Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

Open to Public Inspection

A F	or the	= 2010 calendar year, or tax year beginning $$ JUL $1$ , $$ $2010$ $$ and ending	<u>J</u> UN 30,	2011	
B	Check if applicable				cation number
Г	Addres	DIRECT RELIEF INTERNATIONAL			
Ē	Name change Initial	Doing Business As			831116
	return Termir ated	27 DOOTH DA TATERA DANE	suite <b>E</b> Telephon		964-4767
	Ameno return	City or town, state or country, and ZIP + 4	<b>G</b> Gross receip	ts\$	405,075,120.
	Applic tion	GOLEIA, CA 93117	H(a) Is this a	a group re	
	pendir	F Name and address of principal officer:BHUPL SINGH	for affili	ates?	Yes X No
		27 SOUTH LA PATERA LANE, GOLETA, CA 93117	H(b) Are all a	ffiliates inc	uded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) or	527 If "No,"	attach a	list. (see instructions)
		e: WWW.DIRECTRELIEF.ORG	H(c) Group		
K	orm of	organization: X Corporation	Year of formation: 1	.948 N	State of legal domicile: CA
Pá	art I	Summary			
-	1	Briefly describe the organization's mission or most significant activities: ${f SEE}$ ${f SCHE}$	DULE O		
Š					
ŗ	2	Check this box   if the organization discontinued its operations or disposed of	more than 25% of	its net as	sets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		з	26
2		Number of independent voting members of the governing body (Part VI, line 1b)			26
Se S		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			61
Ϋ́	6	Total number of volunteers (estimate if necessary)		6	145
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
•		Net unrelated business taxable income from Form 990-T, line 34			0.
			Prior Yea		Current Year
Ð	8	Contributions and grants (Part VIII, line 1h)	338,248,		404,747,879.
'n		Program service revenue (Part VIII, line 2g)		262.	281,616.
Revenue	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,	698.	17,270.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		435.	-11,589.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	338,439,		405,035,176.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	246,998,	633.	277,087,574.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,685,	308.	5,467,772.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
фe	b	Total fundraising expenses (Part IX, column (D), line 25)   1,351,115.			
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	19,314,	232.	26,918,957.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	270,998,	173.	309,474,303.
		Revenue less expenses. Subtract line 18 from line 12	67,441,	048.	95,560,873.
ces			Beginning of Curr	ent Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	122,563,	687.	221,000,728.
dBe	21	Total liabilities (Part X, line 26)	2,718,	738.	2,760,162.
		Net assets or fund balances. Subtract line 21 from line 20	119,844,	949.	218,240,566.
Pá	art II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the	best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowle	edge.	
Sig	n	Signature of officer	Date		
Her	e	BHUPI SINGH, EVP, COO & CFO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Paid	t	CHRISLEY N. REED		self-employe	d
Pre	parer	Firm's name MCGOWAN GUNTERMANN	Firm	s EIN 🛌	
Use	Only	Firm's address 111 E. VICTORIA ST., 2ND FLOOR			
		SANTA BARBARA, CA 93101-2018	Phor	ne no. (	805) 962-9175
May	/ the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	Check if Schoolule O contains a response to any question in this Part III								
1	Check if Schedule O contains a response to any question in this Part III  Briefly describe the organization's mission:  SEE SCHEDULE O								
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No							
	If "Yes," describe these new services on Schedule O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?								
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and								
	allocations to others, the total expenses, and revenue, if any, for each program service reported.  a (Code: ) (Expenses \$ 305791551. including grants of \$ 277087574.	• )(Revenue \$ 281,616.)							
	SEE SCHEDULE O								
	<b>b</b> (Code: ) (Expenses \$ including grants of \$	\/Povonuo \$							
40	(Code:) (Expenses \$micluding graits of \$	_ ) (neveride \$ )							
4c	c (Code: ) (Expenses \$ including grants of \$	_ ) (Revenue \$ )							
4d	,								
40	(Expenses \$ including grants of \$ ) (Revenue \$ e Total program service expenses ► 305,791,551.	)							
46	5 TOTAL PLOGRAM SELVICE EXPENSES F SUSTINATION STATES	5 000 (2242)							

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## Part IV Checklist of Required Schedules

1 Is the organization described in section S016(s) or 4947(a)(1) (other than a private foundation)?  1				Yes	No
2 Is the organization required to complete Schedule of Contributors?  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  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  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 Newneu Procedure 98.197 If "Yes," complete Schedule C, Part II  Is the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical breasures, or other similar assets? If "Yes," complete Schedule D, Part II  Did the organization maintain collections of works of art, historical breasures, or other similar assets? If "Yes," complete Schedule D, Part IV  Did the organization maintain collections of works of art, historical breasures, or other similar assets? If "Yes," complete Schedule D, Part IV  Did the organization and amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, reddit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  Did the organization and part X, line 21; serve as a custodian for amounts not listed in Part X, line 1, Par	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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'  4 Section 501(p)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(p) election in effect during the tax year? If 'Yes, 'complete Schedule C, Part II .  5 Is the organization a section 501(p)(4), 501(p)(6), 501(p)(6		, , , , , , , , , , , , , , , , , , ,	1		
public office? If "Yes," complete Schedule C, Part I  4 Section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II  5 Is the organization a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III  6 Did the organization a section 501(h) Sol1(c)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 96-197 If "Yes," complete Schedule C, Part III  7 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such drunds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such drunds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such drunds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such drunds or accounts where donors have the right to provide advice on the distribution or investment or any similar funds or accounts where donors have the right to provide advice on the distribution or investment or any similar funds or accounts where donors have the right to provide advice on the distribution or investment or any similar funds assess to preserve open space, the environment, historical draws are strongly and accounts of the securities	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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5 Is the organization a section 501(c)(4), 501(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 if "Yes," complete Schedule C, Part III old the organization maintain any donor advised funds or any similar funds or accounts if "Yes," complete Schedule D, Part II old the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II old the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV old the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV old the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part IV old the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V, or Did the organization report an amount for investments - program related in Part X, line 107 If "Yes," complete Schedule D, Part VIII old 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 167 If "Yes," complete Schedule D, Part VIII old the organization report an amount for other liabilities in Part X, line 291 If "Yes," complete Schedule D, Part XIII X or Did the organization separate in ceronal resists in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part XIII X or Did the organization separate in ceronal resists in Part X, line 187 If "Yes," complete Schedule D, Part X III	4				
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credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?  If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V, III, IVII, IX, or X as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II  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 III  c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII III X  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 XI III X  11c	8	October 1 to D. Doc 1 W.	8		Х
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III  19 X  20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a X  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	.,		17		x
1c and 8a? If "Yes," complete Schedule G, Part II  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  20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	18				† <u>-                                     </u>
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  20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  20a X  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	.5		18		х
complete Schedule G, Part III  20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	19				
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H  b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			19		Х
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20a				
			20b		

Form **990** (2010)

# Form 990 (2010) DIRECT RELIEF INTE Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		.,,	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			x
00	Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	21	Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	William Brown and Control of the Con	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			- v
	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 in Schedule O for Part VI, lines 11 and 19?		Х	
	Note. All Form 990 filers are required to complete Schedule O	38	_ 42	L

Form **990** (2010)

# | Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V								
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	49						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportal	ble gaming						
	(gambling) winnings to prize winners?			1c	X				
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	61						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions	s)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O									
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 a	accour	nt)?	4a	Х				
b	If "Yes," enter the name of the foreign country: ► SOUTH AFRICA								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			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					Х			
	any contributions that were not tax deductible?  If "Yes," did the organization include with every solicitation an express statement that such contribut			6a					
D	and the second s			6b					
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).			OD					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х			
	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	-		7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrac	t?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.								
	Did the organization make any taxable distributions under section 4966?			9a					
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	10a							
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
11	Section 501(c)(12) organizations. Enter:	וטטו							
	Gross income from members or shareholders	11a							
	Gross income from other sources (Do not net amounts due or paid to other sources against								
-	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c							
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O		14b	000 (	00.40			

by the following:

95-1831116

6

7a

7b

8a

8b

9

X

X

Х

X

Х

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 in Schedule O. See instructions, X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 26 1a Enter the number of voting members of the governing body at the end of the tax year 26 **b** Enter the number of voting members included in line 1a, above, who are independent \_\_\_\_\_\_ Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X

Does the organization have members or stockholders?

governing body?

**b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

a The governing body?

**b** Each committee with authority to act on behalf of the governing body?

Did the organization contemporaneously document the meetings held or written actions undertaken during the year

organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
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		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		

#### Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶CA

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DIRECT RELIEF INTERNATIONAL, BHUPI SINGH, EVP, COO & CFO -  $805-964-\overline{4767}$ SOUTH LA PATERA LANE, GOLETA, CA 93117

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((	C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe	È	Position (check all that apply)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other			
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
RICK BECKETT										
DIRECTOR	2.00	Х				<u> </u>		0.	0.	0.
JON CLARK		l								
DIRECTOR	2.00	Х						0.	0.	0.
KENNETH COATES		l								
ASSISTANT SECRETARY	5.00	Х				<u> </u>		0.	0.	0.
TOM CUSACK		l								
VICE CHAIR	5.00	Х						0.	0.	0.
GARY FINEFROCK									_	
DIRECTOR	2.00	Х						0.	0.	0.
RAYE HASKELL									_	
DIRECTOR	2.00	Х						0.	0.	0.
PRISCILLA HIGGINS									_	
DIRECTOR	2.00	Х						0.	0.	0.
ELLEN JOHNSON		l								
DIRECTOR	2.00	Х						0.	0.	0.
DOROTHY LARGAY, PHD.	1.0.00	l								
CHAIR	10.00	Х						0.	0.	0.
DON LEWIS		l								
DIRECTOR	2.00	Х						0.	0.	0.
JAMES SELBERT		l								
TREASURER	5.00	Х						0.	0.	0.
AYESHA SHAIKH, M.D.		l								
DIRECTOR	2.00	Х						0.	0.	0.
JOHN ROMO		l								
COMMITTEE CHAIR	5.00	Х						0.	0.	0.
PATTY DEDOMINIC		l								
COMMITTEE CHAIR	5.00	Х						0.	0.	0.
PATRICK ENTHOVEN		<u>-</u> _								_
SECRETARY	5.00	Х				<u> </u>		0.	0.	0.
HON. PAUL G. FLYNN		<u>-</u> _								_
DIRECTOR	2.00	Х	<u> </u>		_	<u> </u>		0.	0.	0.
SCOTT HEDRICK								_		_
DIRECTOR	2.00	Х						0.	0.	0.

032007 12-21-10 Form **990** (2010)

	KELTER II								95-1831	ттр	Pa	age <b>8</b>
Part VII   Section A. Officers, Directors,		mplo	oyee			High	est					
(A) (B)				(C) Position				(D)	(E)		(F)	
Name and title	Average hours per	(6	heck				dv)	Reportable	Reportable		timate	
	week	(0)	T	I	Пас	Т	''y <i>)</i>	compensation from	compensation from related		ount o	)ī
	(describe	ector						the	organizations		oensa	tion
	hours for	or dir	g,			ated		organization	(W-2/1099-MISC)	fro	om the	Э
	related	ustee	truste		e e	suadı		(W-2/1099-MISC)		_	anizati	
	organizations in Schedule	Individual trustee or director	Institutional trustee	_	nploy	st con	<u>~</u>				relate	
	O)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			orga	nizatio	JIIS
RITA MOYA												
COMMITTEE CHAIR	5.00	Х						0.	0.			0.
GEORGE SHORT												
COMMITTEE CHAIR	5.00	Х						0.	0.			0.
GARY TOBEY		l										•
DIRECTOR	2.00	Х				<u> </u>		0.	0.			0.
LAWRENCE DAM	2 00	,,							0			^
DIRECTOR	2.00	Х	-					0.	0.			0.
DOROTHY GARDNER	2 00	7.							0			Λ
DIRECTOR	2.00	Х						0.	0.			0.
ANGEL ISCOVICH DIRECTOR	2.00	X						0.	0.			0.
NANCY WALKER KOPPELMAN	2.00	^						0.	0.			<u> </u>
DIRECTOR	2.00	X						0.	0.			0.
MARI MITCHELL	2.00	125						- 0.	0.			
DIRECTOR	2.00	x						0.	0.			0.
MARY-LOUISE SCULLY												
DIRECTOR	2.00	x						0.	0.			0.
1b Sub-total	•					┢		0.	0.			0.
c Total from continuation sheets to Par	t VII, Section A					•		1,160,619.	0.	103	3,1	32.
d Total (add lines 1b and 1c)								1,160,619.	0.	103	3,1	32.
2 Total number of individuals (including bu							no r	eceived more than \$100	0,000 in reportable			
compensation from the organization	<u> </u>											10
											Yes	No
3 Did the organization list any former office			, ke	y en	plo	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J fo										3		<u>X</u>
4 For any individual listed on line 1a, is the	•							•	•		Ψ,	
and related organizations greater than \$										4	Х	
5 Did any person listed on line 1a receive	or accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services			

**Section B. Independent Contractors** 

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
KNACK SYSTEMS, 1 WOODBRIDGE CENTER #335,		
WOODBRIDGE, NJ 07095	IT CONSULTING	499,498.
BIG SKY CONSULTING		
1417-A OLIVE ST, SANTA BARBARA, CA 93101	IT CONSULTING	217,673.
SELECT STAFFING		
PO BOX 100985, PASADENCA, CA 91189	STAFFING SERVICES	171,084.
LORVEN INC.		
9816 E. BAHIA DRIVE, SCOTTSDALE, AZ 85260	IT CONSULTING	164,027.
MIKE MARKS, MD, 6 SPARROW HAWK DRIVE, BOX	REGIONAL MEDICAL	
29, HERMANUS, JOHANNESBURG, SOUTH	ADVISOR FOR AFRICA	115,000.
2 Total number of independent contractors (including but not limited to those lister \$100,000 in compensation from the organization ▶ 5		

SEE PART VII, SECTION A CONTINUATION SHEETS

rendered to the organization? If "Yes," complete Schedule J for such person

Х

Form 990 (2010) DIRECT RI	CLIEF I	$\Gamma\Gamma$	£RI	'AV	ri(	ONA	AL		95-183	1116
Part VII   Section A. Officers, Directors, Tru	stees, Key Er	nplo	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) (B) (C)								(D)	(E)	(F)
Name and title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(c	(check all that apply)		compensation	compensation	amount of			
	per	Ė				Γ.	Ť	from	from related	other
	week					yee		the	organizations	compensation
		rector				emple		organization	(W-2/1099-MISC)	from the
		ordi	ee			sated		(W-2/1099-MISC)		organization and related
		rustee	trust		99	ubeu				organizations
		ndividual trustee or director	rtio na		nploy	st cor	 			Organizations
		ndivic	Institutional trustee	Officer of the or	Key employee	Highest compensated employee	Former			
BHUPI SINGH		<del> </del>	⊢		┢	⊢	-			
EVP, COO & CFO	40.00			х				249,666.	0.	24,832.
THOMAS E. TIGHE				Ë				213,0000		21,0020
CHIEF EXECUTIVE OFFICER	40.00			х				294,097.	0.	15,261.
ANTHOULA RANDOPOULOS	40.00							234,0376	0.	13,201.
VP, PHILANTHROPIC INVESTMENT	40.00					x		124,000.	0.	16,370.
ROSS COMSTOCK	40.00							124,000	0.	10,570.
DIRECTOR OF IT	40.00					Х		116,333.	0.	16,131.
SARAVANAN SELVARAJ	40.00							110,333.	0.	10,131.
SAP APPLICATIONS MANAGER	40.00					Х		120,000.	0.	14,602.
PAUL THOMPSON	40.00							120,000	0.	11,002.
CHIEF OF PROGRAMS	40.00					Х		115,754.	0.	6,446.
KERRI MURRAY	40.00							113,734.	0.	0,440.
VP, MARKETING, DEVELOPMENT & COMMUNI	40.00					x		140,769.	0.	9,490.
vi, immediino, buvilloriimvi u colmoni	40.00							140,7000	0.	3,430.
		$\vdash$					$\vdash$			
Total to Part VIII Section A line 10								1,160,619.		103,132.
Total to Part VII, Section A, line 1c								1,100,010		100,100

032201 12-21-10

95-1831116

Pa	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f		444,025. 149,652. 04154202. 88503845.				
<u>a</u> 0	h	Total. Add lines 1a-1f	<u> </u>	404747879.			
Program Service Revenue	2 a b c			281,616.	281,616.		
gra Re	d						
Pro	e f	All other program service revenue					
		Total. Add lines 2a-2f		281,616.			
	3	Investment income (including dividends, intended of the similar amounts)  Income from investment of tax-exempt bond	erest, and proceeds	17,620.			17,620.
	5	Royalties					
	b c	Rental income or (loss)	(ii) Personal				
		Net rental income or (loss)					
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	350.				
		Gain or (loss)  Net gain or (loss)	_	-350.	-350.		
Other Revenue	8 a	Gross income from fundraising events (not including \$ 149 , 652 \cdot of contributions reported on line 1c). See Part IV, line 18	a 27,487. b 39,594.		3303		
₹		Less: direct expenses  Net income or (loss) from fundraising events		-12,107.			-12,107.
	9 a	Gross income from gaming activities. See Part IV, line 19	а	-			12,1076
	С	Net income or (loss) from gaming activities Gross sales of inventory, less returns					
		Net income or (loss) from sales of inventory	b				
ŀ	11 ^	Miscellaneous Revenue  MISCELLANEOUS REVENUE	Business Code 624200	518.	518.		
	11 a b c		024200	310.	310•		
		All other revenue					
		Total. Add lines 11a-11d	<b>&gt;</b>	518.			
03200	<b>12</b>	Total revenue. See instructions.	<b>&gt;</b>	405035176.	281,784.	0.	- 7
03200 12-21	-10						Form <b>990</b> (2010)

10

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C)  Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and		одронова	gonoral expenses	одропоса
•	organizations in the U.S. See Part IV, line 21	110,941,694.	110,941,694.		
2	Grants and other assistance to individuals in		, ,		
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	166,145,880.	166,145,880.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	540 564		226 745	4.17.040
	trustees, and key employees	543,764.		396,715.	147,049.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	4,060,702.	2,580,652.	825,997.	654,053.
7	Other salaries and wages	4,000,702.	2,300,032.	023,997.	034,033.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	166,477.	92,837.	43,817.	29,823.
9	Other employee benefits	398,253.		111,100.	70,186.
10	Payroll taxes	298,576.	167,288.	78,187.	53,101.
11	Fees for services (non-employees):		207,200	,	33,101.
	Management				
	Legal	26,012.	4,157.	21,855.	
	Accounting	51,139.		40,694.	675.
	Lobbying	1,444.			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	10,022.		4,351.	5,646.
13	Office expenses	352,017.		23,700.	17,784.
14	Information technology	197,824.	91,376.	27,625.	78,823.
15	Royalties	762,540.	724 102	16 550	11 000
16	Occupancy	451,757.		16,558. 38,393.	11,880.
17	Travel	431,737.	402,720.	30,393.	10,030.
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	73,204.	47,878.	17,931.	7,395.
20	, , , , , , , , , , , , , , , , , , , ,	87,607.		18,173.	13,039.
21	Payments to affiliates	.,,,,,,,,	20,000		
22	Depreciation, depletion, and amortization	512,210.	349,239.	94,028.	68,943.
23	Insurance	59,315.		13,029.	5,946.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0.)				
а	INVENTORY ADJ-SEE SCH O	20,241,858.			
b	FREIGHT AND TRANSPORTAT	1,785,270.		0.68 440	
С	CONTRACT SERVICES	1,430,198.		267,443.	62,353.
d	WEB HOSTING	258,019.		53,524.	38,403.
e	UTILITIES AND TELEPHONE	210,291.		32,724.	14,979.
f	All other expenses	408,230. 309,474,303.		205,793. 2,331,637.	60,399.
25	Total functional expenses. Add lines 1 through 24f	303,4/4,303.	505,751,551.	4,331,03/•	1,331,113.
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
		1			Carra 000 (0010)

Pai	t X	Balance Sheet						
						(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				600.	1	5,223.
	2	Savings and temporary cash investments				4,832,151.	2	6,172,294.
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net					4	439,354.
	5	Receivables from current and former officers, d	rectors	s, trustees, key				
		employees, and highest compensated employe	es. Cor	mplete Part II				
		of Schedule L					5	
	6	Receivables from other disqualified persons (as	define	d under section				
		4958(f)(1)), persons described in section 4958(c						
		employers and sponsoring organizations of sec						
S		employees' beneficiary organizations (see instru		6				
Assets	7	Notes and loans receivable, net				111 110 110	7	006 600 650
As	8	Inventories for sale or use				111,110,110.	8	206,699,652.
	9			 I		248,460.	9	188,446.
	10a	Land, buildings, and equipment: cost or other		0 456 4	2 2			
		basis. Complete Part VI of Schedule D	10a	2,585,8	<u> </u>	6 267 067		6 070 500
	b	Less: accumulated depreciation				6,367,867.	10c	6,870,589.
	11	Investments - publicly traded securities				4,499.	11 12	625,170.
	12 13	Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line				±,±55.	13	025,170.
	14						14	
	15	Intangible assets Other assets. See Part IV, line 11					15	
	16	Total assets. Add lines 1 through 15 (must equ	122,563,687.	16	221,000,728.			
	17	Accounts payable and accrued expenses				680,841.	17	356,087.
	18	Grants payable				, .	18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
S	21	Escrow or custodial account liability. Complete					21	
Ξŧ	22	Payables to current and former officers, directo	rs, trus	tees, key employees	,			
Liabilities		highest compensated employees, and disqualif	ied per	sons. Complete Part	II			
		of Schedule L					22	
	23	Secured mortgages and notes payable to unrela				1,400,000.	23	1,400,000.
	24	Unsecured notes and loans payable to unrelate					24	
	25	Other liabilities. Complete Part X of Schedule D				637,897.	25	1,004,075.
	26	Total liabilities. Add lines 17 through 25		37		2,718,738.	26	2,760,162.
		Organizations that follow SFAS 117, check h	ere 🕨	and comple	te			
ces		lines 27 through 29, and lines 33 and 34.				112 570 601		211 612 262
lan	27	Unrestricted net assets				113,570,684.	27	211,612,363.
Ba	28	Temporarily restricted net assets				0,2/4,203.	28 29	0,020,203.
Pun	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, c	haalah	nere  and			29	
Ē		complete lines 30 through 34.	neck n	iere 🖊 🗀 and				
ts o	30						30	
SSE	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed					31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in					32	
Se	33	Total net assets or fund balances				119,844,949.	33	218,240,566.
	34					122,563,687.	34	221,000,728.
						· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

Form **990** (2010)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	405			
2	Total expenses (must equal Part IX, column (A), line 25)	2	309			
3	Revenue less expenses. Subtract line 2 from line 1	3	95	,56	0,8	73.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119	,84	4,9	<del>49.</del>
5	Other changes in net assets or fund balances (explain in Schedule O)	5				44.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	218	,24	0,5	<u>66.</u>
Pa	rt XII Financial Statements and Reporting	•				
	Check if Schedule O contains a response to any question in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue					
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	nale Audi	t			
	Act and OMB Circular A-133?	-		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	:			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b		
		•		Form	9 <b>90</b> (	2010)

032012 12-21-10

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number 95-1831116

Part I	Reason '	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
he organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1			s, or association of chur					).				
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌			tal service organization		in <b>section</b>	170(b)(1)	(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter th	ne hospital	's nam	ie.
• —	city, and stat		,						•			,
5	• •		benefit of a college or ur	niversity o	vned or or	perated by	a governi	mental uni	t describe	d in		
• —	•	(b)(1)(A)(iv). (Comple	•			, and a 10 m	a go					
6	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>											
7 X			eives a substantial part					or from the	gonoral n	ublic dosc	ribod i	n
,		<b>b)(1)(A)(vi).</b> (Comple		or its supp	orthonia	governine	intai uniit C		general p	ublic desc	IIDEU II	''
。			ection 170(b)(1)(A)(vi).	(Camplata	Dort II \							
9 🗌			eives: (1) more than 33 1			rom oontri	hutions n	aambarabi	n food on	d aroos ro	oointo	from
<b>9</b>												
			nctions - subject to certa									
			axable income (less sect	lion o i i ta	x) Irom bu	isiriesses a	acquired b	by the orga	mization a	iter Jurie 3	,U, 19 <i>1</i>	5.
40		<b>509(a)(2).</b> (Complete	•			` <b>.</b>	F00/-V/	41				
10	-	-	perated exclusively to te	-	•			-				
11 📖	•		perated exclusively for the		•					•		or
	. ,		ations described in section	` ' ' '	,	` ' / `	2). See <b>se</b> 0	ction 509(	<b>a)(3).</b> One	ok the box	tnat	
		· · · · ·	organization and comple		-					T	<b>3</b> 41	
. 🗀	a ☐ Type I		- ·	Typ		•	-			Type III - C		_
е 📖	, ,	•	at the organization is not		•	•	•					.n
			han one or more publicly						9(a)(1) or s	ection 509	/(a)(∠).	
f			ten determination from t					e III				
		rganization, check th										. Ш
g			organization accepted ar								· ·	
			irectly controls, either al							44 (1)	Yes	No
			upported organization?							11g(i)		
			n described in (i) above?									
			person described in (i) o							11g(iii)	Ш	
h	Provide the fo	ollowing information	about the supported or	ganization	(S).							
			(iii) Type of	(C-A)  - 4		(-) Dist		(vi) Is	tho			
` '	of supported	(ii) EIN	organization		rganization sted in your	(v) Did you organizat		Lorganizátio	on in col. I	(vii) Am		f
orga	anization		(described on lines 1-9	governing				(i) organiz U.S	ed in the	sup	port	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
			(SCC IIISTI BOTTOTIS))	163	NO	163	NO	163	140			
otal												

