	33,313.	IORCHABED	DOTTELES	TATIENTS
TALBOT HOUSE							
814 N KENTUCKY AVENUE							ACCESS TO MENTAL HEALTH
LAKELAND, FL 33801	59-2151802	501(C)(3)	75,000.	0.			CARE AWARDS-TEVA
	: -	,	1 , , , , , , , , ,	- •	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TAMPA FAMILY HEALTH CENTER					WHOLESALE	OTHER	HEALTH CENTERS FOR
302 W FLETCHER AVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
TAMPA, FL 33612	59-2420282	501(C)(3)	0.	70 521	PURCHASED	SUPPLIES,	PATIENTS
			· ·	,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TANDEM HEALTH SC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
1278 N. LAFAYETTE DRIVE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SUMTER, SC 29150	57-1095992	501(C)(3)	0.	35 976	PURCHASED	SUPPLIES,	PATIENTS

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DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt 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 &
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.	937,790.	PURCHASED	SUPPLIES	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
TECHE ACTION CLINIC					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
1115 WEBER STREET					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
FRANKLIN, LA 70538	72-6073441	501(C)(3)	0.	18,880.	PRICE	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.	281,904.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TENDER CARE COMMUNITY CLINIC INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
7862 FIRESTONE BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DOWNEY, CA 90241	81-2610616	501(C)(3)	0.	309,493.	PURCHASED	EQUIPMENT	PATIENTS
·				•			
TEPEYAC COMMUNITY HEALTH CENTER							
4725 HIGH STREET							
DENVER, CO 80216	84-1285505	501(C)(3)	425,000.	0.			FUND FOR HEALTH EQUITY
•			,				
TEWA WOMEN UNITED							
P.O. BOX 397							
SANTA CRUZ, NM 87567	85-0480836	501(C)(3)	500,000.	0.			FUND FOR HEALTH EQUITY
TEXAS INTERNATIONAL INSTITUTE OF			,				SUPPORT TO US CLINICS &
HEALTH PROFESSIONS DBA VCARES					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
CLINICS - 8121 BROADWAY STREET -					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
HOUSTON, TX 77061	46-1267820	501(C)(3)	0.	25,072.		SUPPLIES	PATIENTS
				, -		PHARMACEUTICALS	SUPPORT TO US CLINICS &
TEXAS LIONS CAMP					ESTIMATED	MEDICAL	HEALTH CENTERS FOR
4100 SAN ANTONIO HWY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
KERVILLE, TX 78028	74-1189679	501(C)(3)	0.	26,901.		EQUIPMENT	PATIENTS
	, , , , , , , , , , , , , , , , , , , ,		ļ	20,501.	ESTIMATED	×	SUPPORT TO US CLINICS &
TEXAS NATIVE HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1261 RECORD CROSSING RD					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
	23_7156045	501 (C) (3)	0.	501 667		'	1
DALLAS, TX 75235	23-7156945	DUI(C)(3)	0.	501,667.	PURCHASED	SUPPLIES	PATIENTS

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Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	r ugo
(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 &
THAT NEIGHBORHOOD FREE HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CLINIC (TNFHC) - 306 BUSH STREET -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TOLEDO, OH 43604	27-1052744	501(C)(3)	0.	92,937.	PURCHASED	EQUIPMENT	PATIENTS
THE 21 COLLECTIVE INC. 13521 HADDONFIELD LANE MARYLAND, MD 20878	20-4264212	501(C)(3)	100,000.	0.			FUND FOR HEALTH EQUITY
MARIDAND, MD 20070	20-4204212	301(0/(3/	100,000.	0.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE AGAPE CLINIC					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
4104 JUNIUS ST						'	
	14-1847977	E01/G\/3\	0.	6 062 429	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75246	14-104/9//	501(C)(3)	٠.	6,962,438.	PURCHASED	EQUIPMENT	PATIENTS SUPPORT TO US CLINICS &
MUE AMUENG NUDGEG GLINIG					ECULMANED	DHADMACEIMICAIC	
THE ATHENS NURSES CLINIC					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
240 NORTH AVENUE	E0 040000E	E01/G)/2)		15 556	WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
ATHENS, GA 30601	58-2490925	501(C)(3)	0.	15,556.	PRICE	SUPPLIES	PATIENTS
THE DIDTON CONTROL FOR DISPUTE					E (E T 1/2 E E E	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE BARTON CENTER FOR DIABETES					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
EDUCATION - 150 RICHARDSONS CORNER	00 0704000	504 (5) (0)		0.450	WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
ROAD - CHARLTON, MA 01507	22-2701822	501(C)(3)	0.	8,150.		EQUIPMENT	PATIENTS
					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.	6,828.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE BREVARD HEALTH ALLIANCE INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2120 SARNO ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
MELBOURNE, FL 32935	90-0068515	501(C)(3)	0.	198,394.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
THE CHRIS ATWOOD FOUNDATION					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
11890 SUNRISE VALLEY DRIVE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
RESTON, VA 20191	46-2749211	501(C)(3)	0.	274,198.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE COMMUNITY FREE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
528 A LAKE CONCORD ROAD NE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CONCORD, NC 28025	58-2131301	501(C)(3)	0.	17,927.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
							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.	473,812.	PRICE	SUPPLIES	PATIENTS		
						PHARMACEUTICALS	SUPPORT TO US CLINICS &		
THE DIABETES FAMILY CONNECTION					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR		
6325 FALLS OF NEUSE ROAD, SUITE 35	-				WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED		
RALEIGH, NC 27615	82-5369641	501(C)(3)	0.	6,331.	PRICE	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
THE FAMILY PLACE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
2241 BUTLER ST.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
DALLAS, TX 75235	75-1590896	501(C)(3)	0.	328,285.	PURCHASED	EQUIPMENT	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.	463,148.	PURCHASED	EQUIPMENT	PATIENTS		
				-	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
THE FREE MEDICAL CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR		
1875 HARDEN STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
COLUMBIA, SC 29204	57-0779279	501(C)(3)	0.	547,281.	PURCHASED	SUPPLIES	PATIENTS		
THE GLADES INITIATIVE, INC.									
149 SE AVENUE D									
BELLE GLADE, FL 33430	01-0733180	501(C)(3)	250,000.	0.			FUND FOR HEALTH EQUITY		
,,,				- •	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.	280 462.	PURCHASED	SUPPLIES	PATIENTS		
	01 0000101			200,102.	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.	46 104	PURCHASED	EQUIPMENT	PATIENTS		
	.0 0,00020		· · · · ·	10,101.	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
THE HALEY CENTER					WHOLESALE	OTHER,	HEALTH CENTERS FOR		
122 WEST CENTRAL AVENUE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
WINTER HAVEN, FL 33880	59-0766974	501(C)(3)	0.	1,065,925.	'	SUPPLIES,	PATIENTS		
HINIEN INVEN, FE 33000	33 0700374	501(0/(3/	ı	1,005,325.	r ovenivono	роттино,	F.7111111110		

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	1
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					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE HEALTH HUT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
310 WEST MISSISSIPPI AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
RUSTON, LA 71270	27-3764078	501(C)(3)	0.	1,190,719.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE HEARTS AND HANDS CLINIC, INC.					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
127 NORTH COLLEGE STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
STATESBORO, GA 30458	26-4597700	501(C)(3)	0.	374,505.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
THE LUKE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
9615 MAIN STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
WHITMORE LAKE, MI 48843	81-2779813	501(C)(3)	0.	92,616.	PURCHASED	SUPPLIES	PATIENTS
THE MAVEN PROJECT P.O BOX 7378 SAN FRANCISCO, CA 94120-7378	46-5370676	501(C)(3)	750,000.	0.			SAFETY NET SUPPORT
,			, -				SUPPORT TO US CLINICS &
THE NALOXONE PROJECT					ESTIMATED		HEALTH CENTERS FOR
742 JOSEPH CIRCLE					WHOLESALE		LOW-INCOME, UNINSURED
GOLDEN, CO 80403	88-0883760	501(C)(3)	0.	375,000.		PHARMACEUTICALS	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.	201,966.	PURCHASED	SUPPLIES	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE NIGHT MINISTRY					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1735 N ASHLAND AVE					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED
CHICAGO, IL 60622	36-3145764	501(C)(3)	0.	133,659.	PURCHASED	EQUIPMENT	PATIENTS
•				,			SUPPORT TO US CLINICS &
THE PAINTED TURTLE					ESTIMATED		HEALTH CENTERS FOR
17000 ELIZABETH LAKE ROAD					WHOLESALE		LOW-INCOME, UNINSURED
LAKE HUGHES, CA 93532	95-4612481	501(C)(3)	0.	49,311.		PHARMACEUTICALS	PATIENTS
		, , . ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
THE PIC PLACE					WHOLESALE	MEDICAL	HEALTH CENTERS FOR
87 MERCHANT DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
MONTROSE, CO 81401	47-0891200	501(C)(3)	0.	245 257	PURCHASED	EQUIPMENT	PATIENTS

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DIRECT RELIEF 95-1831116

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (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 valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) SUPPORT TO US CLINICS & THE REFUGE CLINIC ESTIMATED HEALTH CENTERS FOR 2349 RICHMOND ROAD WHOLESALE LOW-INCOME, UNINSURED 16,866. PRICE LEXINGTON, KY 40502 37-1547506 501(C)(3) 0. PHARMACEUTICALS PATTENTS SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS 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) 0 240,789. PURCHASED EOUIPMENT PATTENTS SUPPORT TO US CLINICS & THE SPAHR CENTER ESTIMATED HEALTH CENTERS FOR PHARMACEUTICALS WHOLESALE 150 NELLEN AVENUE STE, 100 MEDICAL LOW-INCOME UNINSURED CORTE MADERA, CA 94925 68-0072470 501(C)(3) 0. 7,104. PRICE SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & MEDICAL HEALTH CENTERS FOR THE URBAN CLINIC OF ATLANTA WHOLESALE 777 CLEVELAND AVE SW PRICE SUPPLIES LOW-INCOME, UNINSURED 27-0000606 501(C)(3) 0 302,237, PURCHASED EOUIPMENT PATTENTS ATLANTA, GA 30315 ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR THE WAY FREE MEDICAL CLINIC, INC. PHARMACEUTICALS 479 HOUSTON STREET PRICE MEDICAL LOW-INCOME, UNINSURED 102,720, PURCHASED 76-0828154 501(C)(3) SUPPLIES PATIENTS GREEN COVE SPRINGS, FL 32043 0. 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) 20 271 PURCHASED EOUIPMENT PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET SUITE 30 PRICE SUPPLIES LOW-INCOME, UNINSURED EOUIPMENT PATIENTS TOMBALL, TX 77375 76-0280324 501(C)(3) 0. 367 370 PURCHASED SUPPORT TO US CLINICS & ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR TRAC-B EXCHANGE WHOLESALE 6114 WEST CHARLESTON BLVD. MEDICAL LOW-INCOME, UNINSURED 158,427. PRICE LAS VEGAS NV 89146 82-3917829 501(C)(3) 0. SUPPLIES PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & TRAVERSE HEALTH CLINIC WHOLESALE MEDICAL HEALTH CENTERS FOR PRICE LOW-INCOME, UNINSURED 1719 S GARFIELD AVE SUPPLIES. TRAVERSE CITY, MI 49686 30-0224028 501(C)(3) 9 679 PURCHASED EOUIPMENT PATIENTS 0.

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Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	T ago
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					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.	207,224.	PURCHASED	SUPPLIES,	PATIENTS
TREE OF LIFE HEALTHCARE							
1968 NORTH AVENUE							
COLUMBUS, GA 31901	30-0791060	501(C)(3)	225,000.	0.			FUND FOR HEALTH EQUITY
					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.	216,608.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TRI CITY HEALTH PARTNERSHIP					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
318 WALNUT STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
ST. CHARLES, IL 60174	36-4475369	501(C)(3)	0.	459,302.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
TRIANGLE AREA NETWORK					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1495 N 7TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BEAUMONT, TX 77702	76-0226835	501(C)(3)	0.	1,152,213.	PURCHASED	EQUIPMENT	PATIENTS
TRIANGLE AREA NETWORK, INC.							
1495 NORTH 7TH STREET							
BEAUMONT, TX 77702	76-0226835	501(C)(3)	200,000.	0.			ABBVIE HEALTH EQUITY
					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.	35,858.	PURCHASED	SUPPLIES	PATIENTS
TRI-COUNTY COMMUNITY HEALTH				•		PHARMACEUTICALS	SUPPORT TO US CLINICS &
COUNCIL, INC. DBA COMMWELL HEALTH					ESTIMATED	, OTHER,	HEALTH CENTERS FOR
- 6114 HWY 301 SOUTH - FOUR OAKS,					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
NC 27524	58-1319204	501(C)(3)	0.	134,347.	PRICE	SUPPLIES,	PATIENTS
				,	ESTIMATED	1	SUPPORT TO US CLINICS &
TRIDENT MINISTRIES INTERNATIONAL					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
9942 S WESTERN AVENUE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
CHICAGO, IL 60643	82-4618349	501(C)(3)	0.	52,043.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & TRINITY FREE CLINIC WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PRICE. MEDICAL LOW-INCOME, UNINSURED 1045 WEST 146TH STREET, SUITE B 26,427. PURCHASED CARMEL, IN 46032 35-2120420 501(C)(3) 0. SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED TROUP CARES WHOLESALE MEDICAL HEALTH CENTERS FOR 301 MEDICAL DRIVE SUITE 501 PRICE SUPPLIES LOW-INCOME UNINSURED LAGRANGE, GA 30240 20-8176300 501(C)(3) 0 281,610. PURCHASED EOUTPMENT PATTENTS TRUECARE 150 VALPREDA ROAD SAN MARCOS, CA 92069 95-2847102 501(C)(3) 250,000 0. FUND FOR HEALTH EQUITY SUPPORT TO US CLINICS & TRUECARE ESTIMATED HEALTH CENTERS FOR 150 VALPREDA ROAD WHOLESALE LOW-INCOME, UNINSURED SAN MARCOS, CA 92069 95-2847102 501(C)(3) 0 9,264. PRICE PHARMACEUTICALS PATTENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR TRUST WOMEN 5107 E. KELLOG DR. LOW-INCOME, UNINSURED 27-3246473 501(C)(3) WICHITA, KS 67218 PHARMACEUTICALS PATIENTS 0. 139,302, SUPPORT TO US CLINICS & TRYSTERO/NEW ORLEANS HARM ESTIMATED PHARMACEUTICALS HEALTH CENTERS FOR REDUCTION - 4557 N RAMPART ST -WHOLESALE MEDICAL LOW-INCOME, UNINSURED NEW ORLEANS, LA 70117 91-1435394 501(C)(3) 175,064. PRICE SUPPLIES PATTENTS 0. ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR TULAKES CLINIC 6789 NW 39TH EXP PRICE SUPPLIES LOW-INCOME, UNINSURED 572 622 PURCHASED EOUIPMENT PATIENTS BETHANY OK 73008 73-0643163 501(C)(3) 0. ESTIMATED SUPPORT TO US CLINICS & TULE RIVER INDIAN HEALTH CENTER WHOLESALE HEALTH CENTERS FOR 380 N. RESERVATION ROAD PRICE. OTHER. LOW-INCOME, UNINSURED 27,258, PURCHASED PORTERVILLE, CA 93257 94-1669142 501(C)(3) 0. EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & TURNING POINTS ONE STOP MEDICAL WHOLESALE OTHER HEALTH CENTERS FOR AND DENTAL CLINIC - 701 17TH PRICE MEDICAL LOW-INCOME, UNINSURED AVENUE WEST - BRADENTON, FL 34205 59-3340921 501(C)(3) 147 028 PURCHASED SUPPLIES PATIENTS 0.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
					ESTIMATED		SUPPORT TO US CLINICS &		
TYLER FAMILY CIRCLE OF CARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
523 S. FANNIN AVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
TYLER, TX 75702	45-2578435	501(C)(3)	0.	174,180.	PURCHASED	SUPPLIES	PATIENTS		
U.S. & MEXICO FIREFIGHTERS UNITED 5838 MISSION CENTER ROAD									
SAN DIEGO, CA 92123	87-1547701	501(C)(3)	40,000.	0.			UKRAINE CRISIS		
						PHARMACEUTICALS	SUPPORT TO US CLINICS &		
UBI CARITAS HEALTH MINISTRIES					ESTIMATED	, OTHER,	HEALTH CENTERS FOR		
4450 HIGHLAND AVENUE					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED		
BEAUMONT, TX 77705	76-0558225	501(C)(3)	0.	17,295.	PRICE	SUPPLIES,	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
UBUNTU BLACK FAMILY WELLNESS					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
COLLECTIVE - 2611 GOVERNOR PRINTZ					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
BLVD - WILMINGTON, DE 19802	84-4234815	501(C)(3)	0.	58,650.	PURCHASED	SUPPLIES	PATIENTS		
							SUPPORT TO US CLINICS &		
UCSB STUDENT HEALTH					ESTIMATED		HEALTH CENTERS FOR		
UCSB BUILDING 588					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED		
SANTA BARBARA, CA 93106	95-6006145	STATE OF CALIFOR	0.	15,000.	PRICE	SUPPLIES	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
UF MOBILE OUTREACH CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
1249 CENTER DRIVE CG-82 #100249					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
GAINESVILLE, FL 32603	59-0974739	501(C)(3)	0.	240,621.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
UHP HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
12605 EAST FREEWAY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
HOUSTON, TX 77015	61-1757254	501(C)(3)	0.	83,622.	PURCHASED	SUPPLIES	PATIENTS		
							SUPPORT TO US CLINICS &		
UK NORTH FORK VALLEY COMMUNITY					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR		
HEALTH CENTER - 750 MORTON BLVD -					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED		
HAZARD, KY 41701	77-0651881	501(C)(3)	0.	14,157.	PRICE	SUPPLIES	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
UMC FREE CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR		
700 NW 183RD STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED		
MIAMI, FL 33169	85-0504960	501(C)(3)	0.	10,076.	PURCHASED	SUPPLIES	PATIENTS		