 $\mbox{\sc LHA}$  For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	198493659	29762904.	165973150	341084014	406929073	#########
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	198493659	29762904.	<u> 165973150</u>	341084014	406929073	########
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						672023901
	Public support. Subtract line 5 from line 4.						470218899
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	198493659	<u> 29762904.</u>	<u> 165973150</u>	341084014	406929073	########
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	83,420.	5,456.	8,423.	4,325.	17,620.	119,244.
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 IV.)	37.	10.	474.	435.	518.	
11	<b>Total support.</b> Add lines 7 through 10						########
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	_
	organization, check this box and stop	here					<b>&gt;</b>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	41.16 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	53.87 %
16a	33 1/3% support test - 2010.If the o	rganization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2009.If the o						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2010.</b> If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check tl	nis box and <b>stop h</b>	<b>nere.</b> Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	<b>t - 2009.</b> If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	ıs ▶Ш

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	(-) 0000	(h) 0007	(=) 0000	(4) 0000	(*) 0040	(6) T-1-1
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
<b>2</b> 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</b> 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						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
11 Net income from unrelated business						
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain</li> </ul>						
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital</li> </ul>						
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> </ul>						
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> </ul>	the organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for</li> </ul>	•			•		. —
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> </ul>				•		. —
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Publi</li> </ul>	c Support Pe	rcentage				. —
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Publi</li> <li>15 Public support percentage for 2010 (lines activities)</li> </ul>	<b>c Support Pe</b> ne 8, column (f) d	rcentage ivided by line 13, o	column (f))			
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Publi</li> <li>15 Public support percentage for 2010 (lii</li> <li>16 Public support percentage from 2009</li> </ul>	c Support Pe ne 8, column (f) d Schedule A, Part	rcentage ivided by line 13, o	column (f))		15	<b>▶</b> □
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Publi</li> <li>15 Public support percentage for 2010 (lii)</li> <li>16 Public support percentage from 2009</li> <li>Section D. Computation of Inves</li> </ul>	c Support Pe ne 8, column (f) d Schedule A, Part tment Incom	rcentage ivided by line 13, o III, line 15 e Percentage	column (f))		15	<b>▶</b> □
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Publi</li> <li>15 Public support percentage for 2010 (line)</li> <li>16 Public support percentage from 2009</li> <li>Section D. Computation of Inves</li> <li>17 Investment income percentage for 20</li> </ul>	c Support Pe ne 8, column (f) d Schedule A, Part tment Incom 10 (line 10c, colur	rcentage ivided by line 13, of lill, line 15 e Percentage nn (f) divided by line	column (f))		15 16	% %
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Publi</li> <li>15 Public support percentage for 2010 (lii)</li> <li>16 Public support percentage from 2009</li> <li>Section D. Computation of Inves</li> </ul>	c Support Pene 8, column (f) d Schedule A, Part tment Incom 10 (line 10c, colur 009 Schedule A,	rcentage ivided by line 13, of the second se	ne 13, column (f))		15 16 17 18	% % %
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Publi</li> <li>15 Public support percentage for 2010 (lii</li> <li>16 Public support percentage from 2009</li> <li>Section D. Computation of Inves</li> <li>17 Investment income percentage from 2</li> <li>18 Investment income percentage from 2</li> <li>19a 33 1/3% support tests - 2010. If the office in the support percentage from 2</li> </ul>	c Support Pene 8, column (f) d Schedule A, Part tment Incom (line 10c, colum 009 Schedule A, prganization did r	rcentage ivided by line 13, of the line 15 the line 15 the line 15 the line 17 the line 17 the line 17 the line 17 the line 16 the line 17 the line 18	ne 13, column (f))	e 15 is more than	15 16 17 18 33 1/3%, and line 1	% % %
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Publi</li> <li>15 Public support percentage for 2010 (lii</li> <li>16 Public support percentage from 2009</li> <li>Section D. Computation of Inves</li> <li>17 Investment income percentage from 2</li> <li>18 Investment income percentage from 2</li> <li>19a 33 1/3% support tests - 2010. If the comore than 33 1/3%, check this box and</li> </ul>	c Support Pene 8, column (f) d Schedule A, Part tment Incom 10 (line 10c, colur 009 Schedule A, organization did r d stop here. The	rcentage ivided by line 13, of the line 15	ne 13, column (f)) on line 14, and line ifies as a publicly s	e 15 is more than supported organiz	15 16 17 18 33 1/3%, and line 1	% % % 17 is not
<ul> <li>11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)</li> <li>13 Total support (Add lines 9, 10c, 11, and 12.)</li> <li>14 First five years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Publi</li> <li>15 Public support percentage for 2010 (lii</li> <li>16 Public support percentage from 2009</li> <li>Section D. Computation of Inves</li> <li>17 Investment income percentage from 2</li> <li>18 Investment income percentage from 2</li> <li>19a 33 1/3% support tests - 2010. If the office in the support percentage from 2</li> </ul>	c Support Pe ne 8, column (f) d Schedule A, Part tment Incom 10 (line 10c, colur 009 Schedule A, organization did r d stop here. The organization did r	rcentage ivided by line 13, of the line 15 e Percentage nn (f) divided by line 17 not check the box the corganization qualitation check a box or	on line 14, and line ifies as a publicly so line 14 or line 19a	e 15 is more than supported organiz a, and line 16 is m	15   16   17   18   33 1/3%, and line 1 action	% % % 17 is not

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

**Schedule of Contributors** ► Attach to Form 990, 990-EZ, or 990-PF.

DIRECT RELIEF INTERNATIONAL

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

95-1831116

Organiz	Organization type (check one):							
Filers of	:	Section:						
Form 99	or 990-EZ	X 501(c)( 3) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 99	)-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.						
Special	Rules							
X	509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	aggregate contribu	)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, tions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.						
	contributions for us If this box is check purpose. Do not co	(a) (7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, see exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. The ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Page 1 of 1 of Part II
Employer identification number

### DIRECT RELIEF INTERNATIONAL

95-1831116

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PHARMACEUTICALS		
1		_	
			01/01/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PHARMACEUTICALS & MEDICAL SUPPLIES		
2		_	
			01/01/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PHARMACEUTICALS		
3		_	
		<u>\$ 15,008,247.</u>	01/01/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PHARMACEUTICALS		
4		_	
			01/01/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PHARMACEUTICALS	_	
5		_	
		\$\$	01/01/11
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	PHARMACEUTICALS	_	
6		_	
023453 12-23		234,243,298.	01/01/11 90, 990-EZ, or 990-PF) (2010)

	RELIEF INTERNATIONAL			95-1831116	
art III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complet Part III, enter the total of exclusively religion \$1,000 or less for the year. (Enter this inf	e columns <b>(a)</b> through <b>(e)</b> a ous, charitable, etc., contr	<b>and</b> the follow ibutions of	1(c)(7), (8), or (10) organizations aggregating ving line entry. For organizations completing	3
n) No. From Part I	(b) Purpose of gift	(c) Use of gi		(d) Description of how gift is held	d
-	Transferee's name, address, a	(e) Transfe		Relationship of transferor to transferee	
- - -	Transferee 3 flame, address, a			relationship of a disserve to a disserve	
) No. rom Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held	d 
-	Transferee's name, address, a	(e) Transfe	_	Relationship of transferor to transferee	
- - ) No.					
rom art I -	(b) Purpose of gift	(c) Use of gi	ft 	(d) Description of how gift is held	d 
-		(e) Transfe	er of gift		
-	Transferee's name, address, a	nd ZIP + 4		Relationship of transferor to transferee	
n) No. From Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held	d
—   <del>-</del>		In Tunnet	r of cita		
	Transferee's name, address, a	(e) Transfe nd ZIP + 4		Relationship of transferor to transferee	
-	manororo o marrio, adal 655, a				

#### **SCHEDULE C**

(Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

• Section 527 organizations: Complete Part I-A only.

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• Section :	30 1(C)(4), (3), 01 (6) 01ganiza	lions. Complete Fart III.			
Name of orga	anization			Emple	oyer identification number
	DIRECT	RELIEF INTERNAT	IONAL		95-1831116
Part I-A	Complete if the org	janization is exempt un	der section 501(c	or is a section 527 or	rganization.
2 Political	expenditures	ation's direct and indirect politi		▶\$	
Part I-B	Complete if the ord	janization is exempt un	der section 501(c	)(3).	
		incurred by the organization ur			
2 Enter th	ne amount of any excise tax	incurred by organization manage	ners under section 495	5 <b>&gt;</b> \$	
		n 4955 tax, did it file Form 4720			
	" describe in Part IV.				— 166 — 116
Part I-C	Complete if the org	janization is exempt un	der section 501(c	, except section 501(	c)(3).
		d by the filing organization for s			
		ization's funds contributed to c			
			-		
		s. Add lines 1 and 2. Enter here			
4 Did the	filing organization file <b>Form</b>	1120-POL for this year?		Ψ	Yes No
made p contribu	ayments. For each organizautions received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	aid from the filing organ a separate political or	ization's funds. Also enter th ganization, such as a separa	e amount of political
	(a) Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

Schedule C (Form 990 or 990-EZ) 2010 DIRECT RELIEF INTERNATIONAL 95-1831116 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). if the filing organization belongs to an affiliated group. A Check B Check ▶ if the filing organization checked box A and "limited control" provisions apply. (a) Filing (b) Affiliated group Limits on Lobbying Expenditures organization's totals (The term "expenditures" means amounts paid or incurred.) totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) **b** Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount. Enter the amount from the following table in both columns. If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0i Subtract line 1f from line 1c. If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ່ Yes 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) Total (or fiscal year beginning in) 2a Lobbying nontaxable amount **b** Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2010

f Grassroots lobbying expenditures

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

1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?	No	Amount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?		
or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?	X	
d Mailings to members, legislators, or the public?	X	
d Mailings to members, legislators, or the public?	X	
	X	
, I	X	
f Grants to other organizations for lobbying purposes?	X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X	
i Other activities? If "Yes," describe in Part IV X		1,444.
j Total. Add lines 1c through 1i		1,444.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	_ 1_	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political		
	expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV | Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

DIRECT RELIEF INTERNATIONAL PAYS AN ANNUAL MEMBERSHIP FEE TO

INTERACTION. FOR FY 11 THAT AMOUNT WAS \$17,822. INTERACTION INFORMED

DIRECT RELIEF INTERNATIONAL THAT 8.1% (\$1,444) OF THE MEMBERSHIP DUES

ARE USED FOR LOBBYING ACTIVITIES.

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number 95-1831116

Pai	rt I	Organizations Maintaining Donor Advised		s or Accounts. Complete if the	
		organization answered "Yes" to Form 990, Part IV, line		(la) Francia and athern accounts	
		<u> </u>	(a) Donor advised funds	(b) Funds and other accounts	<del></del>
1		number at end of year			
2		gate contributions to (during year)			
3		gate grants from (during year)			
4	-	gate value at end of year			
5		e organization inform all donors and donor advisors in w	_		_
		e organization's property, subject to the organization's e			l No
6		e organization inform all grantees, donors, and donor ad			
		aritable purposes and not for the benefit of the donor or			_
_	imper	missible private benefit?			No_
Pai		Conservation Easements. Complete if the orga		Part IV, line 7.	
1		se(s) of conservation easements held by the organizatio	`		
		Preservation of land for public use (e.g., recreation or ed		storically important land area	
		Protection of natural habitat	Preservation of a cer	tified historic structure	
		Preservation of open space			
2	Comp	lete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the	last
	day of	f the tax year.			
				Held at the End of the T	ax Year
а		number of conservation easements			
b		acreage restricted by conservation easements			
С	Numb	er of conservation easements on a certified historic stru	cture included in (a)	2c	
d		er of conservation easements included in (c) acquired at	•		
	listed	in the National Register		2d	
3	Numb	er of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax	
	year 🕽	<b>-</b>			
4	Numb	er of states where property subject to conservation ease	ement is located >		
5	Does	the organization have a written policy regarding the perio	odic monitoring, inspection, handling of		_
	violati	ons, and enforcement of the conservation easements it	holds?	Yes L	No
6	Staff a	and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements of	during the year	_
7		nt of expenses incurred in monitoring, inspecting, and e			
8	Does	each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	O(h)(4)(B)(i)	_
					l No
9	In Par	t XIV, describe how the organization reports conservatio	n easements in its revenue and expens	e statement, and balance sheet, and	t
	includ	e, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for	
		rvation easements.			
Pai	t III	Organizations Maintaining Collections of		Other Similar Assets.	
		Complete if the organization answered "Yes" to Form 9			
1a		organization elected, as permitted under SFAS 116 (ASC			
	histor	cal treasures, or other similar assets held for public exhi	bition, education, or research in furthera	ance of public service, provide, in Pa	art XIV,
	the te	xt of the footnote to its financial statements that describ	es these items.		
b	If the	organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statemen	nt and balance sheet works of art, his	storical
	treasu	ires, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	ublic service, provide the following a	mounts
		g to these items:			
	(i) R	evenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$	
	(ii) As	ssets included in Form 990, Part X		<b>&gt;</b> \$	
2		organization received or held works of art, historical treat		al gain, provide	
		llowing amounts required to be reported under SFAS 11			
а	Rever	nues included in Form 990, Part VIII, line 1			
b	Asset	s included in Form 990, Part X		<b>&gt;</b> \$	

Pai	rt III   Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Similar	Asset	S (conti	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significant us	e of its c	ollection	n items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further th	he organization's ex	empt purpos	e in Part	XIV.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma	intained as part of t	he organization's co	ollection?			Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered "Yes" to	o Form 990, F	art IV, lir	ne 9, or	
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	ns or other assets no	t included			
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV							
						,	Amount	
С	Beginning balance				1c			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes	□ No
	If "Yes," explain the arrangement in Part XIV.							
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three yea	rs back	(e) Four	years back
1a	Beginning of year balance	28,429,715.	31,306,636.	45,480,303.				
b	Contributions	582,986.	179,402.	578,647.				
С	Net investment earnings, gains, and losses	3,301,012.	1,899,350.	-10,335,382.				
d	Grants or scholarships	2,969,313.	4,895,531.	4,350,069.				
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	69,904.	60,142.	66,863.				
g	End of year balance	29,274,496.	28,429,715.	31,306,636.				
2	Provide the estimated percentage of the year	end balance held a	s:					
а	Board designated or quasi-endowment	99.91	_%					
b	Permanent endowment ► .09	%						
С	Term endowment ▶9	6						
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for	the organizat	tion	_	
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedule R?				3b	X
4	Describe in Part XIV the intended uses of the							
Pai	rt VI Land, Buildings, and Equipm	ent. See Form 990	, Part X, line 10.					
	Description of investment	(a) Cost or of	1 ' '	or other (c)	Accumulated	(	(d) Book	< value
		basis (investn		(other) de	epreciation			
1a	Land	1,363,						3,950.
	•				531,91			6,153.
С	Leasehold improvements	1,732,			408,90	4. 1	.,32	3,847.
d	Equipment	1,488,			947,45			0,899.
е	Other	_ 3,333,			697,56			5,740.
Total	Add lines 1a through 1e (Column (d) must ed	rual Form 990 Part	X column (R) line 1	(O(c) )		<b>-</b>   ₹	. 870	0.589.

Schedule D (Form 990) 2010

Tart VIII III VOOLINGII GOOGII COO GOOGII CO	e i oiiii 990, i ait X,	1116 12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X,	line 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua st or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	<u> </u> 			
	Description Description			(b) Book value
(1)				(-,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X.			<b>&gt;</b>	
(1) 5 1 11 (1) 111	line 25.	(b) Amount		
		(b) Amount		
(1) Federal income taxes (2) DISTRIBUTION PAYABLE-ANNU	TTTES	4,557.		
(3) CAPITAL LEASE OBLIGATION	11110	24,464.		
(4) OTHER CURRENT LIABILITIES		975,054.		
(5)		7.0,0020		
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	1,004,075.	zation's liability for the	in tay positions under
2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to	o me organization's financia	a statements that reports the organ	zadon s nability for uncerta	in tax positions under

_	dule D (Form 990) 2010 DIRECT RELIEF INTERNATIONAL				1831116	Page
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Finan	cial Sta	tement	<u>.s</u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement		10	Doturn		
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما				
_	Net unrealized gains on investments	2a		_		
b	Donated services and use of facilities	2b		_		
	Recoveries of prior year grants	2c		_		
	Other (Describe in Part XIV.)	2d		$\dashv$		
_	Add lines 2a through 2d					
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما				
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		4.		
	Add lines <b>4a</b> and <b>4b</b> Table was a Add lines <b>2</b> and <b>4a</b> (This must asked Form 900 Part I line 12)					
5 Dai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XIII Reconciliation of Expenses per Audited Financial Stateme	nte With Evne			<del></del>	
	·				111	
1	Total expenses and losses per audited financial statements			. 1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<sub>2a</sub>				
	Donated services and use of facilities	2b		_		
	Prior year adjustments	2c		_		
	Other losses	2d				
	Other (Describe in Part XIV.) Add lines <b>2a</b> through <b>2d</b>			- a		
3				2e 3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a	Other (Describe in Part XIV.)	4b				
				4c		
	Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )					
	t XIV Supplemental Information			.   3		
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4. Pa	rt IV lines	1b and 2	 Pb: Part V_line ∠	4· Parl
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple RT X, LINE 2: THE ORGANIZATION EVALUATES UN	ete this part to pro	vide any a	dditional	information.	.,
WHI	REBY THE EFFECT OF THE UNCERTAINTY WOULD B	E RECORDE	D IF	THE C	OUTCOME	WAS
COL	SIDERED PROBABLE AND REASONABLY ESTIMABLE.	AS OF J	UNE 3	0, 20	)11, THE	1
ORO	SANIZATION HAD NO UNCERTAIN TAX POSITIONS R	EQUIRING	ACCRU	AL.		

THE ORGANIZATION FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL JURISDICTIONS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2007.

Schedule D (Form 990) 2010

# SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** 

DIRECT RELIEF INTERNATIONAL

95-1831116

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.  3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region  (b) Number of offices in the region of offices in the region of offices in the region of comployees of in the region of comployees of in the region of integers of integers of integers of the region of services, investments, grants to organize services, grants to organize service, describe specific type, grants to organize service, describe specific type, grants to organize services, grants to organize service, describe specific type, grants to organize services, grants to organize services, grants to organize service, describe specific type, grants to organize services, grants to organize services, grants to organize s	<del></del>		ctivities Ou	tside the United States. Comp	lete if the organization answered "	Yes"
grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.  3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region  (b) Number of (c) Number of offices offices in the region of service(s) in region of s			maintain rocar	de to substantiato the amount of the	rante or assistance, the	
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.  3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region (b) Number of offices in the region offices in the region offices in the region conflictors in region in region offices in region offices in region offices in region of service(s). In region of service(s)						Yes No
A Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)  (a) Region  (b) Number of offices in the region of offices in the region of offices in the region of offices in the region.  (c) Number of offices in the region of office service, of office office of office of office of office office of office office office of office of office of office offic	grantees engininty for the	e grants or assi	starice, and the	selection offeria used to award the gr	ants of assistance:	163 - 140
(a) Region (b) Number of offices offices offices offices agents, and in the region offices of offic	2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of g	rant funds outside the United Sta	tes.
offices in the region of the region in the region in the region in the region of the region in the region in the region of the r	3 Activities per Region. (TI	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)	
THE CARIBBEAN 0 0 SRANT MAKING 270,05:    PROVISION OF PRABMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 4,990,99:   EAST ASIA AND THE PACIFIC 0 0 GRANT MAKING PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 9,221,42:   PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 9,221,42:   PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 9,221,42:   PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 93:   PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 93:   SOUTH AMERICA 0 0 GRANT MAKING PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 1,845,70:   SOUTH AMERICA 0 0 GRANT MAKING EQUIPMENT AND SUPPLIES. 1,845,70:   SOUTH ASIA 0 0 GRANT MAKING 160,081   SOUTH ASIA 0 0 GRANT MAKING 160,081   SOUTH ASIA 0 1 18,052,75:   B Total from continuation 18,052,75:   Control of the control of the continuation 18,052,75:   Control of the c	(a) Region	offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program services, investments, grants to	is a program service, describe specific type	expenditures for and investments
PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 4,990,991  EAST ASIA AND THE PACIFIC 0 0 SRANT MAKING PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 1,363,321  PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 9,221,421  PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 9,221,421  PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 931  SOUTH AMERICA 0 0 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 931  SOUTH AMERICA 0 0 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 1,845,701  SOUTH ASIA 0 0 SRANT MAKING EQUIPMENT AND SUPPLIES. 1,845,701  SOUTH ASIA 0 0 SRANT MAKING 160,081  3 a Sub-total						
CENTRAL AMERICA AND THE CARIBBEAN  0 0 PROGRAM SERVICES  EAST ASIA AND THE PACIFIC  0 0 PROGRAM SERVICES  PROVISION OF PHARMACEUTICALS, MEDICAL PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.  9,221,42:  PROVISION OF PHARMACEUTICALS, MEDICAL PROVISION OF PHARMACEUTICALS, MEDICAL PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.  93:  SOUTH AMERICA  0 0 PROGRAM SERVICES  PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.  93:  SOUTH AMERICA  0 0 PROGRAM SERVICES  PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.  1,845,70:  SOUTH ASIA  0 0 GRANT MAKING  SOUTH ASIA  0 0 GRANT MAKING  160,08: 3 a Subtotal 18,052,75:	THE CARIBBEAN	0	0	GRANT MAKING		270,050.
PACIFIC 0 0 SRANT MAKING 1,363,32:  EAST ASIA AND THE PACIFIC 0 1 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 9,221,42:  NORTH AMERICA 0 0 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 93:  SOUTH AMERICA 0 0 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 93:  SOUTH AMERICA 0 0 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 1,845,70:  SOUTH AMERICA 0 0 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 1,845,70:  SOUTH ASIA 0 0 SRANT MAKING EQUIPMENT AND SUPPLIES. 1,845,70:  SOUTH ASIA 0 0 SRANT MAKING 160,08:  3 a Sub-total 0 1 1 18,052,75:		0	0	PROGRAM SERVICES	PHARMACEUTICALS, MEDICAL	4,990,997.
PACIFIC 0 0 SRANT MAKING 1,363,32:  EAST ASIA AND THE PACIFIC 0 1 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 9,221,42:  NORTH AMERICA 0 0 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 93:  SOUTH AMERICA 0 0 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 93:  SOUTH AMERICA 0 0 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 1,845,70:  SOUTH AMERICA 0 0 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 1,845,70:  SOUTH ASIA 0 0 SRANT MAKING EQUIPMENT AND SUPPLIES. 1,845,70:  SOUTH ASIA 0 0 SRANT MAKING 160,08:  3 a Sub-total 0 1 1 18,052,75:						
PROVISION OF PHARMACEUTICALS, MEDICAL PACIFIC 0 1 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 9,221,42'  PROVISION OF PHARMACEUTICALS, MEDICAL PHARMACEUTICALS	EAST ASIA AND THE					
EAST ASIA AND THE PACIFIC  0 1 PROGRAM SERVICES  PROVISION OF PHARMACEUTICALS, MEDICAL PROVISION OF PHARMACEUTICALS, MEDICAL PROVISION OF PHARMACEUTICALS, MEDICAL PROVISION OF PHARMACEUTICALS, MEDICAL O 0 PROGRAM SERVICES  SOUTH AMERICA  0 O GRANT MAKING  PROVISION OF PHARMACEUTICALS, MEDICAL PROV	PACIFIC	0	0	GRANT MAKING		1,363,320.
PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.  SOUTH AMERICA  O O FROGRAM SERVICES  PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.  SOUTH AMERICA  O O FROGRAM SERVICES  PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES.  1,845,70:  SOUTH ASIA  O O SRANT MAKING  SOUTH ASIA  O O SRANT MAKING  160,08:  18,052,75:  b Total from continuation		0	1	DDOODAM SERVICES	PHARMACEUTICALS, MEDICAL	9 221 427
PHARMACEUTICALS, MEDICAL   PHARMACEUTICALS, MEDICAL   EQUIPMENT AND SUPPLIES.   938	PACIFIC	0		PROGRAM SERVICES	EQUIPMENT AND SUPPLIES.	9,221,427.
SOUTH AMERICA 0 0 GRANT MAKING 200,23:  PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT AND SUPPLIES. 1,845,70:  SOUTH ASIA 0 0 GRANT MAKING 160,08:  3 a Sub-total 0 1 18,052,75:  b Total from continuation	NORTH AMERICA	0	0	PROGRAM SERVICES	PHARMACEUTICALS, MEDICAL	938.
SOUTH AMERICA  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					-x	1
SOUTH AMERICA 0 0 PROGRAM SERVICES EQUIPMENT AND SUPPLIES. 1,845,702  SOUTH ASIA 0 0 GRANT MAKING 160,084  3 a Sub-total	SOUTH AMERICA	0	0	GRANT MAKING		200,233.
3 a Sub-total       0       1         b Total from continuation       18,052,755	SOUTH AMERICA	0	0	PROGRAM SERVICES	PHARMACEUTICALS, MEDICAL	1,845,703.
3 a Sub-total 0 1 1 18,052,755 b Total from continuation						
3 a Sub-total       0       1         b Total from continuation       18,052,755	SOUTH ASIA	0	0	GRANT MAKING		160,086.
		0	1			18,052,754.
sheets to Part I 0 4 148,093,12		0	4			148,093,127.
c Totals (add lines 3a and 3b)		0	5			166,145,881.