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 &
UMMA COMMUNITY CLINIC					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
711 WEST FLORENCE AVENUE					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90044	95-4666712	501(C)(3)	0.	6,225.	PRICE	SUPPLIES	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
UNC HEALTH CARE					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
4400 EMPEROR BLVD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
DURHAM, NC 27703	56-2206970	STATE OF NORTH C	0.	3,025,865.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
UNDERGROUND CLINIC					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
2217 UNIVERSITY SQUARE MALL					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
TAMPA, FL 33612	20-4722214	501(C)(3)	0.	16,160.	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.	85,650.	PURCHASED	EQUIPMENT	PATIENTS
UNIDOS BRIDGING COMMUNITY							
117 NE 5TH STREET							
MCMINNVILLE, OR 97128	30-0808779	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
UNION GOSPEL MISSION					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
3211 IRVING BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DALLAS, TX 75247	75-6003612	501(C)(3)	0.	399,312.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
UNITED AMERICAN INDIAN INVOLVEMENT					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
1453 W. TEMPLE STREET					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
LOS ANGELES, CA 90026-5648	95-2917933	501(C)(3)	0.	7,057.	PURCHASED	SUPPLIES	PATIENTS
							SUPPORT TO US CLINICS &
UNITED HEALTH CENTERS					ESTIMATED		HEALTH CENTERS FOR
2101 PETERS CREEK PARKWAY SUITES 1	5				WHOLESALE		LOW-INCOME, UNINSURED
WINSTON-SALEM, NC 27127	05-0589120	501(C)(3)	0.	27,542.	PRICE	PHARMACEUTICALS	PATIENTS
				•	ESTIMATED		SUPPORT TO US CLINICS &
UNITED MEDICAL AND SOCIAL SERVICES					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
2921 S ORLANDO DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SANFORD, FL 32773	84-1850758	501(C)(3)	0.	52 770.	PURCHASED	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	ırt II.)	raye
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED METHODIST MEXICAN AMERICAN							
MINISTRIES DBA GENESIS FAMILY							
HEALT - 1607 BUFFALO JONES -							
GARDEN CITY, KS 67846	48-1049519	501(C)(3)	500,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
UNITY HEALTH ON MAIN					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
505C NORTH MAIN ST					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
GREENVILLE, SC 29601	81-1080067	501(C)(3)	0.	86,272.	PURCHASED	SUPPLIES,	PATIENTS
UNIVERSAL COMMUNITY HEALTH CENTER							
2801 S. SAN PEDRO ST.							GENERAL LOCAL EMERGENCY
LOS ANGELES, CA 90011	27-0600887	501(C)(3)	100,000.	0.			PREP & RESPONSE
					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.	73,174.	PURCHASED	EQUIPMENT	PATIENTS
				,	ESTIMATED		SUPPORT TO US CLINICS &
UNIVERSITY HEALTH - TRUMAN MEDICAL					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
CENTER - 2301 HOLMES STREET -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
KANSAS CITY, MO 64108	44-0661018	501(C)(3)	0.	939,394.	PURCHASED	SUPPLIES	PATIENTS
UNIVERSITY MUSLIM MEDICAL							
ASSOCIATI - 711 WEST FLORENCE AVE							
- LOS ANGELES, CA 90044	95-4666712	501(C)(3)	117,000.	0.			FUND FOR HEALTH EQUITY
UNIVERSITY MUSLIM MEDICAL							
ASSOCIATION - 711 WEST FLORENCE AVE - LOS ANGELES, CA 90044	95-4666712	501 (C) (3)	407,000.	0.			POWER FOR HEALTH
UNIVERSITY OF COLORADO HEMOPHILIA	JJ 4000712	301(0/(3/	407,000.	٠.			SUPPORT TO US CLINICS &
AND THROMBOSIS CENTER MILE HIGH					ESTIMATED		HEALTH CENTERS FOR
HEMOPHILIA SUM - 13199 EAST					WHOLESALE		
MONTVIEW BLVD - AURORA, CO 80045	84-6000555	501/C\/3\	0.	36,755.		PHARMACEUTICALS	LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY OF FLORIDA FOUNDATION.	04-0000355	201(C)(3)	1	30,755.	LVICE	FHARMACEUTICALS	EVITENIS
· 1							
INC. FOR THE BENEFIT OF UNIVERSITY							AGGEGG MO MENTEN TO THE
- 1938 WEST UNIVERSITY AVENUE -	E0 00E4E00	F01/G)/2)		_			ACCESS TO MENTAL HEALTH
GAINESVILLE, FL 32603	59-0974739	POT(G)(3)	75,000.	0.			CARE AWARDS-TEVA

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) 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 &
UNIVERSITY OF MIAMI PEDIATRIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
MOBILE CLINIC - 1601 NW 12TH					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
AVENUE - MIAMI, FL 33136	59-0624458	501(C)(3)	0.	97,703.	PURCHASED	SUPPLIES	PATIENTS
UNIVERSITY OF WYOMING							
1000 E UNIVERSITY AVE							
LARAMIE, WY 82071	83-6000331	501(C)(3)	375,000.	0.			FUND FOR HEALTH EQUITY
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
UPHAM'S COMMUNITY CARE HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 415 COLUMBIA RD -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
DORCHESTER, MA 02125	23-7211732	501(C)(3)	0.	55,656.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED		SUPPORT TO US CLINICS &
UPPER VALLEY COMMUNITY HEALTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
SERVICES - 20 NORTH 3RD EAST -					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
SAINT ANTHONY, ID 83445	82-0527562	501(C)(3)	0.	43,742.	PURCHASED	SUPPLIES	PATIENTS
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
UPSTATE FAMILY HEALTH CENTER, INC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1001 NOYES STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
UTICA, NY 13502	47-4829539	501(C)(3)	0.	308,865.	PURCHASED	EQUIPMENT	PATIENTS
URBAN HEALTH PLAN							
1065 SOUTHERN BLVD							
BRONX, NY 10459	23-7360305	501(C)(3)	350,000.	0.			ABBVIE HEALTH EQUITY
,					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
URBAN HEALTH PLAN, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1065 SOUTHERN BLVD.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
BRONX, NY 10459	23-7360305	501(C)(3)	0.	597 371	PURCHASED	EQUIPMENT	PATIENTS
UTAH CENTER FOR BLEEDING AND			· · · · · ·	337,371.			SUPPORT TO US CLINICS &
CLOTTING DISORDERS AT PRIMARY					ESTIMATED		HEALTH CENTERS FOR
CHILDREN'S HOSPITAL - 100 N MARIO					WHOLESALE		LOW-INCOME, UNINSURED
CAPECCHI DRIVE - SALT LAKE CITY,	94-2854057	501(C)(3)	0.	18,308.		PHARMACEUTICALS	PATIENTS
emileeni brivi biili biili eiii,	34 2034037	301(0)(3)	•	10,300.	INICE	I IMMUNICED I TOMES	SUPPORT TO US CLINICS &
UTAH NALOXONE - ANDY'S					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
295 CHIPETA WAY					WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED
SALT LAKE CITY, UT 84108	87-6000525	501(C)(3)	0.	966,993.	PRICE	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	ırt 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
UTAH PARTNERS FOR HEALTH DBA							SUPPORT TO US CLINICS &
MID-VALLEY HEALTH CLINIC - 9103					ESTIMATED	PHARMACEUTICALS	HEALTH CENTERS FOR
SOUTH 1300 W #102 - WEST JORDAN,					WHOLESALE	, MEDICAL	LOW-INCOME, UNINSURED
UT 84088	27-0021804	501(C)(3)	0.	35,756.	PRICE	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.	100,394.	PURCHASED	SUPPLIES	PATIENTS
VALLEY HEALTH TEAM, INC P.O. BOX 737 21890 W. COLORADO AVEN							
SAN JOAQUIN, CA 93660	94-2217261	501(C)(3)	950,000.	0.			POWER FOR HEALTH
VALLEY PROFESSIONALS COMMUNITY							SUPPORT TO US CLINICS &
HEALTH CENTER, INC 777 S. MAIN					ESTIMATED		HEALTH CENTERS FOR
STREET - SUITE 100 - CLINTON, IN					WHOLESALE		LOW-INCOME, UNINSURED
47842	20-8998983	501(C)(3)	0.	8,256.	PRICE	PHARMACEUTICALS	PATIENTS
							SUPPORT TO US CLINICS &
VANCOUVER SCHOOL DISTRICT					ESTIMATED		HEALTH CENTERS FOR
2921 FALK ROAD					WHOLESALE		LOW-INCOME, UNINSURED
VANCOUVER, WA 98661	91-6001540	501(C)(3)	0.	10,000.	PRICE	PHARMACEUTICALS	PATIENTS
					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.	64,816.	PURCHASED	EQUIPMENT	PATIENTS
VERNON J. HARRIS EAST END CHC DBA					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
CAPITAL AREA HEALTH NETWORK - 2025					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
E. MAIN STREET - RICHMOND, VA					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
23223	54-1884190	501(C)(3)	0.	7,848.	PURCHASED	EQUIPMENT	PATIENTS
VIA CARE CHRONIC DISEASE					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MANAGEMENT CLINIC - 615 SOUTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
ATLANTIC BOULEVARD - LOS ANGELES,					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
CA 90022	80-0699156	501(C)(3)	0.	16,908.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
VIDA MOBILE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
10718 WHITE OAK AVE, UNIT 6					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
GRANADA HILLS, CA 91344	81-4209248	501(C)(3)	0.	221,101.	PURCHASED	EQUIPMENT	PATIENTS

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Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
VIEQUES EN RESCATE INC.									
P.O. BOX 202							ABBVIE PR MEDICALLY		
VIEQUES, PR 00765-0202	66-0809135	501(C)(3)	50,000.	0.			FRAGILE POPULATIONS		
VIRGINIA B. ANDES VOLUNTEER	00 0003133	501(0)(3)	30,000.	••			FRAGILE TOTOLATIONS		
COMMUNITY CLINIC - 21297 OLEAN									
BLVD UNIT B - PORT CHARLOTTE, FL									
33952	65-0958642	501(C)(3)	100,000.	0.			HURRICANE IAN		
55552	03 0330012	501(0)(3)	100,000.	••	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
VIRGINIA HARM REDUCTION COALITION					WHOLESALE	MEDICAL	HEALTH CENTERS FOR		
350 ALBEMARLE AVENUE SW					PRICE,	SUPPLIES.	LOW-INCOME, UNINSURED		
ROANOKE, VA 24016	83-2479145	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS		
VISITING NURSE ASSOCIATION OF				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
CENTRAL 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.	76,457.	, PURCHASED	EQUIPMENT	PATIENTS		
,				,			ABBVIE PR EMERGENCY PREP		
VOCES							& RESP, ABBVIE PR		
PMB 290 JUAN C BORBON ST#35, STE 6	7						MEDICALLY FRAGILE		
GUAYNABO, PR 00969	66-0798610	501(C)(3)	768,969.	0.			POPULATIONS		
VOCES COALICION DE VACUNACION DE			·				SUPPORT TO US CLINICS &		
PUERTO RICO, INC PBM 290 JUAN C					ESTIMATED		HEALTH CENTERS FOR		
BORBON STREET 37 - GUAYNABO, PR					WHOLESALE		LOW-INCOME, UNINSURED		
00969	66-0798610	501(C)(3)	0.	172,136.	PRICE	PHARMACEUTICALS	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
VOLUNTEER HEALTHCARE CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
4215 MEDICAL PARKWAY					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
AUSTIN, TX 78756	74-6082464	501(C)(3)	0.	36,663.	PURCHASED	SUPPLIES	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
3728 PHILIPS HWY STE 34					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
JACKSONVILLE, FL 32207	75-3002172	501(C)(3)	0.	382,608.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
1195 W SAN ANTONIO ST					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
NEW BRAUNFELS, TX 78130	26-2221231	501(C)(3)	0.	150,607.	PURCHASED	EQUIPMENT	PATIENTS		

Schedule I (Form 990)

(a) Name and address of organization or government (b) EN (c) FC section of applicable or gammant or gapicable or gammant or ga	Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
VOLUNTEERS IN MEDICINE	` '	(b) EIN	` '	` '	noncash	valuation (book, FMV,	107	
190 N PERNSYLVANIA AVE WILKES BARKE, PA 18702 20-3531527 501(C)(3) 0. 11,177 FURCHASED BOUFMERT ATTEMNS VOLUNTERS IN MEDICINE CLINIC 417 SE BABOA AVENUE STUART, FL 34994 65-115793 501(C)(3) 0. 521,724 FURCHASED SUPPLIES, LOW-INCOME, UNINSURED PRICE, MEDICAL LOW-INCOME, UNINSURED PRICES, MEDICAL LOW-INCOME, UNINSURED PRICE, MEDICAL LOW-INCO						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
MILES BARRE, PA 18702 20-3531527 501(c)(3) 0. 11,177. PURCHASED PATHENTS AUDITHORN PATTENTS SUPPORT TO US CLINICS & WHOLESALE MEDICAL MEDICAL MEDICAL SUPPORT TO US CLINICS & WHOLESALE MEDICAL MEDICA	VOLUNTEERS IN MEDICINE					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
STIMATED	190 N PENNSYLVANIA AVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VOLUNTEERS IN MEDICINC CLINIC STATEMENT STORT	WILKES BARRE, PA 18702	20-3531527	501(C)(3)	0.	11,177.	PURCHASED	EQUIPMENT	PATIENTS
## SE BALBOA AVENUE ## STUARED ##						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
STURRT, FL 34994 65-1115793 501(C)(3) 0. 521,724, PURCHASED PHARMACEUTICALS SUPPORT TO US CLINICS & MINUSERS IN MEDICINE CLINIC CARROLL OF SUPPLIES SUPPLIES, LOW-INCOME, UNINSURED PRICE, SUPPLIES, LOW-INCOME, UNINSURED STIMATED MINUSERS IN MEDICINE CLINIC OF SUPPLIES SUPPL	VOLUNTEERS IN MEDICINE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
VOLUNTEERS IN MEDICINE CLINIC VOLUNTEERS IN MEDICINE CLINIC VOLUNTEERS IN MEDICINE CLINIC OF SPRINGFIELD, OR 97477 93-1276816 501(c)(3) 0. 76,894, FURCHASED ESTIMATED WHOLESALE WHOLESALE PRICE, SUPPLIES, SUPPLIES, SUPPORT TO US CLINICS & WHOLESALE WHOLE	417 SE BALBOA AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VOLUNTEERS IN MEDICINE CLINIC 260 MARCOLA RD 276 MA	STUART, FL 34994	65-1115793	501(C)(3)	0.	521,724.	PURCHASED	EQUIPMENT	PATIENTS
2260 MARCOLA RD SPRINGFIELD, OR 97477 93-1276816 501(C)(3) 0. 76,894, PURCHASED WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR HOLESALE PHARMACEUTICALS HEALTH CENTERS FOR HOLESALE PHARMACEUTICALS HEALTH CENTERS FOR HOLESALE HILTON HEAD ISLAND, SC 29926 57-0959206 501(C)(3) 0. 2,439,838. PURCHASED VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210 52-2257885 501(C)(3) 0. 31,472. PURCHASED HOLESALE HEALTH CENTERS FOR HOLESALE HEALTH CENTERS HEALTH CENTERS HEALTH CENTERS HEALTH CENTERS HEALTH CENTERS HEALTH CENTERS HEALTH C						ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
SPRINGFIELD, OR 97477 93-1276816 501(C)(3) 0. 76,894. PURCHASED EQUIPMENT PATIENTS	VOLUNTEERS IN MEDICINE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
VOLUNTEERS IN MEDICINE CLINIC OF HETE CASCADES - 2300 NE NEFF ROAD - BEND, OR 97701 93-1327847 501(C)(3) 0. 614,237. FURCHASED SUPPLIES PATEIRNTS VOLUNTEERS IN MEDICINE DBA CLINIC ENTERS FOR HEADY ARTER FOR A HEALTH CENTERS FOR HEADY A 4877 MISSION STREET - SAN FRANCISCO, CA 94112 26-2593712 501(C)(3) 0. 67,170. FURCHASED SUPPLIES PATEIRNTS VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHHIDDE DRIVE - HILTON HEAD ISLAND, SC 29926 57-0959206 501(C)(3) 0. 2,439,838. FURCHASED SUPPLIES PATEIRNTS VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210 52-2257885 501(C)(3) 75,000. 0. 31,472. FURCHASED SUPPLIES PATEIRNTS VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210 52-2257885 501(C)(3) 0. 31,472. FURCHASED SUPPLIES PATEIRNTS VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210 52-2257885 501(C)(3) 0. 31,472. FURCHASED SUPPLIES PATEIRNTS VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210 52-2257885 501(C)(3) 0. 31,472. FURCHASED SUPPLIES PATEIRNTS VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210 52-2257885 501(C)(3) 0. 31,472. FURCHASED SUPPLIES PATEIRNTS VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210 52-2257885 501(C)(3) 0. 31,472. FURCHASED SUPPLIES PATEIRNTS VOLUNTEERS IN MEDICINE OF SOUTHERN NEVADA - 1240 NORTH MARTIN LUTHER FOR LOW-INCOME, UNINSURED FOR LOW-INCOME, UNINSURED LOW-INCOME, UNINSURED FOR LOW-INCOME, UNINSURED FOR LOW-INCOME, UNINSURED LOW-INCOME, UNINSURE	2260 MARCOLA RD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
VOLUNTEERS IN MEDICINE CLINIC OF THE CASCADES - 2300 NE NEFF ROAD - 93-1327847 501(C)(3) 0. 614,237, PURCHASED PHARMACEUTICALS COM-INCOME, UNINSURED PATIENTS VOLUNTEERS IN MEDICINE DBA CLINIC BY THE BAY - 4877 MISSION STREET - SAN FRANCISCO, CA 94112 26-2593712 501(C)(3) 0. 67,170, PURCHASED VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HEALTH CENTERS FOR PATIENTS VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COUNT HOUSE, NJ 08210 VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COUNT HOUSE, NJ 08210 VOLUNTEERS IN MEDICINE OF SOUTHEN NEED TO US CLINICS & WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE PHARMACEU	SPRINGFIELD, OR 97477	93-1276816	501(C)(3)	0.	76,894.	PURCHASED	EQUIPMENT	PATIENTS
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BY THE BAY - 4877 MISSION STREET - 26-2593712 501(C)(3) 0. 67,170 PURCHASED SUPPLIES PATIENTS **STIMATED** **PRICE, PHARMACEUTICALS SUPPORT TO US CLINICS & PATIENTS** **PRICE, PHARMACEUTICALS SUPPORT TO US CLINICS & PATIENTS** **PRICE, PHARMACEUTICALS SUPPORT TO US CLINICS & PATIENTS** **STIMATED** **PRICE, PHARMACEUTICALS SUPPORT TO US CLINICS & PATIENTS** **STIMATED** **PRICE, PHARMACEUTICALS SUPPORT TO US CLINICS & PATIENTS** **OTHER, HEALTH CENTERS FOR MEDICAL LOW-INCOME, UNINSURED SUPPLIES PATIENTS** **VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY **COURT HOUSE, NJ 08210** **STIMATED** **WHOLESALE PHARMACEUTICALS SUPPORT TO US CLINICS & PATIENTS** **SUPPLIES PATIENTS** **SUPPLIES PATIENTS** **SUPPORT TO US CLINICS & PATIENTS** **VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY SUPPLIES PATIENTS** **SUPPORT TO US CLINICS & PATIENTS** **VOLUNTEERS IN MEDICINE OF SOUTHERN PRICE, PHARMACEUTICALS PATIENTS** **VOLUNTEERS IN MEDICI						ESTIMATED		SUPPORT TO US CLINICS &
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VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210 TOUS CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED SUPPORT TO US CLINICS & DESTINATED SUPPLIES PATIENTS ESTIMATED SUPPLIES PATIENTS ESTIMATED SUPPORT TO US CLINICS & WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR PRICE, MEDICAL LOW-INCOME, UNINSURED VOLUNTEERS IN MEDICINE OF SOUTHERN PRICE, MEDICAL LOW-INCOME, UNINSURED	COURT HOUSE NJ 08210	52-2257585	501(C)(3)	75,000.	0.			CARE AWARDS-TEVA
JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210 52-2257585 501(C)(3) 0. 31,472. PURCHASED SUPPLIES SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEVADA - 1240 NORTH MARTIN LUTHER PRICE, MEDICAL SUPPLIES SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED	,			,		ESTIMATED		SUPPORT TO US CLINICS &
JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210 52-2257585 501(C)(3) 0. 31,472. PURCHASED SUPPLIES SUPPORT TO US CLINICS & HEALTH CENTERS FOR NEVADA - 1240 NORTH MARTIN LUTHER PRICE, MEDICAL SUPPLIES SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED	VOLUNTEERS IN MEDICINE OF SOUTH					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
COURT HOUSE, NJ 08210 52-2257585 501(C)(3) 0. 31,472. PURCHASED SUPPLIES PATIENTS VOLUNTEERS IN MEDICINE OF SOUTHERN NEVADA - 1240 NORTH MARTIN LUTHER SUPPORT TO US CLINICS & HEALTH CENTERS FOR PRICE, MEDICAL WHOLESALE PHARMACEUTICALS LOW-INCOME, UNINSURED								
ESTIMATED SUPPORT TO US CLINICS & VOLUNTEERS IN MEDICINE OF SOUTHERN WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR NEVADA - 1240 NORTH MARTIN LUTHER PRICE, MEDICAL LOW-INCOME, UNINSURED		52-2257585	501(C)(3)	0.	31,472.	· ·	'	•
VOLUNTEERS IN MEDICINE OF SOUTHERN NEVADA - 1240 NORTH MARTIN LUTHER WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR LOW-INCOME, UNINSURED	,				,			
NEVADA - 1240 NORTH MARTIN LUTHER LOW-INCOME, UNINSURED	VOLUNTEERS IN MEDICINE OF SOUTHERN						 PHARMACEUTICALS	
	KING BLVD - LAS VEGAS, NV 89106	39-2072453	501(C)(3)	0.	253 115.	· ·	SUPPLIES	PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
W LOUISVILLE PERFORMING ARTS ACAD									
PO BOX 11035	61-1181511	E01/G)/2)	120 000	0.			BUND BOD HEALTH BOHLTON		
LOUISVILLE, KY 40251-0035 WAIANAE DISTRICT COMPREHENSIVE	01-1101511	501(C)(3)	120,000.	٠.		PHARMACEUTICALS	FUND FOR HEALTH EQUITY SUPPORT TO US CLINICS &		
HEALTH AND HOSPITAL BOARD DBA					ESTIMATED	, OTHER,	HEALTH CENTERS FOR		
WAIANAE COAST COMPR - 86-260	00 0140164	E01/G)/2)		12.011	WHOLESALE	MEDICAL	LOW-INCOME, UNINSURED		
FARRINGTON HIGHWAY - WAIANAE, HI	99-0148164	501(C)(3)	0.	13,911.		SUPPLIES,	PATIENTS		
WASATCH HOMELESS HEALTH CARE DBA					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
FOURTH STREET CLINIC - 409 WEST					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
400 SOUTH - SALT LAKE CITY, UT					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
84101	87-0569356	501(C)(3)	0.	,	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
WASHINGTON 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)	0.	1,684,686.	PURCHASED	SUPPLIES	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
WATCH HEALTHCARE PROGRAM					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR		
2700 WAYNE MEMORIAL DRIVE					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED		
GOLDSBORO, NC 27534	58-1881912	501(C)(3)	0.	633,892.	PURCHASED	SUPPLIES	PATIENTS		
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
WAUKESHA FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR		
237 WISCONSIN AVENUE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
WAUKESHA, WI 53186	39-1273248	501(C)(3)	0.	148,047.	PURCHASED	EQUIPMENT	PATIENTS		
					ESTIMATED		SUPPORT TO US CLINICS &		
WE HEALTH CLINIC, P.A.					WHOLESALE		HEALTH CENTERS FOR		
32 E 1ST STREET, SUITE 300					PRICE,		LOW-INCOME, UNINSURED		
DULUTH, MN 55802	41-1444270	501(C)(3)	0.	74,317.	PURCHASED	PHARMACEUTICALS	PATIENTS		
				,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
WELLNESS AND STRESS CLINIC OF					WHOLESALE	MEDICAL	HEALTH CENTERS FOR		
MEMPHIS - 3885 TCHULAHOMA ROAD -					PRICE,	, SUPPLIES,	LOW-INCOME, UNINSURED		
MEMPHIS, TN 38118	31-1672935	501(C)(3)	0.		PURCHASED	EQUIPMENT	PATIENTS		
,	1 - 1 - 1 - 1 - 3 - 3	, -, , -,		, ,	ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &		
WELLNESS POINTE					WHOLESALE	. MEDICAL	HEALTH CENTERS FOR		
1011 E. WHALEY ST.					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED		
LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	948 362	PURCHASED	EQUIPMENT	PATIENTS		
HOROVIEW, IN /JUUI	13 4143333	Po+(c/(J/	<u> </u>	7±0,302.	CUCHADED	EZOTI HEMI	LIIIIIII		