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

Schedule F (Form 990) 2010

Schedule F (Form 990)  Part I Continuation			TERNATIONAL	32-103	TIIO Page
			<b>n.</b> (Schedule F (Form 990), Part I, line		1
(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
				PROVISION OF PHARMACEUTICALS, MEDICAL	
SOUTH ASIA	0	0	PROGRAM SERVICES	EQUIPMENT AND SUPPLIES.	8,381,386
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		323,058
				PROVISION OF PHARMACEUTICALS, MEDICAL	,
SUB-SAHARAN AFRICA	0	4	PROGRAM SERVICES	EQUIPMENT AND SUPPLIES.	139276968
				PROVISION OF PHARMACEUTICALS, MEDICAL	
EUROPE	0	0	PROGRAM SERVICES	EQUIPMENT AND SUPPLIES.	111,715
Totals		4			148,093,127

Part II Grants and Other	er Assistance to Or	ganizations or Entities	Outside the United States. C	Complete if the o	rganization answered	d "Yes" to Form 9	90, Part IV, line 15, fo	or any
recipient who red	ceived more than \$5	,000. Check this box if n	o one recipient received more	than \$5,000				▶ ∐
Part II can be du	plicated if additional	space is needed.	1		_			
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA	FUNDING FOR LEARNING					
		AND THE CARIBBEAN	CENTER-HAITI	11,000.	WIRE	0.		
			FUNDING TO DISTRIBUTE					
		CENTRAL AMERICA	LOCALLY GROWN SEEDS	20 250	WIDE			
		AND THE CARIBBEAN	AND VEGETABLES-HAITI	28,250.	WIKE	0.		
			FUNDING TO OPERATE A					
		CENTRAL AMERICA	MOBILE MATERNITY &					
		AND THE CARIBBEAN	PEDIATRIC UNIT-HAITI	97,500.	WIRE	0.		
			FUNDING TO PROVIDE					
			HEALTHCARE TO					
		CENTRAL AMERICA	RESIDENTS OF ACUL DU					
		AND THE CARIBBEAN	NORD-HAITI	25,000.	WIRE	0.		
		CENTRAL AMERICA	FUNDING TO SUPPORT					
		AND THE CARIBBEAN	ORPHANAGE -HAITI	20,000.	WIRE	0.		
		CENTRAL AMERICA	HAITIAN NGO SUPPORT	10 200	WIDE			
		AND THE CARIBBEAN	FOR COMMUNITY SCHOOLS	18,300.	,WIRE	0.		
		CENTRAL AMERICA	MOBILE MEDICAL CLINIC					
		AND THE CARIBBEAN	IN ST. ROCK-HAITI	20,000.	WIRE	0.		
			REPAIR HAITIAN					
		CENTRAL AMERICA	CLASSROOMS TO PROVIDE	25 000	MIDE			
2 Enter total number of			EDUCATIONAL CLASSES	25,000.		0.		
			recognized as charities by the n 501(c)(3) equivalency letter	: Toreign country	, recognized as tax-e	xempt by		145
3 Enter total number of	•	•	11 35 1(5)(6) Equivalency letter			······ -		30
	- · g						Sched	dule F (Form 990) 2010

30

3Criedule i (i Oriii 990)		1 1100101 1111				<del></del>		ray <del>e</del> z
Part II Continuation of	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		CENTRAL AMERICA					L	ESTIMATED
		AND THE CARIBBEAN		0.		709,602.	PHARMACEUTICALS,	WHOLESALE PRICE,
							PHARMACEUTICALS,	PURCHASED PRICE
		CENTRAL AMERICA					MEDICAL SUPPLIES,	, ESTIMATED
		AND THE CARIBBEAN		0.		266,056.	EQUIPMENT,	WHOLESALE PRICE,
							PHARMACEUTICALS,	PURCHASED PRICE
		CENTRAL AMERICA				101 (54	MEDICAL SUPPLIES,	, ESTIMATED
		AND THE CARIBBEAN		0.		181,654.	EQUIPMENT,	WHOLESALE PRICE,
		CENTRAL AMERICA						PURCHASED PRICE
		AND THE CARIBBEAN		0.		34,235.	MEDICAL SUPPLIES,	,
		GENERAL AMERICA					PHARMACEUTICALS,	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5 683	MEDICAL SUPPLIES, EQUIPMENT,	, ESTIMATED WHOLESALE PRICE,
		AND THE CARIBBEAN		0.		3,003.	EQUIFMENI,	WHOLESALE FRICE,
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.		242,316.	MEDICAL SUPPLIES,	WHOLESALE PRICE,
		CENTRAL AMERICA					PHARMACEUTICALS,	ESTIMATED
		AND THE CARIBBEAN		0.			MEDICAL SUPPLIES,	WHOLESALE PRICE,
							,	,
							PHARMACEUTICALS,	PURCHASED PRICE
		CENTRAL AMERICA					MEDICAL SUPPLIES,	, ESTIMATED
		AND THE CARIBBEAN		0.		149,358.	EQUIPMENT,	WHOLESALE PRICE,
							PHARMACEUTICALS,	PURCHASED PRICE
		CENTRAL AMERICA					MEDICAL SUPPLIES,	. ESTIMATED
			1	I	1	I	r,	I,

schedule F (Form 990)	DIREC	T KEDIEF INI	ERNATIONAL		93-10	31110		Page 2
Part II Continuation	on of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	990), Part II, line	1)	
1 (a) Name of organizati	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		CENTRAL AMERICA				147 250	MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.		147,358.	EQUIPMENT,	WHOLESALE PRICE
							PHARMACEUTICALS,	PURCHASED PRICE
		CENTRAL AMERICA					MEDICAL SUPPLIES,	, ESTIMATED
		AND THE CARIBBEAN		0.		529,440.	EQUIPMENT,	WHOLESALE PRICE
							PHARMACEUTICALS,	PURCHASED PRICE
		CENTRAL AMERICA				117 102	MEDICAL SUPPLIES,	, ESTIMATED
		AND THE CARIBBEAN		0.		117,183.	EQUIPMENT,	WHOLESALE PRICE
							PHARMACEUTICALS,	PURCHASED PRICE
		CENTRAL AMERICA					MEDICAL SUPPLIES,	ESTIMATED
		AND THE CARIBBEAN		0.			EQUIPMENT,	WHOLESALE PRICE
							PHARMACEUTICALS,	PURCHASED PRICE
		EAST ASIA AND THE				4=====	MEDICAL SUPPLIES,	, ESTIMATED
		PACIFIC		0.		475,580.	EQUIPMENT,	WHOLESALE PRICE
							PHARMACEUTICALS.	PURCHASED PRICE
		EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED
		PACIFIC		0.		72,430.	EQUIPMENT,	WHOLESALE PRICE
		EAST ASIA AND THE				1205602		ESTIMATED
		PACIFIC		0.		1327683.	PHARMACEUTICALS,	WHOLESALE PRICE
								PURCHASED PRICE
		EAST ASIA AND THE					MEDICAL SUPPLIES,	, ESTIMATED
		PACIFIC		0.		21,049.	EQUIPMENT,	WHOLESALE PRICE
								PURCHASED PRICE
		EAST ASIA AND THE		_			MEDICAL SUPPLIES,	, ESTIMATED
		PACIFIC		0.		58,942.	EQUIPMENT,	WHOLESALE PRICE

	F (Form 990)	DIKEC	I KEUTER INI	EKNATIONAL		93-10	31110		Page 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) Nam	e of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> 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,	
			EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED
			PACIFIC		0.		364,333.	EQUIPMENT,	WHOLESALE PRICE
								PHARMACEUTICALS.	PURCHASED PRICE
			EAST ASIA AND THE					MEDICAL SUPPLIES	ESTIMATED
			PACIFIC		0.		491 485	EQUIPMENT,	WHOLESALE PRICE
			11101110				151,100.	DQUIIIDINI,	MIGDEDING TRIED
								PHARMACEUTICALS,	PURCHASED PRICE
			EAST ASIA AND THE					MEDICAL SUPPLIES,	, ESTIMATED
			PACIFIC		0.		215,057.	EQUIPMENT,	WHOLESALE PRICE
			EAST ASIA AND THE						ESTIMATED
			PACIFIC		0.		37,296.	PHARMACEUTICALS,	WHOLESALE PRICE
								L	
			L					PHARMACEUTICALS,	PURCHASED PRICE
			EAST ASIA AND THE		0.		64 262	MEDICAL SUPPLIES,	, ESTIMATED
			PACIFIC		0.		64,263.	EQUIPMENT,	WHOLESALE PRICE
									PURCHASED PRICE
			EAST ASIA AND THE					MEDICAL SUPPLIES,	ESTIMATED
			PACIFIC		0.		18,318.	EQUIPMENT,	WHOLESALE PRICE
							,	,	
								PHARMACEUTICALS,	PURCHASED PRICE
			EAST ASIA AND THE					MEDICAL SUPPLIES,	, ESTIMATED
			PACIFIC		0.		165,538.	EQUIPMENT,	WHOLESALE PRICE
								PHARMACEUTICALS,	PURCHASED PRICE
			EAST ASIA AND THE					MEDICAL SUPPLIES,	, ESTIMATED
			PACIFIC		0.		564,036.	EQUIPMENT,	WHOLESALE PRICE
						i	i	1	1
			EAST ASIA AND THE						ESTIMATED

Page 2

cnedule F (Form 990)	DIREC	I KEDIEF INI	BIMALIONAL		75 10	31110		Page 2
Part II Continuation	of Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> 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,	PURCHASED PRICE
							MEDICAL SUPPLIES,	ESTIMATED
		SOUTH AMERICA		0.		413,455.	EQUIPMENT,	WHOLESALE PRICE
							PHARMACEUTICALS,	ESTIMATED
		SOUTH AMERICA		0.				WHOLESALE PRICE
							PHARMACEUTICALS,	PURCHASED PRICE
							MEDICAL SUPPLIES,	, ESTIMATED
		SOUTH AMERICA		0.			EQUIPMENT,	WHOLESALE PRICE
								ESTIMATED
		SOUTH AMERICA		0.		5,484.	PHARMACEUTICALS,	WHOLESALE PRICE
							DIIADWA GELIMT GAT G	DIDGUAGED DDIGE
							PHARMACEUTICALS, MEDICAL SUPPLIES.	PURCHASED PRICE . ESTIMATED
		SOUTH ASIA		0.			EQUIPMENT,	WHOLESALE PRICE
							DUADNA GRUMT GAL G	
							PHARMACEUTICALS, MEDICAL SUPPLIES,	PURCHASED PRICE . ESTIMATED
		SOUTH ASIA		0.			EQUIPMENT,	WHOLESALE PRICE
							PHARMACEUTICALS,	PURCHASED PRICE
		SOUTH ASIA		0.		1838493.	MEDICAL SUPPLIES, EQUIPMENT,	, ESTIMATED WHOLESALE PRICE
							,	
							PHARMACEUTICALS,	PURCHASED PRICE
							MEDICAL SUPPLIES,	, ESTIMATED
		SOUTH ASIA		0.		108,092.	EQUIPMENT,	WHOLESALE PRICE
						0006565		ESTIMATED
		SOUTH ASIA		0.		2006567.	PHARMACEUTICALS,	WHOLESALE PRICE

Scriedule i (i oi i i aao)		I KEELEL INI						rage <b>z</b>
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) Name of organization	<b>(b)</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,	PURCHASED PRICE
							MEDICAL SUPPLIES,	, ESTIMATED
		SOUTH ASIA		0.		330,905.	EQUIPMENT,	WHOLESALE PRICE,
								PURCHASED PRICE
		SOUTH ASIA		0.		18,837.	MEDICAL SUPPLIES,	,
							PHARMACEUTICALS,	PURCHASED PRICE
		SOUTH ASIA		0.			MEDICAL SUPPLIES, EQUIPMENT,	, ESTIMATED WHOLESALE PRICE,
		BOOTH MEIN		· · ·		132,330.	Egotiment,	MIGHERIAL TRICE,
								ESTIMATED
		SOUTH ASIA		0.		1,732.	MEDICAL SUPPLIES,	WHOLESALE PRICE,
		SOUTH ASIA		0.		1,905.	MEDICAL SUPPLIES,	ESTIMATED WHOLESALE PRICE,
							PHARMACEUTICALS,	PURCHASED PRICE
		SUB-SAHARAN					MEDICAL SUPPLIES,	, ESTIMATED
		AFRICA		0.		36,897.	EQUIPMENT,	WHOLESALE PRICE,
							PHARMACEUTICALS,	PURCHASED PRICE
		SUB-SAHARAN					MEDICAL SUPPLIES,	, ESTIMATED
		AFRICA		0.		299,355.	EQUIPMENT,	WHOLESALE PRICE,
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		313,905.	PHARMACEUTICALS,	WHOLESALE PRICE,
							PHARMACEUTICALS,	PURCHASED PRICE
		SUB-SAHARAN					MEDICAL SUPPLIES,	, ESTIMATED
		AFRICA		0.		15,111.	EQUIPMENT,	WHOLESALE PRICE,

chedule F (Form 990)		T RELIEF INT			95-18			Page 2
	on of Grants and Other	Assistance to Organiza	ations or Entities Outside the	e United States.	. (Schedule F (Form 9			1
1 (a) Name of organization	on (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
		SUB-SAHARAN AFRICA		0.		3430704.	PHARMACEUTICALS, MEDICAL SUPPLIES,	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		23,206.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		53,020.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT,	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		30,357.	MEDICAL SUPPLIES,	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		3,773.	PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE
		sub-saharan Africa		0.		2172622.	PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		261,174.	PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		100,991.	MEDICAL SUPPLIES,	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		991,804.	PHARMACEUTICALS,	ESTIMATED WHOLESALE PRICE

schedule F (Form 990)	DINDO	I KELLER INI	DIMMITONAL		75 10	31110		Page 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	ations or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (a) Name of organization	<b>(b)</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		0.		E00 24E	DIIA DMA GELIMIT GA L G	ESTIMATED
		AFRICA		0.		590,245.	PHARMACEUTICALS,	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		1723554.	PHARMACEUTICALS,	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		42165483	PHARMACEUTICALS,	WHOLESALE PRICE
							·	
		SUB-SAHARAN				4000733	DIA DWA GERIER GA L G	ESTIMATED
		AFRICA		0.		4229733.	PHARMACEUTICALS,	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		16015489	PHARMACEUTICALS,	WHOLESALE PRICE
		SUB-SAHARAN						ESTIMATED
		AFRICA		0.		48,025.	MEDICAL SUPPLIES,	
		SUB-SAHARAN AFRICA		0.		E 0E0	MEDICAL SUPPLIES,	ESTIMATED
		AFRICA		0.		5,659.	MEDICAL SUPPLIES,	WHOLESALE PRICE
		SUB-SAHARAN						PURCHASED PRICE
		AFRICA		0.		15,861.	MEDICAL SUPPLIES,	,
		SUB-SAHARAN						PURCHASED PRICE
		AFRICA		0.		6,627.	MEDICAL SUPPLIES,	,

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

	7 01 01 <b>9</b> 7 011110		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	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)	Yes	X 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, 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 file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

#### Part V **Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.

SCHEDULE F, 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 MAKE
SITE VISITS TO GRANTEES TO ENSURE COMPLIANCE WITH THE PROPOSAL, THIS IS
ESPECIALLY THE CASE WHEN IT COMES TO THE MONITORING OF OUR SUPPORT OF
GRANTEES IN EMERGENCY RESPONSE SITUATIONS.

### **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2010

Name of the organization		,		, p	-	Employer ide	ntification number			
DIRECT	RELIEF INTERNATION	AL				95-1831116				
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, F</li> <li>If "Yes," list the ten highest paid ind compensated at least \$5,000 by the</li> </ul>	e Solicitating Solicitating Special Sp	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization				
		Yes	No							
Total			<b>•</b>							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration			

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gi				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MAY 5TH	NEWMAN		(add col. (a) through
			EVENT	DINNER	2	col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	. "
Revenue	1	Gross receipts	131,303.	23,600.	22,236.	177,139.
	2	Less: Charitable contributions	121,025.	15,671.	12,956.	149,652.
	3	Gross income (line 1 minus line 2)	10,278.	7,929.	9,280.	27,487.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	1 12 507	10,817.	15,191.	39,595.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		<b>&gt;</b>	( 39,595)
	11	Net income summary. Combine line 3, colum	nn (d), and line 10		<b>)</b>	-12,108.
Pa	rt I		answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.	1	(I.) Dull take (instent		(n = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ne			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue				zge/progressive zge		
Ä	1	Gross revenue				
_	•	Gross revenue				
SS	2	Cash prizes				
<b>Direct Expenses</b>	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
_	Ŭ	Cirici direct experiese	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	□ No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	( )
	8	Net gaming income summary. Combine line	1 column d and line 7			
	O	riet gaining income summary. Combine line	i, coluitir u, attu iiile 7		·····	l
9	Ent	ter the state(s) in which the organization opera	ates gaming activities:			
		the organization licensed to operate gaming a	_	states?		Yes No
b	If "	No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses r	· · · · · · · · · · · · · · · · · · ·	-	/ear?	Yes No
b	If "	Yes," explain:				
	_					
	_					

Sch	nedule G (Form 990 or 990-EZ) 2010 DIRECT RELIEF INTERNATIONAL 95-1	831	116	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🔲	Yes	☐ No
r	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
_	of gaming revenue retained by the third party $\blacktriangleright$ \$			
	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	Description of services provided			
	- Secondarion of services provided P			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
٠	retain the state gaming license?		Yes	☐ No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —		
•	organization's own exempt activities during the tax year > \$			
Pa	Irt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii)	and (v	/) and	Part III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			
				,
_				

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Governments, and Individuals in the United States

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

► Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number 95-1831116

Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	ty for the grants or as	sistance, and the selec	tion
criteria used to award the grants or ass	istance?						X Yes No
2 Describe in Part IV the organization's pr	rocedures for moni	toring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	Governments an	d Organizations in th	e United States. C	omplete if the org	anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Check thi	s box if no one recipie	nt received more th	an \$5,000. Part I		additional space is nee	eded
Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS FAMILY CARE 4301 DONIPHAN DRIVE							TO ASSIST PATIENTS AND
NEOSHO, MO 64850	43-1752799	501C3	25,000.	0.			STAFF AFFECTED BY TORNADO
AMREF USA							
4 WEST 43RD STREET							RESPONSE TO UGANDA
NEW YORK, NY 10036	13-1867411	501C3	30,000.	0.			BOMBING
CHRISTOPHER BRADY PO BOX 882 LOS OLIVOS, CA 93441	545-84-7759	50103	6.555.	0.			RIO BENI HEALTH CARE PROJECT - RURRENABAQUE, BOLIVIA
HEALING HANDS FOR HAITI PO BOX 521800 SALT LAKE CITY, UT 84152		501c3	225,000.	0.			KAY KABAP KLINIK SUPPORT
KONBIT SANTE PO BOX 11284 PORTLAND, OR 04104	01-0540292	501c3	50,000.	0.			SUPPORT IN HAITI, HURRICANE PREP & RESPONSE, MIDWIFE AND TBA TRAINING
RENEWAL FOR HAITI 18625 EAST DORADO DR. AURORA, CO 80015	27-1899385	501C3	20,000.	0.			NEW OPERATING ROOM IN LEOGANE
2 Enter total number of section 501(c)(3) a  3 Enter total number of other organization		rganizations				·	991.

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTA BARBARA STREET MEDICINE							
5638 HOLLISTER AVE #200-B							ESTABLISH AND EQUIP LOCAL
SANTA BARBARA , CA 93117	33-1210731	501C3	83,265.	0.			MEDICAL RESERVE CORPS
•			,			PHARMACEUTICALS,	SUPPORT TO US
A COMMUNITY CLINIC, INC						MEDICAL	CLINICS/HEALTH CENTERS
335 MARKET STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SUNBURY, PA 17801	20-4051982	501C3	0.	81,693.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
AARON E HENRY						MEDICAL	CLINICS/HEALTH CENTERS
510 HIGHWAY 322					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CLARKSDALE, MS 38614	64-0624495	501C3	0.	37,072.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
ABCCM MEDICAL MINISTRY							CLINICS/HEALTH CENTERS
155 LIVINGSTON STREET					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
ASHEVILLE, NC 28801	56-1987021	501C3	0.	6,702.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
ACCESS FAMILY CARE ADMINISTRATION						MEDICAL	CLINICS/HEALTH CENTERS
4301 DONIPHAN DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NEOSHO, MO 64850	43-1752799	501C3	0.	780,818.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
ADVANTAGE HEATH CENTERS						MEDICAL	CLINICS/HEALTH CENTERS
15400 WEST MC NICHOLS					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
DETROIT, MI 48235	38-2724796	501C3	0.	39,217.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							PROVIDE MEDICAL
AEROMEDICOS OF SANTA BARBARA							ASSISTANCE TO IMPROVE THE
PO BOX 538					ESTIMATED		QUALITY OF INDIGENT
GOLETA, CA 93116	77-0117662	501C3	0.	6,366.	WHOLESALE PRICE,		PEOPLE WORLDWIDE
						PHARMACEUTICALS,	SUPPORT TO US
AGAPE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
4105 JUNIUS STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
DALLAS, TX 75246	14-1847977	501C3	0.	86,390.	WHOLESALE PRICE,		PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
ALABAMA HONDURAN MEDICAL					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
516 RIDGEVIEW DRIVE					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
JASPER, AL 35504	68-0538134	501C3	0.	96,997.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE

LHA

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
ALAMEDA COUNTY HEALTH CARE						MEDICAL	CLINICS/HEALTH CENTERS
1900 FRUITVALE AVE STE 3E					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
OAKLAND, CA 94601-2469	94-6000501	501C3	0.	52,166.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
ALASKA ISLAND COMMUNITY SERVICES						1	CLINICS/HEALTH CENTERS
320 BENNETT STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
WRANGELL, AK 99929	92-0129543	501C3	0.	9,007.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
ALBRECHT FREE CLINIC							CLINICS/HEALTH CENTERS
1110 OAK STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
WEST BEND, WI 53095	39-1839654	501C3	0.	23,266.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
							SUPPORT TO US
ALCONA HEALTH CENTERS						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
177 N. BARLOW ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LINCOLN, MI 48742	38-2170985	501C3	0.	16,884.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
ALLIANCE MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1381 UNIVERSITY AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
HEALDSBURG, CA 95448	94-2308748	501C3	0.	49,280.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
ALTAMED HEALTH SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
500 CITADEL DRIVE, SUITE 490					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
COMMERCE, CA 90040	95-2810095	501C3	0.	95,670.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
AMERICAN DIABETES ASSOCIATION						MEDICAL	CLINICS/HEALTH CENTERS
1701 NORTH BEAUREGARD STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ALEXANDRIA, VA 22311	13-1623888	501C3	0.	497,126.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
AMERICAN INDIAN HEALING CENTER						MEDICAL	CLINICS/HEALTH CENTERS
12456 E. WASHINGTON BLVD.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
WHITTIER, CA 90602	95-4835249	501C3	0.	22,262.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
AMERICAN INDIAN HEALTH & SERVICES					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
4141 STATE STREET, SUITE B-11					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93110	77-0398793	501C3	0.	19,007.	WHOLESALE PRICE.	MEDICAL VOUCHER,	PATIENTS

DIRECT RELIEF INTERNATIONAL

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	art II.)	Tage 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
						PHARMACEUTICALS,	PROVIDE MEDICAL
AMERICAN NEAR EAST REFUGEE AID					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
1111 14TH STREET					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
WASHINGTON, DC 20005	52-0882226	501C3	0.	2,653,255	.WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	PROVIDE MEDICAL
AMERICAN NICARAGUAN FOUNDATION					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
INC 848 BRICKELL AVENUE # 745 -					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MIAMI, FL 33131	65-0326517	501C3	0.	3,107,347	.WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	PROVIDE MEDICAL
AMERICAN REFUGEE COMMITTEE					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
430 OAK GROVE STREET					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MINNEAPOLIS, MN 55403	36-3241033	501C3	0.	494,562	.WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
AMERICARES FREE CLINICS							CLINICS/HEALTH CENTERS
88 HAMILTON AVENUE					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
STAMFORD, CT 69020	06-1008595	501C3	0.	22,362	.WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
·				,	<u>'</u>	PHARMACEUTICALS,	PROVIDE MEDICAL
AMIGOS DE HONDURAS / PAG					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
P.O. BOX 98293					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
SEATTLE, WA 98198-0293	91-1638574	501C3	0.	3,443,988	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
·				, ,	<u>'</u>	,	SUPPORT TO US
AMISTAD COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1533 BROWNLEE AVENUE, SUITE 100					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CORPUS CHRISTI, TX 78404	20-3008507	501C3	0.	16,211,	.WHOLESALE PRICE,	1	PATIENTS
•				,	<del>                                     </del>	PHARMACEUTICALS,	SUPPORT TO US
AMPLA HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
935 MARKET STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
YUBA CITY, CA 95991-4210	94-2210447	501C3	0.	125 705	.WHOLESALE PRICE,	1	PATIENTS
				,	,	PHARMACEUTICALS,	
AMRIT DAVAA WORLD HEALTH						MEDICAL	ASSISTANCE TO IMPROVE THE
1357 N. HIGHLAND AVE.					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
LOS ANGELES, CA 90028	20-8818368	501C3	0.	22 446	.WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
			<u> </u>	22,110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	SUPPORT TO US
ANDERSON VALLEY HEALTH CENTER						PHARMACEIITTCALS	CLINICS/HEALTH CENTERS
13500 AIRPORT ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
BOONVILLE, CA 95415	94-2347424	501C3	0.	27 290	.WHOLESALE PRICE,		PATIENTS
DOGRATHIE, CV 22412	74 634/464	P0103	1 0.	27,290	· FILL TICEDADE LIVICE,	POLITIES,	F 111 T T T 11 T D