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant valuation organization or government if applicable cash grant noncash non-cash assistance or assistance (book, FMV, assistance appraisal, other) ESTIMATED SUPPORT TO US CLINICS & WELLSPACE HEALTH WHOLESALE PHARMACEUTICALS HEALTH CENTERS FOR 4990 STOCKTON BLVD PRICE. MEDICAL LOW-INCOME, UNINSURED SACRAMENTO, CA 95820 94-1713704 501(C)(3) 0. 5 805, PURCHASED SUPPLIES PATIENTS PHARMACEUTICALS SUPPORT TO US CLINICS & ESTIMATED WELVISTA WHOLESALE MEDICAL HEALTH CENTERS FOR 121 GREYSTONE BLVD PRICE SUPPLIES LOW-INCOME UNINSURED COLUMBIA, SC 29210 56-2034627 501(C)(3) 0 35,861,634, PURCHASED EOUIPMENT PATTENTS ESTIMATED SUPPORT TO US CLINICS & WESLEY COMMUNITY AND HEALTH WHOLESALE HEALTH CENTERS FOR PHARMACEUTICALS CENTERS - 1300 SOUTH 10TH STREET PRICE MEDICAL LOW-INCOME UNINSURED PHOENIX, AZ 85034 86-0133770 501(C)(3) 0. 908,855, PURCHASED SUPPLIES PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR WEST ADA SCHOOL DISTRICT ESTIMATED 1303 E CENTRAL DRIVE WHOLESALE LOW-INCOME, UNINSURED MERIDIAN, ID 83642 82-6001213 501(C)(3) 0 14,500, PRICE PHARMACEUTICALS PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR WEST CECIL HEALTH CENTER, INC. 49 ROCK SPRINGS ROAD PRICE SUPPLIES. LOW-INCOME, UNINSURED 20-5860113 501(C)(3) CONOWINGO, MD 21918 21,940. PURCHASED EQUIPMENT PATIENTS 0. WEST SIDE COMMUNITY HEALTH SERVICES - 153 CESAR CHAVEZ ST -23-7156236 501(C)(3) ST. PAUL MN 55107 180,000 0. ABBVIE HEALTH EOUITY ESTIMATED SUPPORT TO US CLINICS & WHOLESALE HEALTH CENTERS FOR WEST VIRGINIA HEALTH RIGHT PHARMACEUTICALS 1520 EAST WASHINGTON STREET PRICE MEDICAL LOW-INCOME, UNINSURED 300 382 PURCHASED SUPPLIES PATIENTS CHARLESTON WV 25311 31-1066881 501(C)(3) 0. WESTERN MARYLAND HEALTH CARE ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WHOLESALE MEDICAL HEALTH CENTERS FOR CORPORATION / DBA MOUNTAIN LAUREL MEDICAL CENTER - 1027 MEMORIAL PRICE. SUPPLIES. LOW-INCOME, UNINSURED DRIVE - OAKLAND MD 21550 23-7300642 501(C)(3) 0. 29 044 PURCHASED EOUIPMENT PATTENTS ESTIMATED PHARMACEUTICALS SUPPORT TO US CLINICS & WESTERN OKLAHOMA FAMILY CARE WHOLESALE MEDICAL HEALTH CENTERS FOR CENTER - 609 WEST AVE. E - ELK PRICE LOW-INCOME, UNINSURED SUPPLIES. CITY, OK 73644 26-1284785 501(C)(3) 0. 153 981 PURCHASED EOUIPMENT PATIENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED		SUPPORT TO US CLINICS &
WESTERN SIERRA MEDICAL CLINIC					WHOLESALE	PHARMACEUTICALS	HEALTH CENTERS FOR
844 OLD TUNNEL ROAD					PRICE,	, MEDICAL	LOW-INCOME, UNINSURED
GRASS VALLEY, CA 95945	94-2279011	501(C)(3)	0.	48,835.	PURCHASED	SUPPLIES	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WESTERN TIDEWATER FREE CLINIC,					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
INC 2019 MEADE PARKWAY -					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
SUFFOLK, VA 23434	26-3302837	501(C)(3)	0.	84,156.	PURCHASED	SUPPLIES,	PATIENTS
MEGENTINGER EDGE OF THE							
WESTMINSTER FREE CLINIC							AGGEGG MO MENMAL HEALMH
2673 SAN MIGUEL CIRCLE	77 05 (2241	E01/G)/2)	75 000	0.			ACCESS TO MENTAL HEALTH
THOUSAND OAKS, CA 91360	77-0563241	501(C)(3)	75,000.	0.	ЕСПТИАПЕР	PHARMACEUTICALS	CARE AWARDS-TEVA
WEGENTNOMED EDEE OF THIS					ESTIMATED		SUPPORT TO US CLINICS &
WESTMINSTER FREE CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2673 SAN MIGUEL CIRCLE		F01/G)/2)		404 061	PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
THOUSAND OAKS, CA 91360	77-0563241	501(C)(3)	0.	404,061.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WESTSIDE FAMILY HEALTH CENTER					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1711 OCEAN PARK BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
SANTA MONICA, CA 90405	95-2931931	501(C)(3)	0.	16,890.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WHATLEY HEALTH SERVICES, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
2731 M. L. KING, JR. BLVD					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
TUSCALOOSA, AL 35401	63-0727781	501(C)(3)	0.	319,225.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WHEELING HEALTH RIGHT					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
61-29TH STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
WHEELING, WV 26003	31-1149085	501(C)(3)	0.	51,890.	PURCHASED	EQUIPMENT	PATIENTS
						PHARMACEUTICALS	SUPPORT TO US CLINICS &
WHITE BIRD NEST					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
341 E.12TH AVE					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
EUGENE, OR 97401	93-0585814	501(C)(3)	0.	6,645.	PRICE	EQUIPMENT	PATIENTS
WHITEFOORD, INC.							
1353 GEORGE W. BRUMLEY WAY, S.E.							
ATLANTA, GA 30317	58-2180056	501(C)(3)	260,000.	0.			FUND FOR HEALTH EQUITY
TILIMIN, GR JUJI/	1 30 2100036	501(0/(3/	200,000.	0.	1		FOUR TOWNERS TO EQUITE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WHOLE FAMILY HEALTH CENTER					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
981 37TH PLACE					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
VERO BEACH, FL 32960	65-0715258	501(C)(3)	0.	17,466.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WILDFLOWER HEALTHCARE					WHOLESALE	, OTHER,	HEALTH CENTERS FOR
268 HERBERT STREET					PRICE,	MEDICAL	LOW-INCOME, UNINSURED
ST. AUGUSTINE, FL 32084	52-2125419	501(C)(3)	0.	114,560.	PURCHASED	SUPPLIES,	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WILKES RECOVERY REVOLUTION, INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
1907 WEST PARK DRIVE					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
NORTH WILKESBORO, NC 28659	81-1600840	501(C)(3)	0.	44,894.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WILL COUNTY COMMUNITY HEALTH					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
CENTER - 1106 NEAL AVENUE -					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JOLIET, IL 60433	36-3971168	501(C)(3)	0.	67,814.	PURCHASED	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WILL GRUNDY MEDICAL CLINIC					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
601 E CASS STREET					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
JOLIET, IL 60432	36-3492306	501(C)(3)	0.	11,915.	PURCHASED	EQUIPMENT	PATIENTS
WILLIAM F. RYAN COMMUNITY HEALTH						PHARMACEUTICALS	SUPPORT TO US CLINICS &
CENTER, INC. (DBA RYAN HEALTH) -					ESTIMATED	, MEDICAL	HEALTH CENTERS FOR
110 W. 97 STREET - NEW YORK, NY					WHOLESALE	SUPPLIES,	LOW-INCOME, UNINSURED
10025	13-2884976	501(C)(3)	0.	6,523.	PRICE	EQUIPMENT	PATIENTS
					ESTIMATED	PHARMACEUTICALS	SUPPORT TO US CLINICS &
WILLING HELPERS MEDICAL INC.					WHOLESALE	, MEDICAL	HEALTH CENTERS FOR
4186 MILL STREET SUITE A					PRICE,	SUPPLIES,	LOW-INCOME, UNINSURED
COVINGTON, GA 30014	56-2602392	501(C)(3)	0.	377,648.	PURCHASED	EQUIPMENT	PATIENTS
							SUPPORT TO US CLINICS &
WILSON COUNTY SCHOOLS					ESTIMATED		HEALTH CENTERS FOR
415 HARDING DRIVE					WHOLESALE		LOW-INCOME, UNINSURED
LEBANON, TN 37087	62-6000917	WILSON COUNTY	0.	6,250.	PRICE	PHARMACEUTICALS	PATIENTS
-				•			
WINTERS HEALTHCARE							
172 E. GRANT AVENUE							
WINTERS, CA 95694-1780	68-0454670	501(C)(3)	490,000.	0.			POWER FOR HEALTH-CA

Schedule I (Form 990)

DIRECT RELIEF 95-1831116

(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
	501(C)(3)	0.	159,611.	WHOLESALE PRICE,	PHARMACEUTICALS , MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
81-4112042	501(C)(3)	200,000.	0.			COVID-19 MEDICAL OXYGEN
85-0388252	501(C)(3)	200,000.	0.			FUND FOR HEALTH EQUITY
85-0246036	501(C)(3)	380,000.	0.			FUND FOR HEALTH EQUITY
				WHOLESALE	PHARMACEUTICALS , MEDICAL	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
31-1812810	501(C)(3)	0.	,	ESTIMATED WHOLESALE	PHARMACEUTICALS , MEDICAL SUPPLIES,	PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED
22-3125397	501(C)(3)	0.	54,716.	PURCHASED	EQUIPMENT	PATIENTS
	81-4112042 85-0388252 85-0246036 31-1812810		75-2616002 501(C)(3) 0. 81-4112042 501(C)(3) 200,000. 85-0388252 501(C)(3) 200,000. 85-0246036 501(C)(3) 380,000.	assistance 75-2616002 501(C)(3) 0. 159,611. 81-4112042 501(C)(3) 200,000. 0. 85-0388252 501(C)(3) 200,000. 0. 31-1812810 501(C)(3) 0. 32,651.	assistance (book, FMV, appraisal, other) ESTIMATED WHOLESALE PRICE, 75-2616002 501(C)(3) 0. 159,611. PURCHASED 81-4112042 501(C)(3) 200,000. 0. 85-0388252 501(C)(3) 200,000. 0. ESTIMATED WHOLESALE PRICE ESTIMATED WHOLESALE PRICE, 31-1812810 501(C)(3) 0. 32,651. PRICE ESTIMATED WHOLESALE PRICE,	assistance (book, FMV, appraisal, other) ESTIMATED WHOLESALE PHARMACEUTICALS PRICE, MEDICAL SUPPLIES 81-4112042 501(C)(3) 200,000. 0. 85-0388252 501(C)(3) 200,000. 0. 85-0388252 501(C)(3) 380,000. 0. ESTIMATED PHARMACEUTICALS WHOLESALE MEDICAL MEDICAL SUPPLIES 31-1812810 501(C)(3) 0. 32,651. PRICE SUPPLIES ESTIMATED PHARMACEUTICALS WHOLESALE MEDICAL SUPPLIES ESTIMATED PHARMACEUTICALS MEDICAL SUPPLIES ESTIMATED PHARMACEUTICALS MEDICAL SUPPLIES, MEDICAL SUPPLIES,

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Schedule I (Form 990)

Schedule I (Form 990) 2022 DIRECT RELIEF 95–1831116 Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
rt IV Supplemental Information. Provide the information	on required in Part I. lin	e 2: Part III. column	(b): and any other ad	ditional information.	
Γ I, LINE 2:	,	, ,	(//)		
·					
EPT IN CERTAIN EMERGENCY RESPONSE SITUATION	S WHERE THE TIMEL	INESS OF OUR			
PONSE IS PARAMOUNT, GRANT RECIPIENTS SIGN M	EMORANDUMS OF UND	ERSTANDING			
LINING THE RESPONSIBILITIES OF DIRECT RELIE	F AND THE GRANTEE	. REPORTING			
THE GRANTEE VARIES BASED ON THE SIZE, SCOPE	AND TYPE OF PRO	GRAM			
,	•	,			
GING FROM MONTHLY, QUARTERLY, OR ANNUAL REP	ORTING, WITH A FI	NAL REPORT			
UPON COMPLETION OF THE PROJECT. DIRECT REL	IEF ALSO HAS THE	RIGHT TO AND			
S MAKE SITE VISITS TO GRANTEES TO ENSURE CO	MPLIANCE WITH THE	PROJECT			
POSAL. THIS IS ESPECIALLY THE CASE WHEN IT	COVER TO THE WOLL	MODING OF			

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS. PART II, LINE 1, COLUMN (G): NAME OF ORGANIZATION OR GOVERNMENT: A PROMISE TO HELP (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: ACCESS HEALTH LOUISIANA ST. CHARLES COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: ANDERSON FREE CLINIC (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: BETHESDA FREE HEALTH CLINIC OF DIBERVILLE (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

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Schedule I (Form 990)

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information 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: BORINQUEN HEALTH CARE CENTER, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: BROAD STREET CLINIC FOUNDATION (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: BROWNSVILLE COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CAMILLUS HEALTH CONCERN (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CAPE FEAR CLINIC, INC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CAPITOL CITY FAMILY HEALTH CENTER DBA CARESOUTH MEDICAL & DENTAL

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Schedule I (Form 990)

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CATHOLIC CHARITIES (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CENTRO DE SALUD DE LARES, INC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC. (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: CLEARWATER FREE CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COASTAL HEALTH & WELLNESS GALVESTON COUNTY HEALTH DISTRICT (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: COLLIER HEALTH SERVICES, INC DBA HEALTHCARE NETWORK (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMONSENSE CHILDBIRTH (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY ACTION CORPORATION OF SOUTH TEXAS ALICE HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH CARE SYSTEMS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH CENTER OF WEST PALM BEACH (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

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DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH NORTHWEST FLORIDA (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY HEALTH OF SOUTH FLORIDA (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CORPORACION DE SERVICIOS MEDICOS PRIMARIOS Y PREVENCION DE HATILLO, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CORPORACIN LA FONDITA DE JESS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: CORPORACION SANOS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COSSMA, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: COUNTY OF SANTA CRUZ HEALTH SERVICES AGENCY - HOMELESS PERSONS HEALTH PROJEC

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DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: DADE COUNTY STREET RESPONSE (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: DELTA HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: DOCTORS WITHOUT WALLS-SANTA BARBARA STREET MEDICINE (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: EL PUNTO EN LA MONTAA, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: EXCELTH, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

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DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA (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: FLAGLER COUNTY FREE CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FORT BEND FAMILY HEALTH CENTER ACCESSHEALTH (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FOUNDCARE, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FRANKLIN PRIMARY HEALTH CENTER

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DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FREDERIKSTED HEALTH CARE, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FREE MEDICAL CLINIC OF DARLINGTON COUNTY (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: FREE MEDICAL CLINIC OF THE OZARKS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: GOOD HEALTH CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: GOOD SAMARITAN CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: GOOD SAMARITAN CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: GOOD SAMARITAN CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: GOOD SAMARITAN HEALTH CLINIC OF PASCO (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: GOOD SHEPHERD FREE MEDICAL CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: GRACE MEDICAL HOME (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: GULF COAST HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: HEALTH AND HOPE CLINIC, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: HOMESTEAD COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: INTEGRATED HEALTH CARE SYSTEMS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: INTERCAMBIOS PUERTO RICO. INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: INTERFAITH CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: J.C. LEWIS HEALTH CARE CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: KATY TRAIL COMMUNITY HEALTH CENTER SEDALIA (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: LESTONNAC FREE CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: LONE STAR COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

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DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: MANNA MEDICAL CLINIC (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: MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM MEDICAL CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MED CENTRO, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MEDICAL OUTREACH MINISTRIES (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MERCI CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MIAMI BEACH COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