Part II Continuation of Grants and Other				(CO.)	1	1	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
ANHC PHARMACY							CLINICS/HEALTH CENTERS
1217 E. TENTH AVENUE					ESTIMATED		FOR LOW-INCOME, UNINSURE
ANCHORAGE, AK 99501	92-0047965	501C3	0.	10,575.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
							SUPPORT TO US
ANTELOPE VALLEY COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
45074 10TH STREET WEST, SUITE 109					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
LANCASTER, CA 93534	26-0574826	501C3	0.	9,276.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
ARLINGTON FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
2921 S. 11TH STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
ARLINGTON, VA 22204	54-1671883	501C3	0.	5,298.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
ARTHUR NAGEL COMMUNITY CLINIC					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1116 12TH STREET #3					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
BANDERA, TX 78003	77-0697361	501C3	0.	35,697.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						·	SUPPORT TO US
ASHLAND COMMUNITY HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
501 MAIN					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
ASHLAND, MT 59003	81-0512837	501C3	0.	17,812.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
				•	,	PHARMACEUTICALS,	SUPPORT TO US
ASHLAND FREE MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
30313 MERIDIEN CIRCLE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
UNION CITY, CA 94587	68-0554276	501C3	0.	23 060.	WHOLESALE PRICE,	1	PATIENTS
				,	,	,	SUPPORT TO US
ASIAN HEALTH SERVICES						PHARMACEUTICALS	CLINICS/HEALTH CENTERS
818 WEBSTER STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
OAKLAND, CA 94607	94-2235908	501C3	0.	11 394.	WHOLESALE PRICE,		PATIENTS
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
ASIAN HUMAN SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
2424 W. PETERSON AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
CHICAGO, IL 60659	01-0567661	501C3	0.	20 151		· ·	PATIENTS
	31 030,001	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	20,131.	TRICE,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
ASIAN PACIFIC HEALTH CARE VENTURE						MEDICAL	CLINICS/HEALTH CENTERS
1530 HILLHURST AVENUE					ESTIMATED	SUPPLIES,	
	95-4177752	501C3	0.	520 701	WHOLESALE PRICE,	1 '	FOR LOW-INCOME, UNINSURE PATIENTS
LOS ANGELES, CA 90027	33-411132	Lares	<u> </u>	323,101.	MITOTESATE LYTCE,	EXOTEMENT,	PATIENTS

(1)	# N EIN	( ) IDO	( ) )	( ) 4	(6) 14 11 1	( ) 5	#15 f
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							PROVIDE MEDICAL
ASSOCIATION OF INDIAN PHYSICIANS					PURCHASED PRICE	PHARMACEUTICALS,	ASSISTANCE TO IMPROVE THE
6737 WILDWOOD TRAIL					, ESTIMATED	MEDICAL	QUALITY OF INDIGENT
MAYFIELD VILLAGE, OH 44143	34-1407746	501C3	0.	79,478.	WHOLESALE PRICE,	SUPPLIES,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	PROVIDE MEDICAL
ATKINSON FOUNDATION					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
1720 SO. AMPHLETT BLVD., SUITE 100 $$					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
SAN MATEO, CA 94402	94-6075613	501C3	0.	3,477,463.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
AUGUSTA REGIONAL FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
342 MULE ACADMEY RD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
FISHERSVILLE, VA 22939	54-1651896	501C3	0.	7,009.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
AXIS COMMUNITY HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
4361 RAILROAD AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PLEASANTON, CA 94566	94-2232394	501C3	0.	10,087.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
BABY HEALTH SERVICE						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1590 HARRODSBURG ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSUREI
LEXINGTON, KY 40504	61-0518017	501C3	0.	6,251.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
•				,	,	PHARMACEUTICALS,	PROVIDE MEDICAL
BATEY RELIEF ALLIANCE INC					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
P.O. BOX 300565					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
BROOKLYN, NY 11230-5656	11-3403494	501C3	0.	4 012 067.	, WHOLESALE PRICE,	· ·	PEOPLE WORLDWIDE
				, ,	,	· · · · · · · · · · · · · · · · · · ·	PROVIDE MEDICAL
BAYLOR INTERNATIONAL PEDIATRIC					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
AIDS - 6621 FANNIN - HOUSTON, TX					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
77030	20-2951275	501C3	0.	99 261.	WHOLESALE PRICE,	,	PEOPLE WORLDWIDE
			1		,	,	SUPPORT TO US
BAYOU CLINIC					PURCHASED PRICE	PHARMACEUTICALS	CLINICS/HEALTH CENTERS
13833 TAPIA LANE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSUREI
BAYOU LA BATRE, AL 36509	63-1270951	501C3	0.	18 424	WHOLESALE PRICE,		PATIENTS
	33 12,0331			10,121.	THIEF,	,	SUPPORT TO US
BEACH HEALTH CLINIC							CLINICS/HEALTH CENTERS
3396 HOLLAND ROAD STE 102					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
VIRGINIA BEACH, VA 23452	54-1366960	501C3	0.	12 700	WHOLESALE PRICE,		PATIENTS
VIRGINIA BEACH, VA 25452	7 1 1 3 0 0 7 0 0	P*****	1	12,790.	PHODESTEE TRICE,	P	Cabadula I (Farma 200

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
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							SUPPORT TO US
BEAR LAKE COMMUNITY HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
325 W. LOGAN HIGHWAY					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
GARDEN CITY, UT 84028	81-0587644	501C3	0.	14,161.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
BEAUREGARD AGAPE COMMUNITY CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
305 W 7TH ST.					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DERIDDER, LA 70634	06-1822290	501C3	0.	25,452.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
BECKLEY HEALTH RIGHT						MEDICAL	CLINICS/HEALTH CENTERS
111 RANDOLPH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BECKLEY, WV 25801	55-0774466	501C3	0.	7,874.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
BELL GARDENS FAMILY MEDICAL CENTER						MEDICAL	CLINICS/HEALTH CENTERS
6501 S. GARFIELD AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BELL GARDENS, CA 90201	95-1641454	501C3	0.	21,851.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
BELLE TERRACE HEALTH & WELLNESS						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
2467 GOLDEN CAMP ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
AUGUSTA, GA 30906	31-1591242	501C3	0.	55,394.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
BEN ARCHER HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1600 THORPE ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LAS CRUCES, NM 88012	51-0158976	501C3	0.	75,876.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
BETHESDA HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
133 STETSON DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CHARLOTTE, NC 28262	56-2015959	501C3	0.	8,353.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
BETHESDA HEALTH CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
409 W. FERGUSON					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
TYLER, TX 75702	26-0036674	501C3	0.	44,311.	, WHOLESALE PRICE,	1	PATIENTS
- ·				,	,	,	SUPPORT TO US
BETHESDA MISSION HEALTH CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
	1	1	1		I	· ·	
611 REILY STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
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							SUPPORT TO US
BIDDEFORD FREE CLINIC							CLINICS/HEALTH CENTERS
189 ALFRED STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
BIDDEFORD, ME 04005	01-0478977	501C3	0.	5,782.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
							SUPPORT TO US
BLACKSTONE VALLEY						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
42 PARK PLACE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
PAWTUCKET, RI 02860	51-0183476	501C3	0.	12,363.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
BLAND COUNTY MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
12301 GRAPEFIELD ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BASTIAN, VA 24314	54-1074890	501C3	0.	46,635.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
BLUE RIDGE MEDICAL CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
4038 THOMAS NELSON HWY.					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
ARRINGTON, VA 22922	54-1222147	501C3	0.	64,248.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
•				•		·	SUPPORT TO US
BLUEGRASS COMMUNITY HEALTH CENTER							CLINICS/HEALTH CENTERS
1301 VERSAILLES RD, SUITE 120					ESTIMATED		FOR LOW-INCOME, UNINSURED
LEXINGTON, KY 40504	06-1798832	501C3	0.	7.491.	WHOLESALE PRICE,	PHARMACEUTICALS	PATIENTS
,				,	,	PHARMACEUTICALS,	SUPPORT TO US
BOND COMMUNITY HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1720 SOUTH GADSDEN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
TALLAHASSEE, FL 32301	59-2426414	501C3	0.	139 593.	, WHOLESALE PRICE,	1 '	PATIENTS
					,	,	SUPPORT TO US
BOONE TRAIL MEDICAL CENTER							CLINICS/HEALTH CENTERS
1000 MEDICAL CENTER ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
MAMERS, NC 27552	56-1205213	501C3	0.	23 016	WHOLESALE PRICE,		PATIENTS
THE ET ST	30 1203213	1		25,010.	, moddonid intel,	,	SUPPORT TO US
BOUNDARY REGIONAL						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
6635 COMANCHE STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
BONNERS FERRY, ID 83805	04-3634356	501C3	0.	22 860	WHOLESALE PRICE,		PATIENTS
BONNERS FERRI, ID 03003	04-3034330	50103	1	22,009.	MICHESALE FRICE,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
PDEAD OF MENITME CITATE						1	
BREAD OF HEALING CLINIC					ЕСШТМАПЕР	MEDICAL	CLINICS/HEALTH CENTERS
1821 NORTH 16TH STREET	91 0660065	E0103		205 552	ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MILWAUKEE, WI 53205	81-0669867	501C3	0.	∠05,570.	WHOLESALE PRICE,	ECOIPMENT,	PATIENTS

Part II Continuation of Grants and Othe	er Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	iedule I (Form 990), Pa T	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
BREATHITT COUNTY FAMILY HEALTH						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
265 HWY 15 SOUTH, SUITE 3					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
JACKSON, KY 41339	04-3779582	501C3	0.	43,800.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
BREVARD HEALTH ALLIANCE							CLINICS/HEALTH CENTERS
220 BARTON BLVD					ESTIMATED		FOR LOW-INCOME, UNINSURED
ROCKLEDGE, FL 32955	90-0068515	501C3	0.	22,493.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
BRIDGE COMMUNITY HEALTH CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1810 N. 2ND STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
WAUSAU, WI 54403	39-1759404	501C3	0.	10,809.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
BRIDGES TO HEALTH							CLINICS/HEALTH CENTERS
1251 WEST KEM ROAD					ESTIMATED		FOR LOW-INCOME, UNINSURED
MARION, IN 46952	20-5405181	501C3	0.	11,996.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·		PHARMACEUTICALS,	SUPPORT TO US
BROAD STREET CLINIC FOUNDATION					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
534 NORTH 35TH STREET					ESTIMATED	SUPPLIES.	FOR LOW-INCOME, UNINSURED
MOREHEAD CITY, NC 28557	56-1853604	501C3	0.	43,338.	, WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				•		i i	SUPPORT TO US
BROCK HUGHES FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
105 WEST PINE STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
WYTHEVILLE, VA 24382	20-2353144	501C3	0.	11,816.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
•				•	,	,	SUPPORT TO US
BROOKLYN AREA MEDICAL CENTER						MEDICAL	CLINICS/HEALTH CENTERS
650 FULTON STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BROOKLYN, NY 11217	11-2467268	501C3	0.	6.518.	WHOLESALE PRICE,	1	PATIENTS
				, , , , ,	,	,	SUPPORT TO US
BROTHER BILL'S HELPING HAND						MEDICAL	CLINICS/HEALTH CENTERS
3430 ODESSA					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
DALLAS, TX 75212	75-6027740	501C3	0.	13 659	WHOLESALE PRICE,	1	PATIENTS
	.5 0027,40	2 2 2 3 3	+	10,000	,	THE PERSON AND THE PE	SUPPORT TO US
BROWARD COMMUNITY & FAMILY							CLINICS/HEALTH CENTERS
5010 HOLLYWOOD BLVD SUITE 100-B					ESTIMATED		FOR LOW-INCOME, UNINSURED
	59-3489664	501C3	0.	20 000		MEDICAL VOLGUED	· · · · · · · · · · · · · · · · · · ·
HOLLYWOOD, FL 33021	33-3409004	hores	1 0.	49,990.	MUODESALE PRICE,	MEDICAL VOUCHER,	LUITENID

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	nedule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							SUPPORT TO US
BROWNSVILLE COMMUNITY HEALTH						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
CENTER - 2137 EAST 22ND STREET -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
BROWNSVILLE, TX 78521	74-2176836	501C3	0.	42,781.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
BUDDHIST TZU CHI FREE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1000 SOUTH GARFIELD AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ALHAMBRA, CA 91801	95-4457939	501C3	0.	27,423.	.WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
CABIN CREEK HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
5722 CABIN CREEK DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DAWES, WV 25054	55-0709223	501C3	0.	5,695.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
•				•		,	SUPPORT TO US
CACHE VALLEY CHC PHARMACY						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
1515 NORTH 400 EAST #104					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
NORTH LOGAN, UT 84341	87-0269232	501C3	0.	7.709.	.WHOLESALE PRICE,	SUPPLIES,	PATIENTS
· · · · · · · · · · · · · · · · · · ·				,	<u>'</u>	PHARMACEUTICALS,	PROVIDE MEDICAL
CAMBODIAN CHILDREN'S FUND					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
2461 SANTA MONICA BLVD. #833					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
SANTA MONICA, CA 90404	20-0764162	501C3	0.	2 025 923.	, WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
					,	,	SUPPORT TO US
CAPE FEAR CLINIC							CLINICS/HEALTH CENTERS
1605 DOCTORS CIRCLE					ESTIMATED		FOR LOW-INCOME, UNINSURED
WILLMINGTON, NC 28401	56-1984630	501C3	0.	14 995		MEDICAL VOUCHER,	1
	00 2501000		1	11,550	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	SUPPORT TO US
CAPE FEAR HEALTHNET, INC						MEDICAL	CLINICS/HEALTH CENTERS
3329-C WRIGHTSVILLE AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
WILMINGTON, NC 28403	26-2469988	501C3	0.	22 891	WHOLESALE PRICE,	1	PATIENTS
TIMINOTON, No 20403	20 2403300	1	"	22,031	WHOLESTEE TRICE,	HEBICHE VOCCHER,	SUPPORT TO US
CAPITAL CITY RESCUE MISSION FREE						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
259 S PEARL STREET					ESTIMATED	MEDICAL	
	56-2663290	501C3	0.	10 450			FOR LOW-INCOME, UNINSURED
ALBANY, NY 12202	30-2003230	20163	1	10,459,	WHOLESALE PRICE,	SUPPLIES, PHARMACEUTICALS	PATIENTS SUPPORT TO US
CADIMAI DADU BAMITU HBAIMH COMMO						1	
CAPITAL PARK FAMILY HEALTH CENTER					ECMINAMED	MEDICAL	CLINICS/HEALTH CENTERS
2328 INNIS RD.	20 2765547	E0103		21 622	ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
COLUMBUS, OH 43224	38-3765547	501C3	0.	21,632.	WHOLESALE PRICE,	ECOIPMENT,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
CAPITOL CITY FAMILY HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
3140 FLORIDA BLVD.					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BATON ROUGE, LA 70806	72-1395500	501C3	0.	194,055.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
CAPSTONE RURAL HEALTH CENTER							CLINICS/HEALTH CENTERS
5947 HIGHWAY 269					ESTIMATED		FOR LOW-INCOME, UNINSURED
PARRISH, AL 35580	63-1276483	501C3	0.	18,066.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CARE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
239 ROBESON STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
FAYETTEVILLE, NC 28301	56-1837010	501C3	0.	12,119.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
CARE RESOURCE - MIAMI							CLINICS/HEALTH CENTERS
3510 BISCAYNE BLVD., SUITE 300					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
MIAMI, FL 33137	59-2564198	501C3	0.	27,136.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
CARESOUTH CAROLINA						MEDICAL	CLINICS/HEALTH CENTERS
201 SOUTH 5TH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
HARTSVILLE, SC 29550	57-0664826	501C3	0.	35,311.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
CARING HANDS HEALTH CLINIC INC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
34C COURTHOUSE SQUARE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CLEVELAND, GA 30528	64-0950194	501C3	0.	100,899.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
CAROLINA FAMILY HEALTH CENTERS							CLINICS/HEALTH CENTERS
303 EAST GREEN STREET, BLDG. A					ESTIMATED		FOR LOW-INCOME, UNINSURED
WILSON, NC 27893	58-2079819	501C3	0.	21,151.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
							SUPPORT TO US
CASA ESPERANZA					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
618 CACIQUE STREET					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93103	77-0502754	501C3	0.	12,194.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
CASWELL FAMILY MEDICAL CENTER							CLINICS/HEALTH CENTERS
439 US HWY 158 WEST					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
YANCEYVILLE, NC 27379	59-1812757	501C3	0.	6,733.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
CATAHOULA PARISH HOSPITAL DISTRICT					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
NO. 2 - 307 CHISUM STREET - SICILY					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
ISLAND, LA 71368	72-0838896	501C3	0.	43,185.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CATHERINE MCAULEY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
5514 HOHMAN AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
HAMMOND, IN 46320	35-1835133	501C3	0.	50,062.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
CATHERINE'S HEALTH CENTER							CLINICS/HEALTH CENTERS
1211 LAFAYETTE AVE NE					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURE
GRAND RAPIDS, MI 49505	20-3572418	501C3	0.	16,479.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
CATHOLIC CHARITIES					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
609 E. HALEY STREET					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
SANTA BARBARA, CA 93103	95-1690973	501C3	0.	15,952.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CATHOLIC CHARITIES						MEDICAL	CLINICS/HEALTH CENTERS
212 NINTH STREET SUITE 301					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
PITTSBURGH, PA 15222	25-1326213	501C3	0.	12,060.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CATHOLIC DIOCESE OF LITTLE ROCK						MEDICAL	CLINICS/HEALTH CENTERS
2500 N. TYLER STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LITTLE ROCK, AR 72207	71-0236871	501C3	0.	6,463.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CELNA MEDICATION ACCESS PROGRAM					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
929 JOHNSTON STREET, SUITE B					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
ALEXANDRIA, LA 71301	02-0751416	501C3	0.	36,262.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CENTRAL CITY COMMUNITY						MEDICAL	CLINICS/HEALTH CENTERS
5233 BEVERLY BLVD.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSUREI
LOS ANGELES, CA 90022	95-4492570	501C3	0.	88,537.	WHOLESALE PRICE,	MEDICAL VOUCHER,	•
						,	SUPPORT TO US
CENTRAL CITY CONCERN/OLD TOWN						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
CLINIC - 727 W BURNSIDE STREET -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSUREI
PORTLAND, OR 97209	93-0728816	501C3	0.	20,431.	WHOLESALE PRICE.	SUPPLIES,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
CENTRAL FLORIDA						MEDICAL	CLINICS/HEALTH CENTERS
2400 STATE ROAD 415					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
SANFORD, FL 32771	59-1741286	501C3	0.	66,203.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CENTRAL FLORIDA HEALTH CARE					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
936 E PARKER STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
LAKELAND, FL 33801	59-1404594	501C3	0.	180,343.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CENTRAL MISSISSIPPI HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
SERVICES - 1134 WINTER STREET -					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
JACKSON, MS 39204	64-0426295	501C3	0.	57,963.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·				,	,	PHARMACEUTICALS,	SUPPORT TO US
CENTRAL VIRGINIA HEALTH SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
25892 JAMES MADISON HIGHWAY					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
NEW CANTON, VA 23123	54-0887287	501C3	0.	92,539,	WHOLESALE PRICE,	,	PATIENTS
•				,	,	,	SUPPORT TO US
CENTRO DE SALUD DE LARES, INC.						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
CARR 111 KM 1.9					ESTIMATED	MEDICAL ,	FOR LOW-INCOME, UNINSURE
LARES, PR 00669	66-0426506	501C3	0.	6 393.	WHOLESALE PRICE,		PATIENTS
				, , , , ,	, ,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
CENTRO SAN VICENTE						MEDICAL	CLINICS/HEALTH CENTERS
8061 ALAMEDA					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
EL PASO, TX 79915	74-2505561	501C3	0.	8 015	WHOLESALE PRICE,	,	PATIENTS
	71 200001			0,020	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PHARMACEUTICALS,	
CENTROMED SOUTH PARK CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
6315 S. ZARZAMORA STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
SAN ANTONIO, TX 78211	74-1787031	501C3	0.	58 458	WHOLESALE PRICE	,	1
DIN INTONIO, IN 70211	74 1707031	50103		30,430.	MICHELLAND TRICE,	HEBICHE VOCCHER,	SUPPORT TO US
CHARITABLE CHRISTIAN MEDICAL							CLINICS/HEALTH CENTERS
CLINIC - 1408 S. HERVEY STREET -					ESTIMATED		
	71-0803496	501C3	0.	51 761	WHOLESALE PRICE,	рнурмусьиштсу с	FOR LOW-INCOME, UNINSURED PATIENTS
HOPE, AR 71801	/1-0003450	20163	ļ .	51,761.	MITOTEDATE PAICE,	,	SUPPORT TO US
CUNDIES DDEM REVIUS CEVIMED						MEDICAL	
CHARLES DREW HEALTH CENTER					ЕСПТИАПЕР		CLINICS/HEALTH CENTERS
2915 GRANT STREET	47 0666715	E0103		40 310	ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
OMAHA, NE 68111 LHA	47-0666715	borc3	0.	42,318.	WHOLESALE PRICE,	ECOIPMENT,	PATIENTS Schedule I (Form 99)

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
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							SUPPORT TO US
CHARLOTTE COMMUNITY HEALTH CLINIC							CLINICS/HEALTH CENTERS
6900 FARMINGDALE DRIVE					ESTIMATED		FOR LOW-INCOME, UNINSURED
CHARLOTTE, NC 28212	56-2274174	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CHATHAM CARES COMMUNITY PHARMACY						MEDICAL	CLINICS/HEALTH CENTERS
127 EAST RALEIGH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SILER CITY, NC 27344	41-2170926	501C3	0.	34,006.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CHC OF ARKANSAS					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
420 WEST 4TH STREET, SUITE A					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NORTH LITTLE ROCK, AR 72114	71-0610075	501C3	0.	78,726.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·				•		·	SUPPORT TO US
CHC OF PINELLAS, INC						MEDICAL	CLINICS/HEALTH CENTERS
1344 22ND ST. SOUTH					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ST. PETERSBURG, FL 33712	59-2097521	501C3	0.	16.377.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
-			-	,	,	, ,	SUPPORT TO US
CHEROKEE HEALTH SYSTEMS						MEDICAL	CLINICS/HEALTH CENTERS
2018 WESTERN AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
KNOXVILLE, TN 37921	62-0637925	501C3	0.	182 945.	WHOLESALE PRICE,	1	PATIENTS
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	SUPPORT TO US
CHEYENNE CROSSROADS CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1504 STINSON AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CHEYENNE, WY 82001	83-0205887	501C3	0.	32 017	WHOLESALE PRICE,		PATIENTS
emplement, we obtain	03 0203007	10100	•	32,017	, moddonid intel,	,	SUPPORT TO US
CHEYENNE HEALTH AND WELLNESS						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
CENTER - 2508 E. FOX FARM ROAD -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CHEYENNE, WY 82007	87-0718984	501C3	0.	171 //9	WHOLESALE PRICE,		PATIENTS
CHETENNE, WI 02007	07 0710304	50103	· ·	1/1,440.	WHOLESALE TRICE,	DOTT HIED,	PROVIDE MEDICAL
CHILD HOPE INTERNATIONAL					PURCHASED PRICE	PHARMACEUTICALS.	
1970 S PROSPECT AVE					ESTIMATED	MEDICAL	ASSISTANCE TO IMPROVE THE
	21 1011020	E0103		10 004	ľ		QUALITY OF INDIGENT
REDONDO BEACH, CA 90277	31-1811232	501C3	0.	10,024.	WHOLESALE PRICE,	· · · · · · · · · · · · · · · · · · ·	PEOPLE WORLDWIDE
CHILDREN AND COMMUNITY HEALTH						1	SUPPORT TO US
CENTER - 120 S. CENTRAL						MEDICAL	CLINICS/HEALTH CENTERS
EXPRESSWAY, SUITE 102 - MCKINNEY,		504.50		<b></b>	ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
TX 75070	20-0637782	501C3	0.	75,363.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
CHIPPEWA VALLEY FREE CLINIC							CLINICS/HEALTH CENTERS
421 GRAHAM AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
EAU CLAIRE, WI 54701	39-1840231	501C3	0.	22,161.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
CHIRICAHUA COMMUNITY HEALTH							CLINICS/HEALTH CENTERS
1205 F AVE.					ESTIMATED		FOR LOW-INCOME, UNINSURE
DOUGLAS, AZ 85607	86-0814898	501C3	0.	31,726.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CHRIST CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
5504 FIRST STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
KATY, TX 77493	35-2179708	501C3	0.	97,159.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CHRIST COMMUNITY FREE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1 A STREET NW					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
AUBURN, WA 98002	20-3849881	501C3	0.	32,213.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
CHRISTIAN AID MINISTRIES					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
PO BOX 360					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
BERLIN, OH 44610	34-1344364	501C3	0.	7,843,578.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
CHRISTIAN CLINIC OF HOWARD COUNTY						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
100 S. MAIN STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
NASHVILLE, AR 71852	20-5772465	501C3	0.	8,638,	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
<i>,</i>				,		PHARMACEUTICALS,	SUPPORT TO US
CHRISTIAN COMMUNITY ACTION						MEDICAL	CLINICS/HEALTH CENTERS
200 SOUTH MILL STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
LEWISVILLE, TX 75057	23-7319371	501C3	0.	27 310	, WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
					,	PHARMACEUTICALS,	SUPPORT TO US
CHURCH HEALTH CENTER OF MEMPHIS,						MEDICAL	CLINICS/HEALTH CENTERS
INC 1210 PEABODY AVENUE -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MEMPHIS, TN 38104	58-1716113	501C3	0.	219 276	WHOLESALE PRICE,	· ·	PATIENTS
	25 27.10113		· .	213,270	,	PHARMACEUTICALS.	SUPPORT TO US
CHURCH HILL FREE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
401 RICHMOND STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
CHURCH HILL, TN 37642	62-1391365	501C3	0.	51 320	WHOLESALE PRICE,		· ·
LHA	02-1391303	Porcs	<u> </u>	31,329	MICHESALE FRICE,	MEDICAL VOUCHER,	Schedule I (Form 990

Part II Continuation of Grants and Other	er Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDE MEDICAL
CIRCLE OF HEALTH INTERNATIONAL						PHARMACEUTICALS,	ASSISTANCE TO IMPROVE THE
90 COVENTRY WOOD ROAD					ESTIMATED	MEDICAL	QUALITY OF INDIGENT
BOLTON, MA 01740	65-1213326	501C3	0.	217,179.	WHOLESALE PRICE,	SUPPLIES,	PEOPLE WORLDWIDE
							SUPPORT TO US
CITIZENS HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1650 N COLLEGE AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
INDIANAPOLIS, IN 46202	35-1515887	501C3	0.	21,705.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
·						PHARMACEUTICALS,	SUPPORT TO US
CITY OF NEW ORLEANS					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1300 PERDIDO STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70112	72-6000969	501C3	0.	69,291.	, WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·				,		PHARMACEUTICALS,	SUPPORT TO US
CLAIBORNE COUNTY FAMILY HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
2045 HIGHWAY 61 NORTH					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PORT GIBSON, MS 39150-4262	64-0651149	501C3	0.	59,223,	, WHOLESALE PRICE,	1	PATIENTS
,				,	·	· · · · · · · · · · · · · · · · · · ·	PROVIDE MEDICAL
CLEAN THE WORLD FOUNDATION INC.					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
8026 SUNPORT DRIVE, SUITE 306					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
ORLANDO, FL 32809	26-4212487	501C3	0.	384 742	, WHOLESALE PRICE,	1 '	PEOPLE WORLDWIDE
,				, , , , , , , ,	,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
CLEARWATER FREE CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
707 NORTH FT. HARRISON AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CLEARWATER, FL 33755	59-1852871	501C3	0.	46 583	, DITTILLE WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
	03 2002072			20,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PHARMACEUTICALS.	SUPPORT TO US
CLEAVER FAMILY WELLNESS CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
4368 SANTA ANITA AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
EL MONTE, CA 91731	95-1765149	501C3	0.	62 647	WHOLESALE PRICE,	1	PATIENTS
HE MONTE, CR 51751	33 1703143	50103		02,047	WHOLESTEE TRICE,	PHARMACEUTICALS.	SUPPORT TO US
CLINICA DE SALUD DEL VALLE						MEDICAL	CLINICS/HEALTH CENTERS
					ESTIMATED	SUPPLIES,	
440 AIRPORT BLVD., STE. A	94-2652757	501C3	0.	27 604	WHOLESALE PRICE,	1	FOR LOW-INCOME, UNINSURED PATIENTS
SALINAS, CA 93905	34-2032131	50163	1 0.	27,094.	MITOTESATE PRICE,	EZOTEMENI,	SUPPORT TO US
CITNICA DE CALID EANTITAD						DUADMACEUMTOATC	
CLINICA DE SALUD FAMILIAR						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
9102 NE HIGHWAY 99	20 007407	501.03		22.25	ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
VANCOUVER, WA 98665	39-2074977	501C3	0.	23,275.	WHOLESALE PRICE,	POLLITES,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
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						PHARMACEUTICALS,	SUPPORT TO US
CLINICA MSR. OSCAR A ROMERO						MEDICAL	CLINICS/HEALTH CENTERS
123 S ALVARADO STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LOS ANGELES, CA 90057	95-3881333	501C3	0.	940,349.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CLINICA SIERRA VISTA						MEDICAL	CLINICS/HEALTH CENTERS
1430 TRUXTUN AVENUE, SUITE 400					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BAKERSFIELD, CA 93301	95-2707101	501C3	0.	39,139.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
CLINICAS DEL CAMINO REAL							CLINICS/HEALTH CENTERS
200 S. WELLS ROAD., STE. 100					ESTIMATED		FOR LOW-INCOME, UNINSURE
VENTURA, CA 93004	95-2977147	501C3	0.	32,989.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
COASTAL FAMILY HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1046 DIVISION STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BILOXI, MS 39530	64-0592416	501C3	0.	219,941.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
COASTAL MEDICAL ACCESS PROJECT							CLINICS/HEALTH CENTERS
2605 PARKWOOD DRIVE					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURE
BRUNSWICK, GA 31520	01-0576945	501C3	0.	19,087.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
COLUMBIA COUNTY VOLUNTEERS IN						MEDICAL	CLINICS/HEALTH CENTERS
310 EAST THIRD STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MIFFLINVILLE, PA 18631	20-5695518	501C3	0.	49,307.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·			SUPPORT TO US
COLUMBIA RIVER COMMUNITY HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
SERVICES - 201 SW KINKADE ROAD -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BOARDMAN, OR 97818	20-1056268	501C3	0.	8,814.	WHOLESALE PRICE,	1	PATIENTS
•				,			SUPPORT TO US
COMMON GROUND CLINIC							CLINICS/HEALTH CENTERS
1400 TECHE STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70114	20-3723007	501C3	0.	10,575.		PHARMACEUTICALS,	· ·
,				, , ,	1	1	SUPPORT TO US
COMMUNITY ACTION COMMISSION					PURCHASED PRICE	PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
5638 HOLLISTER AVENUE, SUITE 230					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
GOLETA, CA 93117	95-2491790	501C3	0.	14.878.	WHOLESALE PRICE,		PATIENTS
	1		<u> </u>		,	,	2

Part II Continuation of Grants and Other	er Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
COMMUNITY ACTION COMMITTEE						MEDICAL	CLINICS/HEALTH CENTERS
227 VALLEYVIEW DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
WAVERLY, OH 45690	31-0718042	501C3	0.	143,057.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
COMMUNITY ACTION HEALTH CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
700 FLOURNEY ROAD, SUITE 2A					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ALICE, TX 78332	74-1679824	501C3	0.	312,362.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
COMMUNITY CARE CENTER						MEDICAL	CLINICS/HEALTH CENTERS
2135 NEW WALKERTOWN ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
WINSTON SALEM, NC 27101	58-1403699	501C3	0.	65,427.	.WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
COMMUNITY CARE CLINIC							CLINICS/HEALTH CENTERS
52 AUNT DORA DRIVE					ESTIMATED		FOR LOW-INCOME, UNINSURED
HIGHLANDS, NC 28741	65-1251915	501C3	0.	18,574.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
•				,		,	SUPPORT TO US
COMMUNITY CARE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
703 N. FIRST STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
MCCALL, ID 83638	26-1375911	501C3	0.	8,262,	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
•				,	,	,	SUPPORT TO US
COMMUNITY CARE CLINIC OF DARE						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
2808A S. CROATAN HWY					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
NAGS HEAD, NC 27959	20-2230717	501C3	0.	9.033	WHOLESALE PRICE,		PATIENTS
· · · · · · · · · · · · · · · · · · ·				,	<i>'</i>	,	SUPPORT TO US
COMMUNITY CARE CLINIC-BOONE						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
141 HEALTH CENTER DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
BOONE, NC 28607	20-8607858	501C3	0.	17.990.	WHOLESALE PRICE,	SUPPLIES.	PATIENTS
					,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
COMMUNITY CLINIC OF HIGH POINT						MEDICAL	CLINICS/HEALTH CENTERS
779 N. MAIN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
HIGH POINT, NC 27262	56-1795022	501C3	0.	9 778	WHOLESALE PRICE,	1	PATIENTS
	1	1	†	- , , , , ,	,	,	SUPPORT TO US
COMMUNITY CLINIC OF JOPLIN						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
701 S. JOPLIN STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
JOPLIN, MO 64801	43-1643962	501C3	0.	50 741	WHOLESALE PRICE,		PATIENTS
	13 1013702	<u> </u>	1	] 30,741,	·[ouddinin i kitch,	<u></u>	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
COMMUNITY CLINIC OF SHELBYVILLE					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
200 DOVER STREET, SUITE 203					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
SHELBYVILLE, TN 37160	34-1974609	501C3	0.	226,134.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
COMMUNITY FREE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
249 MILL STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
HAGERSTOWN, MD 21740	52-1772594	501C3	0.	101,487.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
COMMUNITY HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
13245 KESSLER ROAD					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
CAIRO, IL 62914	37-1100482	501C3	0.	154,936.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						MEDICAL	SUPPORT TO US
COMMUNITY HEALTH ALLIANCE OF						SUPPLIES,	CLINICS/HEALTH CENTERS
1855 N. FAIR OAKS AVENUE, SUITE 200	)				ESTIMATED	EQUIPMENT,	FOR LOW-INCOME, UNINSUREI
PASADENA, CA 91103	95-4536824	501C3	0.	35,304.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·		PHARMACEUTICALS,	SUPPORT TO US
COMMUNITY HEALTH AND SOCIAL						MEDICAL	CLINICS/HEALTH CENTERS
5635 WEST FORT STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
DETROIT, MI 48209	38-3094394	501C3	0.	32,123.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
,				,			SUPPORT TO US
COMMUNITY HEALTH ASSN. OF SPOKANE						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
203 NORTH WASHINGTON					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SPOKANE, WA 99201	91-1641797	501C3	0.	57,801.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
,				,		,	SUPPORT TO US
COMMUNITY HEALTH CARE CENTER							CLINICS/HEALTH CENTERS
115 4TH STREET SOUTH					ESTIMATED		FOR LOW-INCOME, UNINSUREI
GREAT FALLS, MT 59401	81-6001343	501C3	0.	15,863.	WHOLESALE PRICE,	PHARMACEUTICALS.	PATIENTS
,				,	,	PHARMACEUTICALS.	
COMMUNITY HEALTH CARE SYSTEMS					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
616 FERNCREST DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SANDERSVILLE, GA 31082	58-2001101	501C3	0.	29,378.	WHOLESALE PRICE,	1	PATIENTS
,			1	== ,	,	PHARMACEUTICALS.	
COMMUNITY HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
228 ST. GEORGE STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
GONZALES, TX 78629	74-1548089	501C3	0.	36 660	WHOLESALE PRICE,	1	PATIENTS
	1010007	F 3 -	<u> </u>	1 25,500.			2

Part II Continuation of Grants and Othe	er Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
COMMUNITY HEALTH CENTER						1	CLINICS/HEALTH CENTERS
3011 N. MICHIGAN	== 2000064	504.50			ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
PITTSBURG, KS 66762	75-3002264	501C3	0.	28,236.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
COMMUNITY HEALTH CENTER							CLINICS/HEALTH CENTERS
338 MONTAGUE CITY RD					ESTIMATED		FOR LOW-INCOME, UNINSURE
TURNERS FALLS, MA 01376-1830	04-3312968	501C3	0.	19,076.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
COMMUNITY HEALTH CENTER							CLINICS/HEALTH CENTERS
8609 EVERGREEN WAY					ESTIMATED		FOR LOW-INCOME, UNINSURE
EVERETT, WA 98208	91-1255170	501C3	0.	11,264.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
							SUPPORT TO US
COMMUNITY HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
4 COMMERCE LANE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
CANTON, NY 13617	16-1568985	501C3	0.	7,394.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
COMMUNITY HEALTH CENTERS						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1706 WEST AGENCY ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
WEST BURLINGTON, IA 52655	42-1527584	501C3	0.	642,960.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
COMMUNITY HEALTH CENTERS						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
2180 JOHNSON AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
SAN LUIS OBISPO, CA 93401	95-3253302	501C3	0.	210,789.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
COMMUNITY HEALTH CENTERS						MEDICAL	CLINICS/HEALTH CENTERS
1210 EAST PLANT STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
WINTER GARDEN, FL 34787	59-1480970	501C3	0.	45,940,	WHOLESALE PRICE,	EQUIPMENT.	PATIENTS
•				,	<u>'</u>	,	SUPPORT TO US
COMMUNITY HEALTH CENTERS							CLINICS/HEALTH CENTERS
1323 WEST 3RD STREET					ESTIMATED		FOR LOW-INCOME, UNINSURE
DAYTON, OH 45402	26-1253235	501C3	0.	8.997.	WHOLESALE PRICE,	MEDICAL VOUCHER	PATIENTS
.,			†	-,-,-,	,	,	SUPPORT TO US
COMMUNITY HEALTH CENTERS, INC.							CLINICS/HEALTH CENTERS
1798 SOUTH WEST TEMPLE					ESTIMATED		FOR LOW-INCOME, UNINSURE
SALT LAKE CITY, UT 84115	74-2412898	501C3	0.	5 288		PHARMACEUTICALS,	I
LHA	1 /4 2412070	P*****	<u> </u>	J 3,200	, I THE TRICE,	r,	Schedule I (Form 99

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DIRECT RELIEF INTERNATIONAL

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
COMMUNITY HEALTH CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
2611 W. CHICAGO AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CHICAGO, IL 60622	36-3831793	501C3	0.	50,986.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
COMMUNITY HEALTH CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
103 BONNIE DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BUTLER, PA 16002	20-4852135	501C3	0.	16,209.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
COMMUNITY HEALTH CLINIC OLE'							CLINICS/HEALTH CENTERS
1141 PEAR TREE LN STE 100					ESTIMATED		FOR LOW-INCOME, UNINSURED
NAPA, CA 94558-6485	23-7221695	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·		PHARMACEUTICALS,	SUPPORT TO US
COMMUNITY HEALTH CLINICS					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
928 N. GLENWOOD					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
TYLER, TX 75702	20-3663617	501C3	0.	49,437.	, WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
•				•	,	,	SUPPORT TO US
COMMUNITY HEALTH CONNECTION							CLINICS/HEALTH CENTERS
9912 E 21ST STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
TULSA, OK 74129	04-3766364	501C3	0.	16 502.	WHOLESALE PRICE,	SUPPLIES	PATIENTS
				_ , , , , , ,	, ,	,	SUPPORT TO US
COMMUNITY HEALTH DEVELOPMENT						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
201 S EVANS					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
UVALDE, TX 78801	74-2269739	501C3	0.	17 023	WHOLESALE PRICE,		PATIENTS
	71 1207705			17,020	,	,	SUPPORT TO US
COMMUNITY HEALTH IMPROVEMENT						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
CENTER - 2905 N. MAIN STREET -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DECATUR, IL 62526	37-0961830	501C3	0.	17 624	WHOLESALE PRICE,		PATIENTS
DECATOR, II 02320	37 0301030	1	· ·	17,024.	WHODESALE TRICE,	BOTTELLES,	SUPPORT TO US
COMMUNITY HEALTH NET						MEDICAL	CLINICS/HEALTH CENTERS
1202 STATE STREET					ESTIMATED		
	25-1490791	501C3	0.	20 722	WHOLESALE PRICE,	SUPPLIES, MEDICAL VOUCHER,	FOR LOW-INCOME, UNINSURED PATIENTS
ERIE, PA 16501	25-1490/91	501C3	0,	20,733.	WHOLESALE PRICE,	· · · · · · · · · · · · · · · · · · ·	
COMMINITAL HEALTH OF COURT FLORES					DIDGUAGED DETGE	1	SUPPORT TO US
COMMUNITY HEALTH OF SOUTH FLORIDA						MEDICAL	CLINICS/HEALTH CENTERS
10300 SW 216TH STREET	F0 1270505	501.73		450 455	, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MIAMI, FL 33190	59-1372690	501C3	0.	163,456.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH SERVICE AGENCY 4500 WESLEY STREET GREENVILLE, TX 75401	75-1528614	501C3	0.	127,766.	ESTIMATED WHOLESALE PRICE,	MEDICAL	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SERVICES 500 ALBANY AVENUE HARTFORD, CT 06120	06-0863942	501C3	0.	10,256.	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SYSTEMS, INC. 252 RURAL ACRES DRIVE BECKLEY, WV 25801	55-0490878	501C3	0.	71,280.	ESTIMATED WHOLESALE PRICE,	MEDICAL	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH WORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501C3	0.	·	PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED
COMMUNITY MEDICINE PHARMACY 1131 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501C3	0.		ESTIMATED WHOLESALE PRICE.	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY OUTREACH CLINIC 208 S WATER STREET SILVERTON, OR 97381	93-0281321	501C3	0.	29,263.	ESTIMATED WHOLESALE PRICE,	MEDICAL	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051		501C3	0.	·	ESTIMATED	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501C3	0.	7,498.	ESTIMATED WHOLESALE PRICE,	· '	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMWELL HEALTH PO BOX 227 NEWTON GROVE, NC 28366-0227	58-1319204	501C3	0.	49,843.	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
COMPASSIONATE CARE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
102 A AIRPORT ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MILLEDGEVILLE, GA 31061	74-3157081	501C3	0.	44,052.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
COMPASSIONATE CARE OF SHELBY						MEDICAL	CLINICS/HEALTH CENTERS
COUNTY - 124 NORTH OHIO AVENUE -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SIDNEY, OH 45365	20-8479583	501C3	0.	32,667.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
CONWAY INTERFAITH CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
830 NORTH CREEK					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CONWAY, AR 72032	41-2058756	501C3	0.	187,353.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
CORNELL SCOTT-HILL HEALTH							CLINICS/HEALTH CENTERS
400-428 COLUMBUS AVENUE					ESTIMATED		FOR LOW-INCOME, UNINSURED
NEW HAVEN, CT 06519	06-0870990	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·			SUPPORT TO US
CORNERSTONE ASSISTANCE NETWORK							CLINICS/HEALTH CENTERS
3500 NOBLE					ESTIMATED		FOR LOW-INCOME, UNINSURED
FORT WORTH, TX 76111	75-2417646	501C3	0.	11,996.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
•				,	,	,	SUPPORT TO US
CORNERSTONE CARE							CLINICS/HEALTH CENTERS
7 GLASSWORKS ROAD					ESTIMATED	PHARMACEUTICALS	FOR LOW-INCOME, UNINSURED
GREENSBORO, PA 15338	25-1346194	501C3	0.	13.930.	WHOLESALE PRICE,	· · · · · · · · · · · · · · · · · · ·	PATIENTS
•				,	<u>'</u>	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
CORNING AREA HEALTH CENTER, INC.						MEDICAL	CLINICS/HEALTH CENTERS
1300 CREASON ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CORNING, AR 72422	71-0715998	501C3	0.	285 296.	WHOLESALE PRICE,		PATIENTS
					,	,	SUPPORT TO US
CORPUS CHRISTI METRO MINISTRIES							CLINICS/HEALTH CENTERS
1919 LEOPARD STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CORPUS CHRISTI, TX 78408	74-2642761	501C3	0.	6 792	WHOLESALE PRICE,		PATIENTS
			ļ	5,.52	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	SUPPORT TO US
COVENANT COMMUNITY CARE						PHARMACEUTICALS	CLINICS/HEALTH CENTERS
559 WEST GRAND BLVD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DETROIT, MI 48216	38-3533998	501C3	0.	176 800	WHOLESALE PRICE,		PATIENTS
DHIROTI, MI 40210	1 30 3333390	P0103	<u> </u>	1,0,000.	MICHEDALE TRICE,	роттитво,	FAITENIS

(a) Name and address of organization or government  (b) EIN  (c) IRC section if applicable  (d) Amount of cash grant  (e) Amount of non-cash assistance  (b) EIN  (c) IRC section if applicable  (d) Amount of cash grant  (e) Amount of non-cash assistance  (b) EIN  (c) IRC section if applicable  (d) Amount of cash grant  (e) Amount of non-cash assistance  (b) EIN  (c) IRC section if applicable  (b) EIN  (c) IRC section if applicable  (d) Amount of non-cash assistance  (b) EIN  (c) IRC section if applicable  (d) Amount of non-cash assistance  (b) EIN  (c) IRC section if applicable  (d) Amount of non-cash assistance  (e) Amount of non-cash assistance  (d) Amount of non-cash assistance  (e) Amount of non-cash assistance  (d) Amount of non-cash assistance  (e) Amount of non-cash ass	or assistance SUPPORT TO US
	s, CLINICS/HEALTH CENTERS
	<b>'</b>
600 SHREWSBURY STREET MEDICAL	FOR LOW-INCOME, UNINSURED
	,
CHARLESTON, WV 25301 31-1015583 501C3 0. 10,241. WHOLESALE PRICE, SUPPLIES,	PATIENTS
	SUPPORT TO US
COWLITZ FREE MEDICAL CLINIC PHARMACEUTICAL	G, CLINICS/HEALTH CENTERS
1230 7TH AVE ESTIMATED MEDICAL	FOR LOW-INCOME, UNINSUREI
LONGVIEW, WA 98632 91-2016542 501C3 0. 6,001. WHOLESALE PRICE, SUPPLIES,	PATIENTS
	SUPPORT TO US
CRISIS CONTROL MINISTRY PHARMACEUTICAL	G, CLINICS/HEALTH CENTERS
200 E. TENTH STREET ESTIMATED MEDICAL	FOR LOW-INCOME, UNINSURED
WINSTON SALEM, NC 27101 23-7348168 501C3 0. 7,524. WHOLESALE PRICE, SUPPLIES,	PATIENTS
PHARMACEUTICAL	S, SUPPORT TO US
CRISIS MINISTRIES MEDICAL	CLINICS/HEALTH CENTERS
573 MEETING STREET ESTIMATED SUPPLIES,	FOR LOW-INCOME, UNINSURED
CHARLESTON, SC 29403 57-0789483 501C3 0. 134,316. WHOLESALE PRICE, EQUIPMENT,	PATIENTS
PHARMACEUTICAL	S, SUPPORT TO US
CROSS TIMBERS HEALTH CLINICS PURCHASED PRICE MEDICAL	CLINICS/HEALTH CENTERS
1100 REYNOSA , ESTIMATED SUPPLIES,	FOR LOW-INCOME, UNINSURE
DELEON, TX 76444 75-2113670 501C3 0. 142,849. WHOLESALE PRICE, EQUIPMENT,	PATIENTS
PHARMACEUTICAL	S, SUPPORT TO US
CROSSINGS COMMUNITY CLINIC MEDICAL	CLINICS/HEALTH CENTERS
2208 W. HEFNER ROAD, STE. B ESTIMATED SUPPLIES,	FOR LOW-INCOME, UNINSURE
OKLAHOMA CITY, OK 73120 86-1115863 501C3 0. 50,419. WHOLESALE PRICE, MEDICAL VOUCHE	R, PATIENTS
PHARMACEUTICAL	S, SUPPORT TO US
CROSSROADS MEDICAL MISSION PURCHASED PRICE MEDICAL	CLINICS/HEALTH CENTERS
1032 MAR WALT DRIVE, STE. 240 , ESTIMATED SUPPLIES,	FOR LOW-INCOME, UNINSURE
FT. WALTON BEACH, FL 32548 20-5518720 501C3 0. 7,019.WHOLESALE PRICE, MEDICAL VOUCHE	R, PATIENTS
	SUPPORT TO US
CROSSROADS MEDICAL MISSION PHARMACEUTICAL	CLINICS/HEALTH CENTERS
300 W. VALLEY DRIVE ESTIMATED MEDICAL	FOR LOW-INCOME, UNINSURE
BRISTOL, VA 24201 54-2038877 501C3 0. 5,931.WHOLESALE PRICE, SUPPLIES,	PATIENTS
	SUPPORT TO US
CURTIS V. COOPER PRIMARY HEALTH	CLINICS/HEALTH CENTERS
106 E BROAD ST ESTIMATED MEDICAL	FOR LOW-INCOME, UNINSURE
SAVANNAH, GA 31401-2917 58-1136296 501C3 0. 27,205.WHOLESALE PRICE, SUPPLIES,	PATIENTS

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Organ	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	- Fage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
CW WILLIAMS HEALTH CENTER							CLINICS/HEALTH CENTERS
3333 WILKINSON BLVD.					ESTIMATED		FOR LOW-INCOME, UNINSURED
CHARLOTTE, NC 28208	56-1262478	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
DADE COUNTY SHERIFF'S OFFICE						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
75 CASE AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
TRENTON, GA 30752	58-6001772	GOVERNMENT ENTIT	0.	28,498.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
DAMIAN FAMILY CARE CENTERS						MEDICAL	CLINICS/HEALTH CENTERS
137-50 JAMAICA AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
JAMAICA, NY 11435	22-3433831	501C3	0.	57,507.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
DAVID RAINES COMMUNITY HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
CENTERS - 1625 DAVID RAINES ROAD -					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SHREVEPORT, LA 71107	58-2000630	501C3	0.	67,114.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				·		PHARMACEUTICALS,	SUPPORT TO US
DAVIDSON MEDICAL MINISTRIES CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
420 N. SALISBURY STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LEXINGTON, NC 27292	56-1746266	501C3	0.	128,391.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·			SUPPORT TO US
DECORAH COMMUNITY FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
604 W. BROADWAY STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DECORAH, IA 52101	20-1081005	501C3	0.	5,765.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
				•	,		SUPPORT TO US
DELTA HEALTH CENTER					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
702 MARTIN LUTHER KING ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
MOUND BAYOU, MS 38762-0900	64-0443928	501C3	0.	34,856,	, WHOLESALE PRICE,	SUPPLIES,	PATIENTS
,				,	,	,	SUPPORT TO US
DENVER HEALTH & HOSPITALITY						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
AUTHORITY - 301 WEST 6TH AVENUE -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DENVER, CO 80204	74-2480484	501C3	0.	62 395.	WHOLESALE PRICE,		PATIENTS
				,-,-,-,	,	,	SUPPORT TO US
DIMOCK COMMUNITY HEALTH CENTER							CLINICS/HEALTH CENTERS
55 DIMOCK STREET					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
ROXBURY, MA 02119	04-3487835	501C3	0.	14 995	WHOLESALE PRICE,	1	
MONDONI, FIII VZIII	34 340/033	P0103	· ·	14,595.	Lunding Luice,	LIDICILL VOCCHER,	F

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
DISPENSARY OF HOPE							CLINICS/HEALTH CENTERS
566 MAINSTREAM DRIVE					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURE
NASHVILLE, TN 37228	58-1716804	501C3	0.	106,295.	WHOLESALE PRICE,	MEDICAL VOUCHER,	
						PHARMACEUTICALS,	SUPPORT TO US
DIVERSITY HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
213 NORTH MCDONALD STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LUDOWICI, GA 31316	20-5746618	501C3	0.	17,954.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
DOLORES COUNTY HEALTH							CLINICS/HEALTH CENTERS
495 WEST 4TH STREET					ESTIMATED		FOR LOW-INCOME, UNINSUREI
DOVE CREEK, CO 81324	84-0674759	501C3	0.	5,288.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
DOWNRIVER COMMUNITY SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
555 ST. CLAIR RIVER DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ALGONAC, MI 48001	38-2080825	501C3	0.	215,006.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
DOWNTOWN CLINIC							CLINICS/HEALTH CENTERS
611 SOUTH SECOND STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
LARAMIE, WY 82070	83-0326354	501C3	0.	5,288.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
EAST BAY COMMUNITY ACTION PROGRAM						MEDICAL	CLINICS/HEALTH CENTERS
19 BROADWAY					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
NEWPORT, RI 02840	05-0310024	501C3	0.	21,215.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
EAST GEORGIA HEALTHCARE CENTER						MEDICAL	CLINICS/HEALTH CENTERS
316 NORTH MAIN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
SWAINSBORO, GA 30401	58-2001607	501C3	0.	8,175.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
EAST HARTFORD COMMUNITY HEALTHCARE						MEDICAL	CLINICS/HEALTH CENTERS
94 CONNECTICUT BLVD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
EAST HARTFORD, CT 06108	06-1416492	501C3	0.	10,549.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
					,	,	SUPPORT TO US
EAST TEXAS COMMUNITY HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
SERVICE - 1401 S. UNIVERSITY DRIVE					ESTIMATED	SUPPLIES,	   FOR LOW-INCOME, UNINSUREI
- NACOGDOCHES, TX 75961	75-2184369	501C3	0.	17,074.	WHOLESALE PRICE.	MEDICAL VOUCHER,	· · · · · · · · · · · · · · · · · · ·

Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
						PHARMACEUTICALS,	SUPPORT TO US			
EAST VALLEY COMMUNITY HEALTH						MEDICAL	CLINICS/HEALTH CENTERS			
CENTER - 420 S. GLENDORA AVENUE -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED			
WEST COVINA, CA 91790	23-7068586	501C3	0.	67,850.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS			
							SUPPORT TO US			
EASTERN SHORE RURAL HEALTH							CLINICS/HEALTH CENTERS			
9434 HOSPITAL AVE.					ESTIMATED		FOR LOW-INCOME, UNINSURED			
NASSAWADOX, VA 23413	51-0196935	501C3	0.	29,990.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS			
							SUPPORT TO US			
EAU CLAIRE							CLINICS/HEALTH CENTERS			
1228 HARDEN STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED			
COLUMBIA, SC 29204	57-0965445	501C3	0.	5,898.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS			
						PHARMACEUTICALS,	SUPPORT TO US			
EISNER PEDIATRIC & FAMILY MEDICAL						MEDICAL	CLINICS/HEALTH CENTERS			
CENTER - 1530 S. OLIVE STREET -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED			
LOS ANGELES, CA 90015	95-1690966	501C3	0.	34,710.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS			
							SUPPORT TO US			
EL CENTRO DE CORAZON							CLINICS/HEALTH CENTERS			
5001 NAVIGATION BLVD.					ESTIMATED		FOR LOW-INCOME, UNINSURED			
HOUSTON, TX 77011	76-0442781	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS			
						PHARMACEUTICALS,	SUPPORT TO US			
EL DORADO COUNTY						MEDICAL	CLINICS/HEALTH CENTERS			
4327 GOLDEN CENTER DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED			
PLACERVILLE, CA 95667	42-1533531	501C3	0.	16,663.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS			
							SUPPORT TO US			
EL PROYECTO DEL BARRIO							CLINICS/HEALTH CENTERS			
8902 WOODMAN AVENUE					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED			
ARLETA, CA 91331	95-2662606	501C3	0.	44,978.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS			
						PHARMACEUTICALS,	SUPPORT TO US			
ESCAMBIA COMMUNITY CLINICS, INC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS			
2200 NORTH PALAFOX STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED			
PENSACOLA, FL 32501	59-3105246	501C3	0.	23,339.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS			
							SUPPORT TO US			
ESSENTIAL HEALTH CLINIC							CLINICS/HEALTH CENTERS			
266 WEST MAIN STREET MS 68					ESTIMATED		FOR LOW-INCOME, UNINSURED			
HILLSBORO, OR 97123	38-3672046	501C3	0.	15,863.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS			
	•	•	•		•	•	•			

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
ETOWAH BAPTIST CHARITY PHARMACY						MEDICAL	CLINICS/HEALTH CENTERS
18901 E. ETOWAH ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NOBLE, OK 73068	73-1637078	501C3	0.	44,475.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
ETOWAH FREE COMMUNITY CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
423 SOUTH 3RD STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
GADSDEN, AL 35901	82-0562064	501C3	0.	248,086.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
EUNICE COMMUNITY HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
450 MOOSA BLVD, STE. E					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
EUNICE, LA 70535	72-0213992	501C3	0.	226,814.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
EXCELTH, INC.					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1515 POYDRAS STREET, STE. 1070					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70112	72-1193464	501C3	0.	388,733.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
FAIRFAX MEDICAL FACILITIES, INC						MEDICAL	CLINICS/HEALTH CENTERS
212 NORTH MAIN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
FAIRFAX, OK 74637-3023	83-0410970	501C3	0.	49,608.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				·		PHARMACEUTICALS,	SUPPORT TO US
FAIRVIEW COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
615 7TH AVE.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BOWLING GREEN, KY 42101	61-1386859	501C3	0.	20,112.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
,				•	,		SUPPORT TO US
FAITH COMMUNITY PHARMACY						MEDICAL	CLINICS/HEALTH CENTERS
7033 BURLINGTON PIKE, SUITE #4					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
FLORENCE, KY 41042	61-1378914	501C3	0.	31.595.	WHOLESALE PRICE,	,	PATIENTS
,			-	,	,	PHARMACEUTICALS.	SUPPORT TO US
FAMILY CARE HEALTH CENTER					PURCHASED PRICE	, MEDICAL	CLINICS/HEALTH CENTERS
401 HOLLY HILLS AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ST. LOUIS, MO 63111	23-7076112	501C3	0.	228 075.	, WHOLESALE PRICE,	,	PATIENTS
				,	,	~/	SUPPORT TO US
FAMILY HEALTH - LA CLINICA						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
400 S. TOWNLINE ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
WAUTOMA, WI 54982	39-1181480	501C3	0.	14 516.	WHOLESALE PRICE,		PATIENTS
		I	<u> </u>	,		, , , , , , , , , , , , , , , , , , , ,	

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
FAMILY HEALTH CARE OF NORTHWEST						MEDICAL	CLINICS/HEALTH CENTERS
OHIO - 140 FOX ROAD - VAN WERT, OH					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
45891	34-1977316	501C3	0.	52,143.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
FAMILY HEALTH CENTER OF CLARK						MEDICAL	CLINICS/HEALTH CENTERS
1319 DUNCAN AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
JEFFERSONVILLE, IN 47130	35-1842342	501C3	0.	66,660.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
FAMILY HEALTH CENTERS						MEDICAL	CLINICS/HEALTH CENTERS
2256 HEITMAN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
FORT MYERS, FL 33901	59-1741273	501C3	0.	40,597.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
FAMILY HEALTH CENTERS							CLINICS/HEALTH CENTERS
1921 SPRING DRIVE					ESTIMATED		FOR LOW-INCOME, UNINSURED
LOUISVILLE, KY 40212	61-0716483	501C3	0.	29,990.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				•		,	SUPPORT TO US
FAMILY HEALTH CENTERS OF BALTIMORE							CLINICS/HEALTH CENTERS
631 CHERRY HILL ROAD					ESTIMATED		FOR LOW-INCOME, UNINSURED
BALTIMORE, MD 21225	52-1118424	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
•				•	,	,	SUPPORT TO US
FAMILY HEALTH CLINIC OF CARROLL						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
901 PRINCE WILLIAM ROAD, SUITE A					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DELPHI, IN 46923	26-1553382	501C3	0.	20.337.	WHOLESALE PRICE,	SUPPLIES.	PATIENTS
•				,	,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
FAMILY HEALTH PARTNERSHIP CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
13707 WEST JACKSON STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
WOODSTOCK, IL 60098	36-4277029	501C3	0.	36,672.	WHOLESALE PRICE,	1	PATIENTS
,				,	,	,	SUPPORT TO US
FAMILY HEALTHCARE NETWORK							CLINICS/HEALTH CENTERS
305 EAST CENTER AVE.					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
VISALIA, CA 93291	94-2525145	501C3	0.	13 447	WHOLESALE PRICE,		PATIENTS
		1	+ ,		,	,	SUPPORT TO US
FAMILY MEDICAL & DENTAL CENTERS							CLINICS/HEALTH CENTERS
1302 RIVER STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
PALATKA, FL 32177	59-1792958	501C3	0.	16 1/13	WHOLESALE PRICE,		PATIENTS
	35 1752530	70103	1 0,	10,143.	THE PRICE,	P**********	FAITENIS

Part II Continuation of Grants and Othe	r Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
FAMILY SERVICE AGENCY OF SB					PURCHASED PRICE		CLINICS/HEALTH CENTERS
123 W. GUTIERREZ ST.					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93101	95-1644031	501C3	0.	20,907.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
FIRST BAPTIST MEDICAL/DENTAL					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1607 CHERRY STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
VICKSBURG, MS 39181	64-0334158	501C3	0.	75,847.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
FIRST CHOICE PRIMARY CARE					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
770 WALNUT STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MACON, GA 31201	20-4391090	501C3	0.	88,197.	, WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				•		·	SUPPORT TO US
FIRST NATIONS COMMUNITY							CLINICS/HEALTH CENTERS
5608 ZUNI SE					ESTIMATED		FOR LOW-INCOME, UNINSURED
ALBUQUERQUE, NM 87108	85-0336893	501C3	0.	22,493,	WHOLESALE PRICE,	MEDICAL VOUCHER.	PATIENTS
				,	<u>'</u>	,	SUPPORT TO US
FLINT HILLS COMMUNITY CLINIC						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
401 HOUSTON ST.					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
MANHATTAN, KS 66502	20-2306015	501C3	0.	14 603.	WHOLESALE PRICE,		PATIENTS
	1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	PROVIDE MEDICAL
FLOATING DOCTORS						PHARMACEUTICALS	ASSISTANCE TO IMPROVE THE
20964 WAVEVIEW DRIVE					ESTIMATED	MEDICAL	QUALITY OF INDIGENT
TOPANGA, CA 90290	30-0492985	OTHER	0.	48 458	WHOLESALE PRICE,		PEOPLE WORLDWIDE
Torring, on you're	30 0132303		· · · · · ·	10,100.	, moderne inice,	PHARMACEUTICALS.	PROVIDE MEDICAL
FOOD FOR THE POOR					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
6401 LYONS ROAD					ESTIMATED	SUPPLIES,	OUALITY OF INDIGENT
	59-2174510	501C3	0.	13 003 990	, ESTIMATED WHOLESALE PRICE,	1 '	PEOPLE WORLDWIDE
COCONUT CREEK, FL 33073	33 2174310	1		13,303,003.	WHOLESALE TRICE,	EQUITMENT,	SUPPORT TO US
FOODBANK OF SOUTHERN CALIFORNIA							
					ЕСШТМУПЕР		CLINICS/HEALTH CENTERS
1444 SAN FRANCISCO AVENUE	05 2557056	E0103		A2 110	ESTIMATED	DUADMA CEITET CAT C	FOR LOW-INCOME, UNINSURED
LONG BEACH, CA 90813	95-3557056	501C3	0.	43,112.	WHOLESALE PRICE,	· '	PATIENTS
DODE DEND DANTLY HEALEN GENERAL						PHARMACEUTICALS,	SUPPORT TO US
FORT BEND FAMILY HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
400 AUSTIN STREET		504.50	_		, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
RICHMOND, TX 77469	74-1951476	501C3	0.	58,818.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	nedule I (Form 990), Pa	rt II.)	
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						PHARMACEUTICALS,	PROVIDE MEDICAL
FOUNDATION OF HOSPICES IN					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
SUB-SAHARA - 1731 KING STREET,					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
SUITE 300 - ALEXANDRIA, VA 22314	16-1590512	501C3	0.	54,087.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
FOUR CORNERS PRIMARY CARE CENTER							CLINICS/HEALTH CENTERS
5030 GEORGIA BELLE COURT					ESTIMATED		FOR LOW-INCOME, UNINSURED
NORCROSS, GA 30093	20-5870972	501C3	0.	5,288.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
FOX CITIES COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1814 NORTH APPLETON ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MENASHA, WI 54952	20-2090446	501C3	0.	54,975.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·	Ì	PHARMACEUTICALS,	SUPPORT TO US
FRANKLIN C FETTER FAMILY HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
CENTER - 51 NASSAU STREET -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CHARLESTON, SC 29403	57-0604703	501C3	0.	250,594.	, WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·				•	,	PHARMACEUTICALS,	SUPPORT TO US
FRANKLIN PRIMARY HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1303 DR. MARTIN LUTHER KING JR. AVE	2				ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MOBILE, AL 36603		501C3	0.	21.815.	, WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
,			-	,	,	,	SUPPORT TO US
FREE CLINIC OF CULPEPER						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
610 LAUREL STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CULPEPER, VA 22701	52-1366700	501C3	0.	21.597.	.WHOLESALE PRICE,	SUPPLIES,	PATIENTS
			-	,	,	,	SUPPORT TO US
FREE CLINIC OF SIMI VALLEY						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
2060 TAPO STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SIMI VALLEY, CA 93063	23-7108154	501C3	0.	52 016.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
,				, , , , , ,	,	,	SUPPORT TO US
FREE CLINIC OF SW WASHINGTON						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
4100 PLOMONDON STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
VANCOUVER, WA 98661	91-1707542	501C3	0.	60 964	.WHOLESALE PRICE,	SUPPLIES,	PATIENTS
	22 170,042		•	00,501.	,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
FREE CLINICS OF HENDERSON COUNTY						MEDICAL	CLINICS/HEALTH CENTERS
841 CASE STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
	56-2212024	50103	0.	16 //12		MEDICAL VOUCHER,	· · · · · · · · · · · · · · · · · · ·
HENDERSONVILLE, NC 28792	30-2212024	Porcs.	1 0,	10,413.	MITOTERATE LETCE,	MEDICAL VOUCHER,	TATIBUTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U ⊤	<b>nited States</b> (Sch	edule I (Form 990), Pa T	ırt II.) T	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							SUPPORT TO US
FREE CLINICS OF IOWA						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
3200 GRAND AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DES MOINES, IA 50312	42-1428706	501C3	0.	23,579.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
FREE MEDICAL CLINIC OF DARLINGTON						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
COUNTY - 203 GROVE STREET -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DARLINGTON, SC 29532	58-2445265	501C3	0.	28,118.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
FRIENDS OF FAMILY HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
501 S. IDAHO STREET, #190					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
LA HABRA, CA 90631	27-1316512	501C3	0.	176,292.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
FRIENDS OF PETIT GOAVE					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
PO BOX 530612					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MIAMI, FL 33153	83-0440836	501C3	0.	57,716.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
G. A. CARMICHAEL					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1668 WEST PEACE STREET					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CANTON, MS 39046-0588	64-0580940	501C3	0.	316,757.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
GALVESTON COUNTY						MEDICAL	CLINICS/HEALTH CENTERS
2000 TEXAS AVENUE, SUITE 200					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
TEXAS CITY, TX 77590	76-0619014	501C3	0.	68,713.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
GASTON FAMILY HEALTH SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
991 W. HUDSON BLVD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
GASTONIA, NC 28052	58-1958398	501C3	0.	240,957.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
GATEWAY COMMUNITY HEALTH CENTER							CLINICS/HEALTH CENTERS
1515 PAPPAS					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LAREDO, TX 78041	74-2553409	501C3	0.	7,304.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
•				·	,		SUPPORT TO US
GATEWAY HEALTH CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
310 E CHARLES STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
MUNCIE, IN 47305	35-1327507	501C3	0.	92.950.	WHOLESALE PRICE,	SUPPLIES	PATIENTS

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DIRECT RELIEF INTERNATIONAL

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	nedule I (Form 990), Pa	ırt II.)	<u> </u>
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						MEDICAL	SUPPORT TO US
GENERATIONS FAMILY HEALTH CENTER						SUPPLIES,	CLINICS/HEALTH CENTERS
1315 MAIN STREET					ESTIMATED	EQUIPMENT,	FOR LOW-INCOME, UNINSURED
WILLIMANTIC, CT 06266	22-3158253	501C3	0.	27,741.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
GEORGIA FARMWORKER HEALTH PROGRAM						MEDICAL	CLINICS/HEALTH CENTERS
920 SOUTH WEST STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BAINBRIDGE, GA 39819	58-6000359	501C3	0.	75,198.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
GEORGIA HIGHLANDS MEDICAL SERVICES						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
260 ELM STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CUMMING, GA 30040	58-1338038	501C3	0.	24,130.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
GLENDALE COMMUNITY FREE HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
CLINIC - 134 N. KENWOOD STREET -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
GLENDALE, CA 91206	87-0732581	501C3	0.	13,691.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
GLIDE HEALTH SERVICES						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
330 ELLIS STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94102	94-1156481	501C3	0.	5,386.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							PROVIDE MEDICAL
GLOBAL BRIGADES, INC. (USA)					PURCHASED PRICE	PHARMACEUTICALS,	ASSISTANCE TO IMPROVE THE
1099 E. CHAMPLAIN DR. SUITE A176					, ESTIMATED	MEDICAL	QUALITY OF INDIGENT
FRESNO, CA 93720	37-1551109	501C3	0.	196,277.	WHOLESALE PRICE,	SUPPLIES,	PEOPLE WORLDWIDE
							PROVIDE MEDICAL
GLOBAL HEALTH PARTNERS							ASSISTANCE TO IMPROVE THE
113 UNIVERSITY PLACE, 8TH FLOOR					ESTIMATED		QUALITY OF INDIGENT
NEW YORK, NY 10003	06-1691248	501C3	0.	747,006.	WHOLESALE PRICE,	PHARMACEUTICALS,	PEOPLE WORLDWIDE
							PROVIDE MEDICAL
GLOBUS RELIEF						MEDICAL	ASSISTANCE TO IMPROVE THE
1775 WEST 1500 SOUTH					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
SALT LAKE CITY, UT 84104	84-1369453	501C3	0.	75,853.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
				-			SUPPORT TO US
GOOD FAITH CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
711 COOK DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
ATHENS, TN 37303	62-1624210	501C3	0.	30,794.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS

Schedule I (Form 990)

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Part II Continuation of Grants and Other	Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
GOOD NEIGHBOR COMMUNITY HEALTH CLINIC - 2282 EAST 32ND AVENURE - COLUMBUS, NE 68601	13-4249732	501C3	0.	5,808.	ESTIMATED WHOLESALE PRICE,	MEDICAL	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
GOOD NEIGHBOR HEALTHCARE CENTER 190 HEIGHTS BLVD HOUSTON, TX 77007	74-1746576	501C3	0.	11,737.	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
GOOD NEWS CARE CENTER 7855 SW 104TH STREET, STE. 210 MIAMI, FL 33156	59-0914210	501C3	0.	30,643.	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED		
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501C3	0.	36,039.	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
GOOD SAMARITAN 175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501C3	0.	38.503.	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
GOOD SAMARITAN CARE CLINIC 501 WEST US HIGHWAY 60 MOUNTAINVIEW, MO 65548	56-2418664	501C3	0.	·	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH, AR 72901		501C3	0.	·	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE, SUITE 311 PARKERSBURG, WV 26105	55-0708491	501C3	0.	10,579.	ESTIMATED WHOLESALE PRICE,	MEDICAL VOUCHER,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS		
GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET NE, SUITE A CULLMAN, AL 35055	20-0149215	501C3	0.	22,700.	ESTIMATED WHOLESALE PRICE,	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL VOUCHER,	CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED		

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	urt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
GOOD SAMARITAN HEALTH CLINIC							CLINICS/HEALTH CENTERS
312 WEST NEW YORK AVENUE					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURE
DELAND, FL 32720	30-0408193	501C3	0.	13,998.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
GOOD SAMARITIAN HEALTH SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
1725 E. 19TH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
TULSA, OK 74104	73-1559561	501C3	0.	39,718.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
GOOD SHEPHERD FREE MEDICAL CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
307 NORTH BROAD STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
CLINTON, SC 29325	57-0996466	501C3	0.	32,550.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
GRACE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
3180 W. CLEARWATER AVE., SUITE A					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSUREI
KENNEWICK, WA 99336	77-0592408	501C3	0.	24,807.	WHOLESALE PRICE,	SUPPLIES.	PATIENTS
,				,	,	<u>'</u>	SUPPORT TO US
GRACE HILL NEIGHBORHOOD HEALTH						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
100 N TUCKER BLVD, SUITE 1100					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSUREI
ST. LOUIS, MO 63101	43-0817642	501C3	0.	17 227.		SUPPLIES,	PATIENTS
					,	PHARMACEUTICALS,	
GRACE MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
211 SOUTH 8TH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSUREI
MAYFIELD, KY 42066	61-1351519	501C3	0.	27 966		MEDICAL VOUCHER,	· '
MIII 11111 , KI 42000	01 1331313	1		27,500.	MICHELLAND TRICE,	HEDICHE VOCCHER,	SUPPORT TO US
GRACE MEDICAL HOME					PURCHASED PRICE	PHARMACEIITTCALS	CLINICS/HEALTH CENTERS
51 PENNSYLVANIA STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
ORLANDO, FL 32806	26-1817966	501C3	0.	41 680	WHOLESALE PRICE,		PATIENTS
OKLANDO, FL 32000	20 1017300	1		41,000.	WHOLESALE TRICE,	DOTTHIES,	SUPPORT TO US
GRACE OUTREACH TO HEALTH							CLINICS/HEALTH CENTERS
					ЕСШТМАПЕР		
837 EAST WALNUT STREET	75-2195702	501C3	0.	7 422	ESTIMATED	DUADMA CELIMITORI C	FOR LOW-INCOME, UNINSURED
GRAPEVINE, TX 76051	13-2195/02	50163	1	7,433.	WHOLESALE PRICE,	PHARMACEUTICALS,	
CDAND DDATDIE CUADIMADIE						DUADNA GRUMT GAT G	SUPPORT TO US
GRAND PRAIRIE CHARITABLE						1	CLINICS/HEALTH CENTERS
115 NORTH ADAMS STREET		504.50	_		ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DEWITT, AR 72042	71-0851962	pu1C3	0.	13,062.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS

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						PHARMACEUTICALS,	SUPPORT TO US
GRAND PRAIRIE WELLNESS CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1710 SMALL STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
GRAND PRAIRIE, TX 75050	75-2877107	501C3	0.	111,682.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
GRANT PARK CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1340 BOULEVARD SE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ATLANTA, GA 30315	58-1577640	501C3	0.	21,336.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
GREAT SALT PLAINS HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
405 S. OKLAHOMA					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CHEROKEE, OK 73728	20-8787477	501C3	0.	14,336.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							PROVIDE MEDICAL
GREAT SHAPE! INC							ASSISTANCE TO IMPROVE THE
2602 HARRISON ST					ESTIMATED		QUALITY OF INDIGENT
OAKLAND, CA 94612	94-3086515	501C3	0.	5,028.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
				·		PHARMACEUTICALS,	SUPPORT TO US
GREATER BADEN MEDICAL SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
7450 ALBERT ROAD, 3RD FLOOR					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BRANDYWINE, MD 20613	52-0961414	501C3	0.	172,886.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
·				•		PHARMACEUTICALS,	SUPPORT TO US
GREATER GREENWOOD UNITED MINISTRY						MEDICAL	CLINICS/HEALTH CENTERS
1404 EDGEFIELD STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
GREENWOOD, SC 29646	57-1012393	501C3	0.	13,763,	WHOLESALE PRICE,	1	PATIENTS
•				•	,	,	SUPPORT TO US
GREATER HICKORY COOPERATIVE							CLINICS/HEALTH CENTERS
31 1ST AVENUE SE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
HICKORY, NC 28602	56-0934855	501C3	0.	13.808.	WHOLESALE PRICE,	SUPPLIES	PATIENTS
,				,	,	,	SUPPORT TO US
GREATER KILLEEN FREE CLINIC						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
309 N. SECOND STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
KILLEEN, TX 76541	74-2724725	501C3	0.	5 165	WHOLESALE PRICE,		PATIENTS
<b></b> ,	1 = = : = : = :		1	5,233,	,	,	SUPPORT TO US
GREATER LAWRENCE							CLINICS/HEALTH CENTERS
73 D WINTHROP AVENUE					ESTIMATED		FOR LOW-INCOME, UNINSURED
LAWRENCE, MA 01841-2884	04-2708824	501C3	0.	7 101		PHARMACEUTICALS,	1
TIMELIACE, MI 01041 2004	J = 2,00024	P*****	1 .	,, 491.	THE PRICE,	TIMELICIOTICADO,	F111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

(a) Name and address of	(b) [IN]	(a) IDC continu	(d) Amount of	(a) Amount of	(f) Mothod of	(m) Description of	(h) Durnage of great
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
GREATER PRINCE WILLIAM						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
4379 RIDGEWOOD CENTER DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
WOODBRIDGE, VA 22192	83-0435138	501C3	0.	58,588.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
GREATER TEXOMA HEALTH CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
900 N. ARMSTRONG					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
DENISON, TX 75020	81-0584983	501C3	0.	95,692.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
GREEN CENTRAL COMMUNITY CLINIC							CLINICS/HEALTH CENTERS
324 EAST 35TH STREET					ESTIMATED		FOR LOW-INCOME, UNINSURE
MINNEAPOLIS, MN 55408	23-7113799	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
GREEN RIVER MEDICAL CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
585 W. MAIN					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
GREEN RIVER, UT 84525	87-0409346	501C3	0.	8,403.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
GREENE COUNTY HEALTH CARE						MEDICAL	CLINICS/HEALTH CENTERS
7 PROFESSIONAL DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
SNOW HILL, NC 28580	56-0992353	501C3	0.	13,144.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
GREENVILLE FREE MEDICAL CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
600 ARLINGTON AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
GREENVILLE, SC 29601	57-0855205	501C3	0.	142,785.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
GUADALUPE HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
955 W. PRICE ROAD					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
BROWNSVILLE, TX 78520	20-3463338	501C3	0.	44,466.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
GULF COAST HEALTH CENTER							CLINICS/HEALTH CENTERS
2548 MEMORIAL BLVD.					ESTIMATED		FOR LOW-INCOME, UNINSURE
PORT ARTHUR, TX 77640	76-0289927	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
•				,	, ·	PHARMACEUTICALS,	PROVIDE MEDICAL
GUYANA MEDICAL RELIEF INC.					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
P. O. BOX 451745					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
LOS ANGELES, CA 90045	95-4192121	501C3	0.	4 684 269	, WHOLESALE PRICE,	1 '	PEOPLE WORLDWIDE