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DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MOBILE COUNTY HEALTH DEPARTMENT (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MOUNTAIN COMPREHENSIVE HEALTH CORPORATION (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: MY NEIGHBOR'S CHARITABLE PHARMACY (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD HEALTH CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD MEDICAL CENTER, INC. (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

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: ORANGE BLOSSOM FAMILY HEALTH CENTER FOR THE HOMELESS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: PANCARE OF FLORIDA, INC. (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 SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: PREMIER MOBILE HEALTH SERVICES (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: PROJECT HEAL OF SANTA BARBARA COUNTY (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: PUERTO RICO DEPARTMENT OF HEALTH (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: PUERTO RICO SALUD INC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT Schedule I (Form 990)

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DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA COUNTY EXECUTIVE OFFICE (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SANTA BARBARA NEIGHBORHOOD CLINICS (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SEMO HEALTH NETWORK SOUTHEAST MISSOURI HEALTH NETWORK (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: SOUTHEAST MS RURAL HEALTH INITIATIVE, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SPACE COAST VOLUNTEERS IN MEDICINE (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information NAME OF ORGANIZATION OR GOVERNMENT: SPRING BRANCH COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: ST. GABRIEL EASTSIDE COMMUNITY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: ST. JOSEPH SOCIAL WELFARE BOARD (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: SU CLINICA FAMILIAR (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: SULZBACHER HEALTH CENTER DOWNTOWN CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: TAMPA FAMILY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: TANDEM HEALTH SC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: TECHE ACTION CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: THE HALEY CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: TREASURE COAST COMMUNITY HEALTH (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: 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: TURNING POINTS ONE STOP MEDICAL AND DENTAL CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT

DIRECT RELIEF 95-1831116 Schedule I (Form 990) Page 2 Part IV | Supplemental Information 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: UNDERGROUND CLINIC (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: UNITY HEALTH ON MAIN (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: WAIANAE DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD DBA WAIANAE COAST C (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: WESTERN TIDEWATER FREE CLINIC, INC. (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: WHOLE FAMILY HEALTH CENTER (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT NAME OF ORGANIZATION OR GOVERNMENT: WILDFLOWER HEALTHCARE (G) DESCRIPTION OF NON-CASH ASSISTANCE: PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number DIRECT RELIEF 95-1831116 Part I Questions Regarding Compensation

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

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

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THOMAS TIGHE	(i)	605,893.	0.	0.	14,500.	32,217.	652,610.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BHUPI SINGH	(i)	391,893.	0.	0.	14,500.	8,349.	414,742.	0.
EXEC VP, SR ADVISOR (THRU 07/22)	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAWN LONG	(i)	378,770.	0.	0.	14,500.	9,493.	402,763.	0.
SENIOR VP, COO	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JONATHAN STEINER	(i)	306,062.	0.	0.	14,500.	8,798.	329,360.	0.
VP OF FINANCE, CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DONALD ROANE	(i)	237,058.	0.	0.	11,450.	36,431.	284,939.	0.
VP, CORPORATE ENGAGEMENT & STRATEGY	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HEATHER BENNETT	(i)	262,337.	0.	0.	12,142.	8,457.	282,936.	0.
VP, PARTNERSHIPS & PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ADAN GROUMAN	(i)	240,854.	0.	0.	11,390.	13,537.	265,781.	0.
DIRECTOR, IT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ANDREW SCHROEDER	(i)	214,585.	0.	0.	11,098.	17,811.	243,494.	0.
VP, RESEARCH & ANALYSIS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022 DIRECT RELIEF 95-1831116 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DIRECT RELIEF

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.

Employer identification number 95-1831116

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	etermining	-	;		
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	116	1,050,262.	FMV					
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other $_{\dots}$									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies	Х	1,705	2,136,751,121.	EST. WHOLESALE V	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			1 1						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29		ı				
						Y	es	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 3 years from the date of									
	exempt purposes for the entire holding period?	?				30a		X		
b	b If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?									
32a	Does the organization hire or use third parties contributions?		_			32a	_	х		
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.			• •	·					
	For Donomical Deduction Act Nation and									

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

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE	M, PART I, COLUMN (B):
THE TOTA	LS REPORTED IN COLUMN (B) REPRESENT THE TOTAL NUMBER OF
CONTRIBU	TIONS RECEIVED FOR EACH CATEGORY DURING THE FISCAL YEAR ENDED
JUNE 30,	2023.

232142 09-09-22

SCHEDULE 0 (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

DIRECT RELIEF

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

Inspection **Employer identification number** 95-1831116

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: DIRECT RELIEF HAS AN INTERNAL POLICY TO TRANSFER ALL BOARD-DESIGNATED UNRESTRICTED BEQUESTS AND GIFTS TO THE BOARD RESTRICTED INVESTMENT FUND (BRIF) HELD BY DIRECT RELIEF FOUNDATION. THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR FUTURE OPERATIONS. EXPENSES \$ 7,118,809. INCLUDING GRANTS OF \$ 7,118,809. 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: 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; ESTABLISH OR FIX COMPENSATION, IF ANY, OF THE DIRECTORS FOR SERVING ON THE BOARD OR ON ANY COMMITTEE; AMEND OR REPEAL THESE BYLAWS OR ADOPT NEW BYLAWS; AMEND OR REPEAL ANY RESOLUTION OF THE BOARD THAT BY ITS EXPRESS TERMS IS NOT SO AMENDABLE OR REPEALABLE; 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) 2022

232211 10-28-22

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** DIRECT RELIEF 95-1831116 5.17 ABOVE). FORM 990, PART VI, SECTION B, LINE 11B: DIRECT RELIEF'S CHIEF FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL VERSION OF THE FORM 990 TO ALL CURRENT BOARD MEMBERS, REQUESTING THEY REVIEW THE FORM 990 PRIOR TO FILING. THE BOARD MEMBERS ARE ASKED TO REVIEW AND ARE GIVEN AN OPPORTUNITY TO RAISE ISSUES AND REQUEST CLARIFICATIONS. IF ANY. ONCE THIS PROCESS IS COMPLETE AND BOARD APPROVAL IS OBTAINED, THE FORM 990 IS FILED. DOCUMENTATION OF THE DISTRIBUTION TO THE BOARD. AS WELL AS THE BOARD MEMBERS' RESPONSES AND QUESTIONS, IF ANY, ARE MAINTAINED BY THE CHIEF FINANCIAL OFFICER. FORM 990, PART VI, SECTION B, LINE 12C: WITHIN THIRTY (30) DAYS OF THE BEGINNING OF EACH FISCAL YEAR, ALL DIRECTORS OFFICERS AND BOARD COMMITTEE MEMBERS MUST COMPLETE A DISCLOSURE FORM REGARDING POSSIBLE CONFLICTS OF INTEREST. DISCLOSURE IS ALSO REQUIRED OF A DIRECTOR, OFFICER, EMPLOYEE AND BOARD COMMITTEE MEMBER AT ANY TIME WHEN THE INTEREST OF SUCH PERSON (OR MEMBER OF HIS OR HER FAMILY) COULD AFFECT THE ACTIVITIES, PROPERTY, EMPLOYEES, OR SERVICES OF DIRECT RELIEF, OR INVOLVES ANY POTENTIAL CONFLICT OF INTEREST AS MORE SPECIFICALLY DEFINED IN DIRECT RELIEF'S CONFLICT OF INTEREST POLICY. WHEN A DIRECTOR OFFICER BOARD COMMITTEE MEMBER OR EMPLOYEE HAS A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN A PROPOSED TRANSACTION, THAT INDIVIDUAL SHALL RECUSE HIMSELF OR HERSELF (I.E., LEAVE THE ROOM), AND SHALL NOT PARTICIPATE IN THE DELIBERATION ON THE MERITS OF THE PROPOSAL OR THE VOTE. IN ALL CASES, THE EXISTENCE AND NATURE OF THE RELATIONSHIP OR THE CONFLICT OF INTEREST DISCLOSED, THE INTERESTED PERSON'S RECUSAL, AND THE VOTE OF THE OTHER DIRECTORS IS REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD OR

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** DIRECT RELIEF 95-1831116 APPLICABLE BOARD OR OTHER COMMITTEE. FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES ALL COMPENSATION MATTERS ON BEHALF OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSIS AND MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION PAID TO EXECUTIVE STAFF (CEO, COO, CFO) AND OTHER KEY STAFF POSITIONS AS THEY MAY DETERMINE ARE APPROPRIATE. THE BENCHMARKING REVIEW INCLUDES A COMPARATIVE ANALYSIS OF COMPENSATION PAID BY DIRECT RELIEF TO COMPENSATION PAID BY LOCAL SECTOR, AND NATIONAL NONPROFIT ORGANIZATIONS AS WELL AS LOCAL FOR-PROFIT ENTITIES. DECISIONS REGARDING EXECUTIVE STAFF COMPENSATION ARE THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. NO MEMBER OF THE STAFF INCLUDING THE CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER, OR THE CHIEF FINANCIAL OFFICER, IS A MEMBER OF THE BOARD OF DIRECTORS, AND THE BOARD OF DIRECTORS MAY NOT DELEGATE THE AUTHORITY TO SET EXECUTIVE COMPENSATION TO A MEMBER OF THE EXECUTIVE STAFF. COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. CHIEF OPERATING OFFICER. AND THE CHIEF FINANCIAL OFFICER WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IN SEPTEMBER 2022. 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

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization DIRECT RELIEF 95-1831116 STATEMENTS, AND FORM 990 (THE LATTER TWO GOING BACK TO FISCAL YEAR 2000 AND 2001 RESPECTIVELY) AVAILABLE TO THE PUBLIC ON ITS WEBSITE. FORM 990, PART VII, SECTION A, LINE 1(A) AND SCHEDULE J, PART II: THE COMPENSATION REPORTED IS FOR THE CALENDAR YEAR 2022, 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