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
H STREET CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1329 NORTH H STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SAN BERNARDINO, CA 92405	20-8191393	501C3	0.	68,513.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
HAITI MEDICAL MISSIONS OF MEMPHIS						MEDICAL	ASSISTANCE TO IMPROVE THE
1779 KIRBY PARKWAY					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MEMPHIS, TN 38138	62-1822470	501C3	0.	7,614.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
				·		PHARMACEUTICALS,	PROVIDE MEDICAL
HAITIAN HEALTH AND					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
2320 NW 102ND PL					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MIAMI, FL 33172	65-0627901	501C3	0.	103,278.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
•				•	,		SUPPORT TO US
HAMILTON HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1821 FULTON STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
HARRISBURG, PA 17102	23-1858363	501C3	0.	27,348,	WHOLESALE PRICE,	SUPPLIES.	PATIENTS
· · · · · · · · · · · · · · · · · · ·				,	,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
HANDS OF HOPE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1010 HOSPITAL DRIVE, BLDG B					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
STOCKBRIDGE, GA 30281	42-1591970	501C3	0.	27 367.	WHOLESALE PRICE,	1	PATIENTS
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	SUPPORT TO US
HANNIBAL FREE CLINIC						PHARMACEUTICALS	CLINICS/HEALTH CENTERS
711 GRAND AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
HANNIBAL, MO 63401	14-1979983	501C3	0.	7 872	WHOLESALE PRICE,		PATIENTS
manifold, no object	11 13/3303	1		7,072	, moddonid intel,	PHARMACEUTICALS.	SUPPORT TO US
HARBOR COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
593 W. SIXTH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SAN PEDRO, CA 90731	23-7103245	501C3	0.	84 882	WHOLESALE PRICE,		PATIENTS
DIN TEDRO, CIT 50751	25 /103243	1		04,002.	MICHELLAND TRICE,	HEBICIE VOCCHER,	SUPPORT TO US
HARDEMAN COUNTY							CLINICS/HEALTH CENTERS
					ESTIMATED		
629 NUCKOLLS ROAD BOLIVAR, TN 38008	58-1995646	501C3	0.	11 027	WHOLESALE PRICE,	DHADMACETIMTCATC	FOR LOW-INCOME, UNINSURED PATIENTS
DOLLAWY IN 20000	30-1993040	50163	1	11,927.	MICHESALE FRICE,	I HARMACEUTICALS,	SUPPORT TO US
HARM REDUCTION SERVICES						PHARMACEUTICALS,	
					ECULMANED	1	CLINICS/HEALTH CENTERS
4001 12TH AVE	68-0300656	E0103	0.	15 500	ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED PATIENTS
SACRAMENTO, CA 95817	00-0300056	501C3	1 0.	15,583.	WHOLESALE PRICE,	POLLTIES,	FAILENTS

(a) Name and address of	(I-) (FIN)	(-) IDO	(-1) A	(-) A	(6) Madle and a f	(a) Description of	(I-) D
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
HARMONY HEALTH CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
201 EAST ROOSEVELT ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
LITTLE ROCK, AR 72206	20-5691313	501C3	0.	59,290.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							PROVIDE MEDICAL
HEALING ART MISSIONS					PURCHASED PRICE	PHARMACEUTICALS,	ASSISTANCE TO IMPROVE THE
PO BOX 645					, ESTIMATED	MEDICAL	QUALITY OF INDIGENT
GRANVILLE, OH 43023	31-1618706	501C3	0.	43,806.	WHOLESALE PRICE,	SUPPLIES,	PEOPLE WORLDWIDE
							PROVIDE MEDICAL
HEALING HANDS FOR HAITI							ASSISTANCE TO IMPROVE THE
PO BOX 521800					PURCHASED PRICE		QUALITY OF INDIGENT
SALT LAKE CITY, UT 84152-1800	04-3486458	501C3	0.	7,140.	,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	SUPPORT TO US
HEALING HANDS MINISTRIES					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
7475 SKILLMAN, SUITE 103B					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
DALLAS, TX 75231	65-1259379	501C3	0.	96,410.	WHOLESALE PRICE,	MEDICAL VOUCHER,	I .
							PROVIDE MEDICAL
HEALING THE CHILDREN						MEDICAL	ASSISTANCE TO IMPROVE THE
2625 COLBY AVE STE #3					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
EVERETT, WA 98201	91-1370218	501C3	0.	7,532.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	SUPPORT TO US
HEALTH ACCESS WASHOE COUNTY						MEDICAL	CLINICS/HEALTH CENTERS
1055 S. WELLS AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
RENO, NV 89502	88-0293149	501C3	0.	88,234.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HEALTH ACCESS, INCORPORATED						MEDICAL	CLINICS/HEALTH CENTERS
489 WASHINGTON AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
CLARKSBURG, WV 26301	55-0715066	501C3	0.	11,471.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HEALTH ALLIANCE FOR THE UNINSURED						MEDICAL	CLINICS/HEALTH CENTERS
5929 N. MAY AVENUE, SUITE 511					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
OKLAHOMA CITY, OK 73112	26-1789292	501C3	0.	31,807.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·					,	PHARMACEUTICALS,	SUPPORT TO US
HEALTH CARE ACCESS						MEDICAL	CLINICS/HEALTH CENTERS
330 MAINE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LAWRENCE, KS 66044	48-1062114	501C3	0.	31 103.	WHOLESALE PRICE	MEDICAL VOUCHER.	

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						PHARMACEUTICALS,	SUPPORT TO US
HEALTH CARE FOR THE HOMELESS						MEDICAL	CLINICS/HEALTH CENTERS
711 W. CAPITOL DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MILWAUKEE, WI 53212	39-1353282	501C3	0.	165,209.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
HEALTH CARE FOR THE HOMELESS						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
421 FALLSWAY					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
BALTIMORE, MD 21202	52-1576404	501C3	0.	31,848.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
HEALTH CARE NETWORK							CLINICS/HEALTH CENTERS
904 STATE STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
RACINE, WI 53404	42-1299913	501C3	0.	17,994.	WHOLESALE PRICE,	·	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HEALTH CENTER OF SOUTHEAST TEXAS						MEDICAL	CLINICS/HEALTH CENTERS
401 E. CROCKETT STREET, SUITE A					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CLEVELAND, TX 77327	56-2508501	501C3	0.	11,966.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							PROVIDE MEDICAL
HEALTH FRONTIERS						PHARMACEUTICALS,	ASSISTANCE TO IMPROVE THE
44500 66TH AVENUE WAY					ESTIMATED	MEDICAL	QUALITY OF INDIGENT
KENYON, MN 55946	34-1694322	501C3	0.	36,927.	WHOLESALE PRICE,	SUPPLIES,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	SUPPORT TO US
HEALTH HELP DBA WHITE HOUSE						MEDICAL	CLINICS/HEALTH CENTERS
CLINICS - 1010 MAIN STREET SOUTH -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MCKEE, KY 40447	61-0843731	501C3	0.	24,339.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
HEALTH INTERVENTION SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
15 ANDRE SE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
GRAND RAPIDS, MI 49507	38-3273825	501C3	0.	13,586.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HEALTH PARTNERS FREE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1300 NORTH COUNTY ROAD 25A					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
TROY, OH 45373	31-1596731	501C3	0.	23,731.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
HEALTH PARTNERS INC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
3070 CRAIN HIGHWAY #101					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
WALDORF, MD 20601	52-1767044	501C3	0.	54,188.	.WHOLESALE PRICE,	SUPPLIES,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
HEALTH PARTNERS OF WESTERN OHIO						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
441 EAST 8TH STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LIMA, OH 45804	56-2330309	501C3	0.	8,639.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HEALTH PARTNERSHIP CLINIC OF						MEDICAL	CLINICS/HEALTH CENTERS
7171 WEST 95TH STREET, SUITE 100					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
OVERLAND PARK, KS 66212	48-1115529	501C3	0.	35,778.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HEALTH REACH COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
400 EAST STATESVILLE AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MOORESVILLE, NC 28115	20-1020941	501C3	0.	78,155.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·			SUPPORT TO US
HEALTH SERVICES, INC.						MEDICAL	CLINICS/HEALTH CENTERS
1000 ADAMS AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MONTGOMERY, AL 36104	63-0568762	501C3	0.	22,378.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
·				•	,	,	SUPPORT TO US
HEALTH WEST - LAVA CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
85 SOUTH 5TH WEST					ESTIMATED	SUPPLIES.	FOR LOW-INCOME, UNINSURED
LAVA HOT SPRINGS, ID 83246	82-0324100	501C3	0.	6.755.	WHOLESALE PRICE,	EOUIPMENT.	PATIENTS
,			-	,	,	,	SUPPORT TO US
HEALTHCARE CONNECTION, INC.							CLINICS/HEALTH CENTERS
1401 STEFFEN AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CINCINNATI, OH 45215	31-0822524	501C3	0.	11 947.	WHOLESALE PRICE,		PATIENTS
,				,	,	PHARMACEUTICALS	SUPPORT TO US
HEALTHCARE FOR THE HOMELESS					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
2505 FANNIN STREET, 2ND FLOOR					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
HOUSTON, TX 77002	76-0647934	501C3	0.	106 361	WHOLESALE PRICE,	1	PATIENTS
	10 0017701			100,001,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	SUPPORT TO US
HEALTHLINK PRIMARY CARE CLINIC						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
2027 PULASKI HIGHWAY, SUITE 206					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
HAVRE DE GRACE, MD 21078	26-2462359	OTHER	0.	27 157	WHOLESALE PRICE,		PATIENTS
	20 2102333		<del>                                     </del>	2,,13,	TRICE,	,	SUPPORT TO US
HEALTHNET OF ROCK COUNTY, INC.						MEDICAL	CLINICS/HEALTH CENTERS
23 W MILWAUKEE STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
JANESVILLE, WI 53548	39-1778804	501C3	0.	12 025	WHOLESALE PRICE,	· '	PATIENTS
O124772 A 1 2 2 2 2 4 0	35 1770004	L.101	<u> </u>	14,933.	LUICE,	LXATEMENT,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
HEALTHPOINT FAMILY CARE						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
601 WASHINGTON AVENUE SUITE 300					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
NEWPORT, KY 41071	61-0729915	501C3	0.	81,475.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HEALTHREACH INC.						MEDICAL	CLINICS/HEALTH CENTERS
804 E PARK AVENUE, SUITE 110					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LIBERTYVILLE, IL 60048	36-3816410	501C3	0.	12,629.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
HEALTHSOURCE OF OHIO							CLINICS/HEALTH CENTERS
5400 DUPONT CIRCLE, SUITE A					ESTIMATED		FOR LOW-INCOME, UNINSURED
MILFORD, OH 45150	31-0884250	501C3	0.	29,990.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						MEDICAL	SUPPORT TO US
HEART CITY HEALTH CENTER						SUPPLIES,	CLINICS/HEALTH CENTERS
236 SIMPSON AVENUE					ESTIMATED	EQUIPMENT,	FOR LOW-INCOME, UNINSURED
ELKHART, IN 46635	35-1875364	501C3	0.	30,339.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				•			SUPPORT TO US
HEART OF TEXAS COMMUNITY HEALTH						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
CENTER - 1600 PROVIDENCE DRIVE -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
WACO, TX 76707	74-2867580	501C3	0.	7,480.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				•	,	PHARMACEUTICALS,	PROVIDE MEDICAL
HEART TO HEART					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
401 S. CLAIRBORNE RD					ESTIMATED	SUPPLIES.	QUALITY OF INDIGENT
OLATHE, KS 66062	48-1108359	501C3	0.	114,219,	, WHOLESALE PRICE,	EOUIPMENT.	PEOPLE WORLDWIDE
·				,	,	,	SUPPORT TO US
HEARTLAND COMMUNITY HEALTH CLINIC							CLINICS/HEALTH CENTERS
1701 W. GARDEN STREET					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
PEORIA, IL 61605	37-1270794	501C3	0.	29 983.	WHOLESALE PRICE,	1	PATIENTS
					,	·	SUPPORT TO US
HEARTLAND HEALTH OUTREACH						MEDICAL	CLINICS/HEALTH CENTERS
1015 W. LAWRENCE AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CHICAGO, IL 60640	36-3775696	501C3	0.	71 314	WHOLESALE PRICE,	1	PATIENTS
	23 37,73330	1	<del>                                     </del>	,1,311.	THIELD,	THE PERSON AND THE PE	SUPPORT TO US
HELPING HANDS CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
810 HARPER AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LENOIR, NC 28645	56-2076541	50103	0.	18 050		MEDICAL VOUCHER,	· ·
HINCIN, NC 20045	1 30 20/0341	L.101	<u> </u>	10,030.	LUICE,	LIPTICAL VOUCHER,	F1111111111111111111111111111111111111

Part II Continuation of Grants and Other	Assistance to GC			inted States (SCI)			
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
HENNEPIN COUNTY COMMUNITY							CLINICS/HEALTH CENTERS
525 PORTLAND AVE					ESTIMATED		FOR LOW-INCOME, UNINSURE
MINNEAPOLIS, MN 55415-1533	41-1422825	501C3	0.	5,288.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HENRIETTA JOHNSON MEDICAL CENTER						MEDICAL	CLINICS/HEALTH CENTERS
601 NEW CASTLE AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
WILMINGTON, DE 19801	20-1336340	501C3	0.	19,802.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HENRY J. AUSTIN HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
321 NORTH WARRENT STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
TRENTON, NJ 08618	22-2682708	501C3	0.	24,102.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
HIGH PLAINS COMMUNITY HEALTH						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
CENTER - 201 KENDALL DRIVE -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
LAMAR, CO 81052	84-1244224	501C3	0.	15,192.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
HILLTOWN COMMUNITY HEALTH CENTERS							CLINICS/HEALTH CENTERS
58 OLD NORTH RD					ESTIMATED		FOR LOW-INCOME, UNINSURE
WORTHINGTON, MA 01098-9753	04-2161484	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
HOMELESS HEALTH CARE CENTER							CLINICS/HEALTH CENTERS
717 EAST 11TH STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CHATTANOOGA, TN 37403	62-6000636	501C3	0.	6,862.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HOPE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
7001 CORPORATE DRIVE, STE. 120					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
HOUSTON, TX 77036	31-1756818	501C3	0.	169,612.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HOPE CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
411 E. JEFFERSON STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
WAXAHACHIE, TX 75165	75-2813621	501C3	0.	74,209.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HOPE CLINIC OF GARLAND TEXAS						MEDICAL	CLINICS/HEALTH CENTERS
808 WEST AVE. A					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
GARLAND, TX 75040	75-2960314	501C3	0.	7,476.	WHOLESALE PRICE.	MEDICAL VOUCHER,	· · · · · · · · · · · · · · · · · · ·

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	PROVIDE MEDICAL
HOPE FOR HAITI FOUNDATION					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
P.O BOX 4794					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
CARY, NC 27519	56-2157424	501C3	0.	89,642.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	PROVIDE MEDICAL
HOPE FOUNDATION FOR WOMEN					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
16401 NW 2ND AVE, STE 202					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MIAMI, FL 33169	65-0925102	501C3	0.	313,884.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
HOPE WITHIN COMMUNITY HEALTH							CLINICS/HEALTH CENTERS
CENTER - 4748 E. HARRISBURG PIKE -					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
ELIZABETHTOWN, PA 17022	16-1643004	501C3	0.	9,964.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
HOPE WORLDWIDE					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
353 WEST LANCASTER AVENUE					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
WAYNE, PA 19087	04-3129839	501C3	0.	893,545.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	SUPPORT TO US
HOPKINS COUNTY COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
638 N. FRANKLIN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MADISONVILLE, KY 42431	06-1710391	501C3	0.	120,791.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
HORISONS UNLIMITED HEALTHCARE						MEDICAL	CLINICS/HEALTH CENTERS
164 B STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LIVINGSTON, CA 95334	72-1532350	501C3	0.	291,336.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				·			SUPPORT TO US
HORIZON HEALTH CARE, INC.						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
208 SOUTH MAIN STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
HOWARD, SD 57321	46-0341255	501C3	0.	37,500.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
				,	,	PHARMACEUTICALS,	SUPPORT TO US
HORIZON HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
714 BERGEN AVE # 714					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
JERSEY CITY, NJ 07306-4802	22-1831695	501C3	0.	18.445.	WHOLESALE PRICE,	1	PATIENTS
•				,	1	1	SUPPORT TO US
HOT SPRINGS HEALTH PROGRAM						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
590 MEDICAL PARK DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
MARSHALL, NC 28753	56-0986537	501C3	0.	13.607.	WHOLESALE PRICE,		PATIENTS
		L		_ , ,			L

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
HOUSING AUTHORITY OF THE CITY					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
808 LAGUNA STREET					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93101	26-0417729	501C3	0.	10,105.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
HOUSTON COMMUNITY HEALTH CENTERS							CLINICS/HEALTH CENTERS
424 HAHLO					ESTIMATED		FOR LOW-INCOME, UNINSURED
HOUSTON, TX 77020	76-0622208	501C3	0.	10,497.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
HOWARD BROWN HEALTH CENTER						1	CLINICS/HEALTH CENTERS
4025 NORTH SHERIDAN ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CHICAGO, IL 60613	36-2894128	501C3	0.	19,270.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
IBERIA COMPREHENSIVE							CLINICS/HEALTH CENTERS
806 JEFFERSON TERRANCE					ESTIMATED		FOR LOW-INCOME, UNINSURED
NEW IBERIA, LA 70560	58-2164455	501C3	0.	29,662.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
							PROVIDE MEDICAL
IDC FOUNDATION					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
2767 QUAIL VALLEY RD.					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
SOLVANG, CA 93463	20-0457609	OTHER	0.	118,944.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
INDIAN HEALTH CENTER							CLINICS/HEALTH CENTERS
1333 MERIDIAN AVENUE					ESTIMATED		FOR LOW-INCOME, UNINSURED
SAN JOSE, CA 95125	94-2476242	501C3	0.	8,997.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
INDIAN HEALTH COUNCIL PHARMACY						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
50100 GOLSH ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
VALLEY CENTER, CA 92082	95-2506788	501C3	0.	12,667.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
INDIANA HEALTH CENTERS, INC.							CLINICS/HEALTH CENTERS
8003 CASTLEWAY DRIVE					ESTIMATED		FOR LOW-INCOME, UNINSURED
INDIANAPOLIS, IN 46250	31-1003977	501C3	0.	92,974.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
INHEALTH COMMUNITY WELLNESS FREE						MEDICAL	CLINICS/HEALTH CENTERS
CLINIC - 109 EAST BLUFF STREET -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BOSCOBEL, WI 53805	33-1170597	501C3	0.	125,196.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
LHA							Schedule I (Form 990

SAN BERNARDINO, CA 92405   95-3246624   50103   0.   5,054 WHOLESALE PRICE, SUPPLIES, SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES SUPPLIES TO US SUPPLIES	Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	urt II.)	
INLAND BEHAVIORAL 1963 NORTH E STREET 1963 NORTH E STREET 1963 NORTH E STREET 2984 SOLOS 20. \$5,054. HOLESALE FRICE, SUPPLIES, PATIENTS  INNIS COMMUNITY HEALTH CENTER 6450 LA HIGHWAY 1 1		<b>(b)</b> EIN	, , ,	` '	non-cash	valuation (book, FMV,		
1963 NORTH E STREET SAN BERNARDINO, CA 92405 95-3246624 501C3 0. 5,054, HOLESALE PRICE, SUPPLIES, PATIENTS SUPPORT TO US INNIS COMMUNITY HEALTH CENTER 6450 LA HIGHWAY 1 10. 20,265, HOLESALE PRICE, SUPPLIES, PATIENTS SANTA BARBARA, CA 93101 177-0401233 10. 177,476, HOLESALE PRICE, SUPPLIES, PRIVINGENT TO US INTERFIATH CLINIC 1NTERFAITH								SUPPORT TO US
SAN BERNARDINO, CA 92405 95-3246624 501C3 0. 5,054 WHOLESALE PRICE, SUPPLIES, SUPPORT TO US  INNIS COMMUNITY HEALTH CENTER 6450 LA HIGHWAY 1 72-1505179 501C3 0. 20,265 WHOLESALE PRICE, SUPPLIES, PATIENTS  INTENSIVE HEART VENTURES 735 STATE STREET 736 STATE STREET 737 STATE STREET 738 STATE STREET 739 SOLO 177,476 WHOLESALE PRICE, EQUIPMENT, PROPLE WORLDWIDE  INTERPATH CLINIC 1NTERPATH CLINIC 1N	INLAND BEHAVIORAL						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
UNIS COMMUNITY HEALTH CENTER 6450 LA HIGHWAY 1  INNIS, LA 70747  72-1505179  501C3  0. 20,265, WHOLESALE PRICE, SUPPLIES, PATIENTS  PHARMACEUTICALS, PROVIDE MEDICAL ASSISTANCE TO INPROVE 735 STATE STREET  SANTA BARBARA, CA 93101  77-0401233  501C3  0. 177,476, WHOLESALE PRICE, SUPPLIES, QUALITY OF INDIGENT SANTA BARBARA, CA 93101  77-0401233  501C3  0. 177,476, WHOLESALE PRICE, SUPPLIES, QUALITY OF INDIGENT SANTA BARBARA, CA 93101  THERFAITH CLINIC  SIMPROVIDE MEDICAL SIMPROVIDE MEDICAL CLINICS/HEALTH CENTER EL DORADO, AR 71730  71-0236863  501C3  0. 34,117, WHOLESALE PRICE, SUPPLIES, FOR LOW-INCOME, UNINS SUPPLIES, FOR LOW-INCOME	1963 NORTH E STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
INNIS COMMUNITY HEALTH CENTER 6450 LA HIGHWAY 1  INNIS, LA 70747  72-1505179  501C3  0. 20,265, WHOLESALE PRICE, SUPPLIES, PATIENTS PHARMACEUTICALS, PROVIDE MEDICAL ASSISTANCE TO IMPROVE 375 STATE STREET SANTA BARBARA, CA 93101  77-0401233  501C3  0. 177,476, WHOLESALE PRICE, SUPPLIES, OUALITY OF INDIGENT SANTA BARBARA, CA 93101  77-0401233  501C3  0. 177,476, WHOLESALE PRICE, SUPPLIES, OUALITY OF INDIGENT SANTA BARBARA, CA 93101  77-0401233  501C3  0. 177,476, WHOLESALE PRICE, SUPPLIES, OUALITY OF INDIGENT SETIMATED SUPPLIES, OUALITY OF INDIGENT WEDICAL CLINICS/HEALTH CENTER ESTIMATED SUPPLIES, OUPLIES, OUALITY OF INDIGENT SETIMATED SUPPLIES, OUPLIES, OUALITY OF INDIGENT WEDICAL CLINICS/HEALTH CENTER ESTIMATED SUPPLIES, OUPLIES, OUTLIES/HEALTH CENTER 1606 23ED AVENUE FAIRBANKS, AK 99701  92-0147354  501C3  0. 13,883, WHOLESALE PRICE, SUPPLIES, OUPLIES, PATIENTS FORVIDE MEDICAL INTERNATIONAL CHILD CARE 3506 LOVERS LANE KALAMAZOO, MI 49001  35-6059274  501C3  0. 73,531, WHOLESALE PRICE, SUPPLIES, POPLE WORLDWIDE FARMACEUTICALS, ASSISTANCE TO IMPROVE FARMACEUTICALS, ASSISTANCE TO IMPROVE FOR BOX 923  MALIBU, CA 90265  33-0767921  501C3  501C3	SAN BERNARDINO, CA 92405	95-3246624	501C3	0.	5,054.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
6450 LA HIGHWAY 1 INNIS, LA 70747 72-1505179 501C3 0. 20,265. WHOLESALE PRICE. SUPPLIES, PATIENTS PARMACEUTICALS, PROVIDE MEDICAL ASSISTANCE TO IMPROVE SANTA BARBARA, CA 93101 77-0401233 501C3 0. 177,476. WHOLESALE PRICE, SUPPLIES, QUALITY OF INDIGENT SANTA BARBARA, CA 93101 77-0401233 501C3 0. 177,476. WHOLESALE PRICE, SUPPLIES, QUALITY OF INDIGENT WEDICAL SUPPLIES, QUILTEN, PEOPLE WORLDWIDE STIMATED SUPPLIES, SUPPORT TO US MEDICAL CLINICS/HEALTH CENTER SETIMATED SUPPORT TO US SUPPORT T								
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INTERSIVE HEART VENTURES 735 STATE STREET SANTA BARBARA, CA 93101 77-0401233 501C3 0. 177,476, WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE SANTA BARBARA, CA 93101 77-0401233 501C3 0. 177,476, WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE PHARMACEUTICALS, SUPPORT TO US MEDICAL CLINICS/HEALTH CENTER SUPPLIES, FOR LOW-INCOME, UNINS ESTIMATED SUPPLIES, GOUPMENT, PATIENTS SUPPLIES, FOR LOW-INCOME, UNINS SUPPLIES, CLINICS/HEALTH CENTER 1606 23RD AVENUE FAIRBANKS, AK 99701 92-0147354 501C3 0. 13,883, WHOLESALE PRICE, EQUIPMENT, PATIENTS SUPPLIES, SUPPLIES, POR LOW-INCOME, UNINS CLINICS/HEALTH CENTER 1606 23RD AVENUE FAIRBANKS, AK 99701 92-0147354 501C3 0. 13,883, WHOLESALE PRICE, SUPPLIES, PATIENTS SUPPLIES, POR LOW-INCOME, UNINS SUPPLIES, SUPPLIES, POR LOW-INCOME, UNINS PRIVATE OF TO US CLINICS/HEALTH CENTER 1606 23RD AVENUE FAIRBANKS, AK 99701 92-0147354 501C3 0. 13,883, WHOLESALE PRICE, SUPPLIES, POR LOW-INCOME, UNINS PRIVATE OF THE PRIVATE	INNIS, LA 70747	72-1505179	501C3	0.	20,265.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
735 STATE STREET SANTA BARBARA, CA 93101 77-0401233 501C3 0. 177,476.WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE  PHARMACEUTICALS, SUPPORT TO US  MEDICAL SUPPLIES, FOR LOW-INCOME, UNINS ESTIMATED SUPPLES, FOR LOW-INCOME, UNINS ESTIMATED SUPPORT TO US  SUPPORT TO US  BESTIMATED SUPPLES, FOR LOW-INCOME, UNINS SUPPORT TO US  SUPPORT OF INCOME, UNINS  PROVIDE MEDICAL SUPPLIES, PROVIDE MEDICAL SUSISTANCE TO IMPROVE  ALIAMAZOO, MI 49001 35-6059274 501C3 0. 73,531.WHOLESALE PRICE, SUPPLIES, PROVIDE MEDICAL SUSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL SUSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL SUSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL SUPPLIES, S							PHARMACEUTICALS,	PROVIDE MEDICAL
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INTERFAITH CLINIC  11 WEST FAOULNER  EL DORADO, AR 71730  T1-0236863  T1-02368	735 STATE STREET					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
INTERFAITH CLINIC  1514 WEST FAOULNER  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINS EL DORADO, AR 71730  71-0236863	SANTA BARBARA, CA 93101	77-0401233	501C3	0.	177,476.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
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EL DORADO, AR 71730  71-0236863  501C3  0. 34,117. WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTER  1606 23RD AVENUE  FAIRBANKS, AK 99701  92-0147354  501C3  0. 13,883. WHOLESALE PRICE, SUPPLIES, PATIENTS  PROVIDE MEDICAL  PURCHASED PRICE  PHARMACEUTICALS, ASSISTANCE TO IMPROVE  ASSISTANCE TO IMPROVE  BESTIMATED  PURCHASED PRICE  PURCHASED PRICE  PURCHASED PRICE  PHARMACEUTICALS, PROVIDE MEDICAL  INTERNATIONAL HUMANITIES CENTER  PO BOX 923  MALIBU, CA 90265  33-0767921  OTHER  O. 8,885. WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPLIES, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL  PURCHASED PRICE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL  PURCHASED PRICE  PURCHASED P	INTERFAITH CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
INTERIOR COMMUNITY HEALTH CENTER  1606 23RD AVENUE  FAIRBANKS, AK 99701  92-0147354  501C3  0. 13,883.WHOLESALE PRICE, SUPPLIES, PATIENTS  PROVIDE MEDICAL  INTERNATIONAL CHILD CARE  3506 LOVERS LANE  KALAMAZOO, MI 49001  35-6059274  501C3  0. 73,531.WHOLESALE PRICE, SUPPLIES, PATIENTS  PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PLARMACEUTICALS, PROVIDE MEDICAL  INTERNATIONAL HUMANITIES CENTER  PURCHASED PRICE  PURCHASED  PURCHASED PRICE  PURCHASED PRICE  PURCHASED  PURCHASED PRICE  PURCHASED  PURC	514 WEST FAOULNER					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
INTERIOR COMMUNITY HEALTH CENTER  1606 23RD AVENUE  FAIRBANKS, AK 99701  92-0147354  501C3  0. 13,883.WHOLESALE PRICE, SUPPLIES, PATIENTS  PROVIDE MEDICAL  PURCHASED PRICE  PHARMACEUTICALS, ASSISTANCE TO IMPROVE  ASSISTANCE TO IMPROVE  RALAMAZOO, MI 49001  35-6059274  501C3  0. 73,531.WHOLESALE PRICE, SUPPLIES, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PURCHASED PRICE  PURCHASED PRICE  PURCHASED PRICE  BESTIMATED  SUPPLIES, PEOPLE WORLDWIDE  PHARMACEUTICALS, POUNTE MEDICAL  ASSISTANCE TO IMPROVE  BESTIMATED  SUPPLIES, PURCHASED PRICE  PURCHASED PRICE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE	EL DORADO, AR 71730	71-0236863	501C3	0.	34,117.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
1606 23RD AVENUE  FAIRBANKS, AK 99701  92-0147354  501C3  0. 13,883. WHOLESALE PRICE, SUPPLIES, PATIENTS  PROVIDE MEDICAL  PURCHASED PRICE PHARMACEUTICALS, ASSISTANCE TO IMPROVE BY ASSISTANCE TO IMPROVE CONTROL OF THE PROVIDE MEDICAL  NOTE: The purchased PRICE PHARMACEUTICALS, ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE CONTROL OF THE PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE								SUPPORT TO US
FAIRBANKS, AK 99701  92-0147354  501C3  0. 13,883.WHOLESALE PRICE, SUPPLIES, PATIENTS  PROVIDE MEDICAL  PURCHASED PRICE  PHARMACEUTICALS, ASSISTANCE TO IMPROVE  ASSISTANCE TO IMPROVE  SUPPLIES, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  PURCHASED PRICE, SUPPLIES, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  INTERNATIONAL HUMANITIES CENTER  PO BOX 923  MALIBU, CA 90265  33-0767921  OTHER  O. 8,885.WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE	INTERIOR COMMUNITY HEALTH CENTER							CLINICS/HEALTH CENTERS
PROVIDE MEDICAL  INTERNATIONAL CHILD CARE  3506 LOVERS LANE  KALAMAZOO, MI 49001  35-6059274  501C3  0. 73,531.WHOLESALE PRICE, SUPPLIES, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  INTERNATIONAL HUMANITIES CENTER  PO BOX 923  MALIBU, CA 90265  33-0767921  OTHER  0. 8,885.WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE	1606 23RD AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
INTERNATIONAL CHILD CARE  3506 LOVERS LANE  KALAMAZOO, MI 49001  35-6059274  501C3  0. 73,531.WHOLESALE PRICE, SUPPLIES, PEOPLE WORLDWIDE  PHARMACEUTICALS, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PURCHASED PRICE  PURCHASED PRICE  PURCHASED PRICE  BY  MEDICAL  ASSISTANCE TO IMPROVE  PURCHASED PRICE  PURCHASED PRICE  BY  MEDICAL  ASSISTANCE TO IMPROVE  PURCHASED PRICE  PURCHASED  PURCHASED PRICE  PURCHASED  PURCHASED	FAIRBANKS, AK 99701	92-0147354	501C3	0.	13,883.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
3506 LOVERS LANE  KALAMAZOO, MI 49001  35-6059274  501C3  0. 73,531.WHOLESALE PRICE, SUPPLIES, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PO BOX 923  MALIBU, CA 90265  33-0767921  TOTHER  O. 8,885.WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE								PROVIDE MEDICAL
KALAMAZOO, MI 49001  35-6059274  501C3  0. 73,531.WHOLESALE PRICE, SUPPLIES, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PO BOX 923  MALIBU, CA 90265  33-0767921  OTHER  0. 8,885.WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE	INTERNATIONAL CHILD CARE					PURCHASED PRICE	PHARMACEUTICALS,	ASSISTANCE TO IMPROVE THE
PHARMACEUTICALS, PROVIDE MEDICAL  PURCHASED PRICE MEDICAL ASSISTANCE TO IMPROVE PO BOX 923  MALIBU, CA 90265  33-0767921  OTHER  0. 8,885.WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE	3506 LOVERS LANE					, ESTIMATED	MEDICAL	QUALITY OF INDIGENT
INTERNATIONAL HUMANITIES CENTER  PO BOX 923  MALIBU, CA 90265  33-0767921  OTHER  O. 8,885.WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  INTERNATIONAL MEDICAL ALLIANCE  PURCHASED PRICE MEDICAL  ASSISTANCE TO IMPROVE  PHARMACEUTICALS, PROVIDE MEDICAL  ASSISTANCE TO IMPROVE	KALAMAZOO, MI 49001	35-6059274	501C3	0.	73,531.	WHOLESALE PRICE,	SUPPLIES,	PEOPLE WORLDWIDE
PO BOX 923  MALIBU, CA 90265  33-0767921  OTHER  0. 8,885.WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE  INTERNATIONAL MEDICAL ALLIANCE  PURCHASED PRICE  MEDICAL  ASSISTANCE TO IMPROVE								PROVIDE MEDICAL
MALIBU, CA 90265  33-0767921 OTHER  0. 8,885.WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  INTERNATIONAL MEDICAL ALLIANCE  PURCHASED PRICE MEDICAL  ASSISTANCE TO IMPROVE	INTERNATIONAL HUMANITIES CENTER					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
MALIBU, CA 90265  33-0767921 OTHER  0. 8,885.WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE  PHARMACEUTICALS, PROVIDE MEDICAL  INTERNATIONAL MEDICAL ALLIANCE  PURCHASED PRICE MEDICAL  ASSISTANCE TO IMPROVE	PO BOX 923					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
INTERNATIONAL MEDICAL ALLIANCE PURCHASED PRICE MEDICAL ASSISTANCE TO IMPROVE	MALIBU, CA 90265	33-0767921	OTHER	0.	8,885.	, WHOLESALE PRICE,	1	PEOPLE WORLDWIDE
							PHARMACEUTICALS,	PROVIDE MEDICAL
107 THIDTHE DD	INTERNATIONAL MEDICAL ALLIANCE					PURCHASED PRICE	1	ASSISTANCE TO IMPROVE THE
TO OUDITH DR SUPPLIES, QUALITY OF INDIGENT	107 JUDITH DR					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
KNOXVILLE, TN 37920 31-1724114 501C3 0. 382,260. WHOLESALE PRICE, EQUIPMENT, PEOPLE WORLDWIDE	KNOXVILLE, TN 37920	31-1724114	501C3	0.	382,260.	WHOLESALE PRICE,	· ·	
PHARMACEUTICALS, SUPPORT TO US	•				,	,	•	SUPPORT TO US
ISABEL COMMUNITY CLINIC MEDICAL CLINICS/HEALTH CENTER	ISABEL COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
	118 N. MAIN STREET					ESTIMATED	SUPPLIES.	FOR LOW-INCOME, UNINSURED
ISABEL, SD 57633 46-0348705 501C3 0. 70,397.WHOLESALE PRICE, EQUIPMENT, PATIENTS		46-0348705	501C3	0.	70.397.	WHOLESALE PRICE	1	· ·

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
ISLA VISTA YOUTH PROJECTS					PURCHASED PRICE		CLINICS/HEALTH CENTERS
6842 PHELPS ROAD					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
GOLETA, CA 93117	95-3007419	501C3	0.	5,344.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
ITHACA FREE CLINIC							CLINICS/HEALTH CENTERS
225 S. FULTON STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
ITHACA, NY 14850	90-0192978	501C3	0.	5,998.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
J/P HAITIAN RELIEF ORGANIZATION					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
149 S. BARRINGTON AVENUE #364					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
LOS ANGELES, CA 90049	27-1703237	501C3	0.	668,421.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
JACKSON-HINDS						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
3502 WEST NORTHSIDE DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
JACKSON, MS 39213	64-0506107	501C3	0.	18,330.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
JC LEWIS HEALTH CENTER OF UNION					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
MISSION - 125 FAHM STREET -					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SAVANNAH, GA 31401	58-0827524	501C3	0.	249,124.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
JEANIE SCHMIDT FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
13525 DULLES TECHNOLOGY DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
HERNDON, VA 20172	71-0877944	501C3	0.	11,305.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
JEFFERSON COMMUNITY HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
4028 US HWY 90W					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
AVONDALE, LA 70094	56-2439708	501C3	0.	88,892.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
JEFFERSON COMPREHENSIVE HEALTH					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
225 COMMUNITY DRIVE					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
FAYETTE, MS 39069	64-0667610	501C3	0.	80,642.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
JESSIE TRICE COMMUNITY HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
700 S ROYAL POINCIANA BLVD STE 300					, ESTIMATED	SUPPLIES,	   FOR LOW-INCOME, UNINSURED
MIAMI, FL 33166-6667	59-1235617	501C3	0.	20 576	, WHOLESALE PRICE,	'	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
JOHNSON CITY DOWNTOWN CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
207 E. MYRTLE AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
JOHNSON CITY, TN 37601	62-6021046	501C3	0.	11,019.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
JOHNSTOWN FREE MEDICAL CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
320 MAIN STREET, 3D FL.					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
JOHNSTOWN, PA 15901	23-2922409	501C3	0.	70,461.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
JONESBORO CHURCH HEALTH CENTER					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
500 KITCHEN					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
JONESBORO, AR 72401	71-0707863	501C3	0.	64,049.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
JOY-SOUTHFIELD COMMUNITY HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
18917 JOY ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
DETROIT, MI 48228	38-3622930	501C3	0.	7,968.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				·			SUPPORT TO US
KANSAS CITY FREE HEALTH CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
3515 BROADWAY					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
KANSAS CITY, MO 64111	43-0967292	501C3	0.	18,248.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
				,		·	SUPPORT TO US
KATAHDIN VALLEY HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
30 HOULTON STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
PATTEN, ME 04765	23-7411014	501C3	0.	12,207,	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
•				,	,	PHARMACEUTICALS.	SUPPORT TO US
KATY TRAIL COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
821 WESTWOOD DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SEDALIA, MO 65301	43-1879853	501C3	0.	37,638,	WHOLESALE PRICE,	1	PATIENTS
,			-	,	,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
KEVIN'S COMMUNITY CENTER						MEDICAL	CLINICS/HEALTH CENTERS
153 SOUTH MAIN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NEWTOWN, CT 06470	61-1436909	501C3	0.	25 359	WHOLESALE PRICE,	1	PATIENTS
		1 - 1 - 1			,	,	SUPPORT TO US
KHEIR COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
3727 WEST SIXTH STREET, SUITE 200					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LOS ANGELES, CA 90020	95-4074660	501C3	0.	30 186	WHOLESALE PRICE,	1	•
	1 33 10/4000	<u> </u>	<u> </u>	1 30,100,	·[	resident,	

Part II Continuation of Grants and Other	er Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
KIDS COME FIRST						MEDICAL	CLINICS/HEALTH CENTERS
1501-A S. BON VIEW AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ONTARIO, CA 91761	33-0969025	501C3	0.	17,202.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
KOKUA KALIHI VALLEY							CLINICS/HEALTH CENTERS
2239 N. SCHOOL STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
HONOLULU, HI 96819	99-0149797	501C3	0.	10,575.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
KONBIT SANTE					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
P.O. BOX 11281					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
PORTLAND, ME 04104	01-0540292	501C3	0.	1,281,131.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
LA CASA FAMILY HEALTH CENTER							CLINICS/HEALTH CENTERS
1521 WEST 13TH					ESTIMATED		FOR LOW-INCOME, UNINSURED
CLOVIS, NM 88101	23-7429653	501C3	0.	9,412.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
LA CLINICA CRISTIANA					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
380 WILSON LAKE SHORES					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MUSCLE SHOALS, AL 35661	20-1624284	501C3	0.	53,241.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
LA CLINICA DE LA RAZA							CLINICS/HEALTH CENTERS
1515 FRUITVALE AVENUE					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
OAKLAND, CA 94601	94-1744108	501C3	0.	17,988.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
-				·		PHARMACEUTICALS,	SUPPORT TO US
LA ESPERANZA CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1610 S. CHADBOURNE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SAN ANGELO, TX 76903	74-2699762	501C3	0.	80,474.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·				•		·	SUPPORT TO US
LA FAMILIA MEDICAL CENTER							CLINICS/HEALTH CENTERS
1035 ALTO STREET					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
SANTA FE, NM 87501	85-0220875	501C3	0.	25,577.	WHOLESALE PRICE,	· ·	PATIENTS
•				,	·	,	SUPPORT TO US
LA MAESTRA FAMILY CLINIC, INC.						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
4060 FAIRMOUNT AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SAN DIEGO, CA 92105	33-0473171	501C3	0.	143,048.	WHOLESALE PRICE,		PATIENTS
			<u>.                                    </u>	,		, ,	

(a) Name and address of organization or government (b) EIN (c) IRC section (f applicable of cash grant assistance (d) Amount of cash grant assistance (d) Amount of cash grant assistance (d) Amount of cash grant plants assistance (d) Amount of cash grants (d) Amount of ca	Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
LACKEY FREE CLINIC 1620 OLD WILLIAMSBURG ROAD 708KTOWN, VA 23690 54-1850915 501C3 0. 19,774, WIOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  LAFAYETTE COMMUNITY HEALTH 1317 JEPFRSON STREET 1AGUNA BEACH COMMUNITY CLINIC 262 THIRD STREET 263 O. 76,303, WHOLESALE PRICE, BQUIPMENT, PATIENTS 264 THIRD STREET 265 ARMOUR ROAD 265 COUNTY FREE MEDICAL CLINIC SHEALTH CENTERS 267 COMMONOCO, WI 53066 39-2006388 501C3 0. 100,961, WIOLESALE PRICE, BQUIPMENT, PATIENTS 266 ARMOUR ROAD 267 COMMONOCO, WI 53066 39-2006388 501C3 0. 10,876, WHOLESALE PRICE, BQUIPMENT, PATIENTS 267 COMMONOCO, WI 53066 39-2006388 501C3 0. 10,876, WHOLESALE PRICE, BQUIPMENT, PATIENTS 268 STIMATED 269 COMMONOCO, WI 53066 39-2006388 501C3 0. 10,876, WHOLESALE PRICE, BUPPLIES, PATIENTS 267 COMMONOCO, WI 53066 39-2006388 501C3 0. 10,876, WHOLESALE PRICE, BUPPLIES, PATIENTS 268 STIMATED 268 COUNTY FREE MEDICAL CLINIC 268 STIMATED 269 COMMONOCO, WI 53066 39-2006388 501C3 0. 18,014, WHOLESALE PRICE, BUPPLIES, PATIENTS 269 COMMONOCO, WI 53066 39-2006388 501C3 0. 18,014, WHOLESALE PRICE, BUPPLIES, PATIENTS 269 COMMONOCO, WI 53066 269 COMMONOCO, WI 53066 270 COMMONOCO, W	• •	( <b>b)</b> EIN			non-cash	valuation (book, FMV,		
1620 OLD WILLIAMSBURG ROAD YORKTONN, VA 23690  54-1850915  501C3  0. 19,774, WHOLESALE PRICE, EMBICAL VOUCHER, PATIENTS PHARMACEUTICALS, SUPPORT TO US LAFAYETTE COMMUNITY HEALTH 1317 JEFFERSON STREET  LAFAYETTE, LA 70501  72-1221982  501C3  0. 76,303, WHOLESALE PRICE, EQUIPMENT, PATIENTS  LAGUNA BEACH COMMUNITY CLINIC 362 THIRD STREET  LAGUNA BEACH, CA 92651  95-2637633  501C3  0. 100,961, WHOLESALE PRICE, EQUIPMENT, PATIENTS  LAKE AREA FREE CLINIC 855 ARMOUR ROAD COCNOMOWOC, WI 53066  39-2006388  501C3  0. 10,876, WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPORT TO US ESTIMATED WEDICAL PHARMACEUTICALS, SUPPORT TO US ESTIMATED WEDICAL PHARMACEUTICALS, SUPPORT TO US SUPPORT TO US ESTIMATED WEDICAL PHARMACEUTICALS, CLINICS/HEALTH CENTERS 856 ARMOUR ROAD COCNOMOWOC, WI 53066  39-2006388  501C3  0. 10,876, WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPORT TO US LAKE COUNTY FREE MEDICAL CLINIC 54 S. STATE STREET, SUTIE 302 PATIENTS  PHARMACEUTICALS, CLINICS/HEALTH CENTERS PATIENTS  SUPPORT TO US CLINICS/HEALTH CENTERS PATIENTS  PHARMACEUTICALS, SUPPLIES, PATIENTS  PHARMACEUTICALS, SUPPORT TO US CLINICS/HEALTH CENTERS PATIENTS  PHARMACEUTICALS, PRICE, PRICE, PRICE,							PHARMACEUTICALS,	SUPPORT TO US
VORKTOWN, VA 23690  54-1850915  501C3  0. 19,774. WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  LAFAYETTE COMMUNITY HEALTH  1317 JEFFERSON STREET  LAFAYETTE, LA 70501  72-1221982  501C3  0. 76,303. WHOLESALE PRICE, EQUIPMENT, PATIENTS  LAGUNA BEACH COMMUNITY CLINIC  362 THIRD STREET  LAGUNA BEACH, CA 92651  95-2637633  501C3  0. 100,961. WHOLESALE PRICE, EQUIPMENT, PATIENTS  LAKE AREA FREE CLINIC  856 ARMOUR ROAD  COCONOMOWOC, WI 53066  39-2006388  501C3  0. 10,876. WHOLESALE PRICE, SUPPLIES, FOR LOW-INCOME, UNINSURED  ESTIMATED  ESTIMATED  WEDICAL  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  CLINICS/HEALTH CENTERS  SUPPORT TO US  LAKE COUNTY FREE MEDICAL CLINIC  54 S. STATE STREET, SUITE 302  PHARMACEUTICALS,  SUPPORT TO US  ESTIMATED  ESTIMATED  WEDICAL  SUPPORT TO US  LAKE COUNTY FREE MEDICAL CLINIC  54 S. STATE STREET, SUITE 302  PHARMACEUTICALS,  SUPPORT TO US  ESTIMATED  ESTIMATED  WEDICAL  FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS,  SUPPORT TO US  ESTIMATED  ESTIMATED  WEDICAL  FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS,  SUPPORT TO US  ESTIMATED  ESTIMATED  WEDICAL  CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED  FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS,  SUPPORT TO US  ESTIMATED  ESTIMATED  WEDICAL  CLINICS/HEALTH CENTERS  PATIENTS  FOR LOW-INCOME, UNINSURED  SUPPORT TO US  ESTIMATED  ESTIMATED  WEDICAL  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS,  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  MAUKEGAN, IL 60085  36-3909396  501C3  0. 42,300. WHOLESALE PRICE,  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  CLINICS/HEALTH C	LACKEY FREE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
LAPAYETTE COMMUNITY HEALTH  LAPAYETTE COMMUNITY HEALTH  LAPAYETTE COMMUNITY HEALTH  LAPAYETTE, LA 70501  72-121982  501C3  0. 76,303, WHOLESALE PRICE, EQUIPMENT, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  LAGUNA BEACH COMMUNITY CLINIC  362 THIRD STREET  LAGUNA BEACH, CA 92651  95-2637633  501C3  0. 100,961, WHOLESALE PRICE, EQUIPMENT, PATIENTS  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED  LAKE AREA FREE CLINIC  856 ARMOUR ROAD  CONOMOWOC, WI 53066  39-2006388  501C3  0. 10,876, WHOLESALE PRICE, SUPPLIES, PATIENTS  SUPPORT TO US  ESTIMATED  SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  SUPPORT TO US  SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  PHARMACEUTICALS, CUPPLIES, PATIENTS  PHARMACEUTICALS, CUPPLIES, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  SUPPORT TO US  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, CUPPLIES, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, PROPERTOR OF US AND US AN	1620 OLD WILLIAMSBURG ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LAFAYETTE COMMUNITY HEALTH  1317 JEFFERSON STREET  LAFAYETTE, LA 70501  72-1221982 501C3  0. 76,303.WHOLESALE PRICE, EQUIPMENT, PATIENTS  HARMACEUTICALS, SUPPORT TO US  LAGUNA BEACH COMMUNITY CLINIC  362 THIRD STREET  LAGUNA BEACH, CA 92651  95-2637633 501C3  0. 100,961.WHOLESALE PRICE, EQUIPMENT, PATIENTS  HARMACEUTICALS, SUPPORT TO US  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED  LAKE AREA FREE CLINIC  ESTIMATED  SUPPORT TO US  LAKE AREA FREE CLINIC  ESTIMATED  COCONOMONOC, WI 53066  39-2006388 501C3  0. 10,876.WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPORT TO US  ESTIMATED  MEDICAL  PHARMACEUTICALS, SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  ATTEMNTS  LAKE COUNTY FREE MEDICAL CLINIC  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED  SUPPORT TO US  CLINICS/HEALTH CENTERS  ESTIMATED  ESTIMATED  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  ESTIMATED  SUPPORT TO US  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  PHARMACEUTICALS	YORKTOWN, VA 23690	54-1850915	501C3	0.	19,774.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
1317 JEPFERSON STREET LAPAYETTE, LA 70501 72-1221982 501C3 0. 76,303 WHOLESALE PRICE, EQUIPMENT, PATIENTS  LAGUNA BEACH COMMUNITY CLINIC LAGUNA BEACH, CA 92651 95-2637633 501C3 0. 100,961 WHOLESALE PRICE, EQUIPMENT, PATIENTS  LAKE AREA FREE CLINIC LAKE AREA FREE CLINIC 856 ARMOUR ROAD 0CONOMOWOC, WI 53066 39-2006388 501C3 0. 10,876 WHOLESALE PRICE, SUPPLIES, FOR LOW-INCOME, UNINSURED  LAKE COUNTY FREE MEDICAL CLINIC 54 S. STATE STREET, SUITE 302 PATIENTS  LAKE COUNTY HEALTH DEPARTMENT LAKE COUNTY PRIMARY CARE L							PHARMACEUTICALS,	SUPPORT TO US
LAFAYETTE, LA 70501  72-1221982  501C3  0. 76,303, WHOLESALE PRICE, EQUIPMENT, PATIENTS  HARMACEUTICALS, SUPPORT TO US  ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED  LAGUNA BEACH, CA 92651  95-2637633  501C3  0. 100,961