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

EXPERTISE AND LICENSING. AMONG THESE FUNCTIONS ARE IDENTIFYING KEY

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

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** DIRECT RELIEF 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. THE ORGANIZATION USES MONTHLY PRICING INFORMATION AVAILABLE FROM THE REDBOOK ONLINE SERVICE PROVIDED BY TRUVEN HEALTH ANALYTICS, AN IBM WATSON HEALTH COMPANY. WAC IS THE STANDARD USED BY MANY U.S. STATES AS

Name of the organization	Formation 11 cm cr
DIRECT RELIEF	Employer identification number 95-1831116
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. 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 VALUE OF THE PARTICULAR MANUFACTURER'S SPECIFIC FORMULATION.	
THE SOURCES OF SUCH PRICING INFORMATION VARY, BUT RELEVANT INFORMATION	
MAY INCLUDE THE PRICE PAID BY WHOLESALERS OR OTHER THIRD-PARTY BUYERS,	
A PRICE NEGOTIATED BY AN ORGANIZATION (SUCH AS THE CLINTON HEALTH	
ACCESS INITIATIVE) FOR A PARTICULAR DRUG, OR OTHER SUCH REASONABLE	
BASIS. FOR PHARMACEUTICAL DONATIONS FROM EUROPEAN MANUFACTURERS (NOT	
COMMERCIALLY SALEABLE IN THE U.S.), DIRECT RELIEF IDENTIFIED THE 2021	
RAND CORPORATION INTERNATIONAL PRESCRIPTION DRUG PRICE COMPARISON (RAND	
STUDY) AS A COMPREHENSIVE REPORT TO IDENTIFY THE DIFFERENCE IN	
PHARMACEUTICALS PRICES IN THE EUROPEAN MARKET COMPARED TO UNITED STATES	
MARKET. BASED ON THE RESULTS OF THE RAND STUDY, DIRECT RELIEF APPLIES A	
DISCOUNT TO THE REDBOOK WAC FOR BRANDED PRODUCTS AND NO DISCOUNT IS	
APPLIED TO GENERIC PHARMACEUTICALS. THIS POLICY CHANGE WAS IMPLEMENTED	
AS OF MARCH 1, 2022, AS A RESULT OF INCREASED DONATIONS FOR UKRAINE AND	
REFUGEES OF UKRAINE.	
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	

<u>Schedule O (Form 990) 2022</u> Page **2**

Employer identification number Name of the organization DIRECT RELIEF 95-1831116 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. OF COURSE, SIMILAR PRICING AND VALUATION DIFFERENCES ALSO EXIST FOR OTHER COMMODITIES AND SERVICES BEYOND PHARMACEUTICALS. IN THE U.S., FOR EXAMPLE, THE COMMODITY OF WATER MAY BE THE EASIEST EXAMPLE, SINCE THE PRICE THAT IS PAID FOR THE SAME COMPOUND, H2O, RANGES FROM FREE IN A PUBLIC TAP TO SEVERAL DOLLARS FOR A "BRANDED" EQUIVALENT BOTTLED QUANTITY IN A HOTEL ROOM. BUT SIMILAR PRICING DIFFERENCES EXIST FOR SERVICES AS WELL. THE OUTSOURCING AND OFF-SHORING PHENOMENA REFLECT THAT EVEN HIGHLY SKILLED SERVICES - SURGERY, COMPUTER PROGRAMMING,

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization DIRECT RELIEF 95-1831116 RESEARCH CONDUCTED BY PH.D.S - ARE DONE AT VASTLY DIFFERENT PRICES IN DIFFERENT COUNTRIES. DIRECT RELIEF'S INTERNAL PROCESSES, INFORMATION SYSTEMS, AND PUBLIC DISCLOSURES ENSURE THAT THESE DISTINCTIONS ARE CLEARLY DOCUMENTED AND THAT THE ORGANIZATION'S FINANCIAL REPORTING PRECISELY AND ACCURATELY REFLECTS THE FAIR MARKET VALUE OF THE SPECIFIC ITEMS RECEIVED THROUGH DONATION. IF A LOW-COST GENERIC MEDICATION IS RECEIVED THROUGH DONATION. ITS VALUE IS PROPERLY RECORDED AS THAT OF THE GENERIC MEDICATION. IF A MORE EXPENSIVE BRANDED PRODUCT IS RECEIVED THROUGH DONATION, ITS VALUE IS SIMILARLY PROPERLY RECORDED AS THAT OF A BRANDED PRODUCT. AS NOTED ABOVE, DIRECT RELIEF HAS LONG SOUGHT THE CONTRIBUTION OF NEEDED GOODS AND SERVICES TO USE FOR HUMANITARIAN PURPOSES BECAUSE OF THE EFFICIENCIES AND OTHER BENEFITS THAT RESULT. THE ORGANIZATION AND MORE IMPORTANTLY, THE PEOPLE IT SERVES, BENEFIT FROM THE LOWEST-COST, MOST EFFICIENT USE OF RESOURCES. SO TOO DO FINANCIAL CONTRIBUTORS, SINCE THEIR FINANCIAL CONTRIBUTIONS ARE NOT BEING USED TO PURCHASE 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

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** DIRECT RELIEF 95-1831116 CONFIDENCE IN OUR FINANCIAL REPORTING. FORM 990, PART IX, LINE 24A: THE \$131,324,423 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, 2023 CONSISTS OF THE FOLLOWING: PRIOR YEAR APPROVED TRANSFERS (A) 3,551,490 CURRENT YEAR APPROVED TRANSFERS 3,032,326 ACTUAL TRANSFERS TAKEN (5,775,713) TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2023: \$808,103 (A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY THE END OF EACH FISCAL YEAR ARE CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS. 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.

2022.05040 DIRECT RELIEF

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

DIRECT RELIEF					95-183111	
Part I Identification of Disregarded Entities. Comp	plete if the organization answered "Yes" o	on Form 990, Part IV, line 33	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	r Total incor	me End-of-year	I	(f) controlling entity
DR PROPERTY 1, LLC - 81-3303673	OPERATES SOLELY AND					
6100 WALLACE BECKNELL ROAD	EXCLUSIVELY FOR THE BENEFIT					
SANTA BARBARA, CA 93117	OF DIRECT RELIEF	CALIFORNIA		0. 37,184	,760. DIRECT REL	IEF
DIRECT RELIEF PUERTO RICO						
PMB 721 1353 AVE LUIS VIGOREAUX						
PUERTO RICO 00966	HUMANITARIAN	PUERTO RICO		0.	0.DIRECT REL	IEF
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization an	swered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one o	or more related tax-ex	empt
(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 512(b)(13)
Name address and FIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
DIRECT RELIEF FOUNDATION - 20-5983698	OPERATES SOLELY AND						I
6100 WALLACE BECKNELL ROAD	EXCLUSIVELY FOR THE						İ
SANTA BARBARA, CA 93117	BENEFIT OF DIRECT RELIEF	CALIFORNIA	501(C)(3)	LINE 12A, I	DIRECT RELIEF	х	<u> </u>
DIRECT RELIEF INTERNATIONAL SOUTH AFRICA	COORDINATION OF MEDICAL						
52 CORLETT DRIVE WANDERERS OFFICE PARK	SUPPORT TO AFRICAN DOCTORS						I
ILLOVO, JOHANNESBURG, SOUTH AFRICA 2196	AND MEDICAL CLINICS	SOUTH AFRICA			DIRECT RELIEF	х	<u> </u>
DIRECT RELIEF MEXICO	COORDINATION OF MEDICAL						
AV. PASEO DE LA REFORMA 300 - PISO 9	SUPPORT TO MEXICAN DOCTORS						I
CUAUHTEMOC, DISTRITO FEDERAL, MEXICO 6600	AND MEDICAL CLINICS	MEXICO			DIRECT RELIEF	х	<u> </u>
							1
							I
							<u> </u>

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

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.

	Organisations treated to the arrivation of the tarty can.												
(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	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?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	Percentage ownership		
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	10		
]												
	1												
	1												
	1												
	1												
	1												
		l		l		l			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,	(f) Share of total income	end-of-year	(h) Percentage ownership	Sect 512(b contro enti	tion b)(13) olled tv?
		country)		or trust)		assets		Yes	

<u>Schedule R (Form 990) 2022</u> DIRECT RELIEF 95–1831116 Page **3**

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one or	more rel	ated organizations listed in	n Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
b	Gift, grant, or capital contribution to related organization(s)				1b	Х		
	Gift, grant, or capital contribution from related organization(s)				1c	Х		
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
	Sale of assets to related organization(s)				1g		X	
h	Purchase of assets from related organization(s)				1h		X	
i	Exchange of assets with related organization(s)				1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
	Lease of facilities, equipment, or other assets from related organization(s)							
I	Performance of services or membership or fundraising solicitations for related organization(s)							
m	n Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х		
0	Sharing of paid employees with related organization(s)				10		X	
р	Reimbursement paid to related organization(s) for expenses				1 p		X	
q	Reimbursement paid by related organization(s) for expenses				1q	Х		
r	Other transfer of cash or property to related organization(s)				1r		X	
S	Other transfer of cash or property from related organization(s)				1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must com-	nplete thi	s line, including covered re	elationships and transaction thresholds.				
	(a) Name of related organization (b) Transac type (a		(c) Amount involved	(d) Method of determining amount invo	olved			
(1) ^I	DIRECT RELIEF INTERNATIONAL SOUTH AFRICA - SEE PART VII B		52,677.	CASH VALUE				
				-				

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIRECT RELIEF INTERNATIONAL SOUTH AFRICA - SEE PART VII	В	52,677.	CASH VALUE
(2) DIRECT RELIEF MEXICO - SEE PART VII	В	1,210,780.	CASH VALUE
(3) DIRECT RELIEF FOUNDATION - SEE PART VII	В	7,118,809.	CASH VALUE
(4) DIRECT RELIEF FOUNDATION - SEE PART VII	С	3,032,326.	CASH VALUE
<u>(5)</u>			
<u>(6)</u>			

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

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

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

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FOLLOWING: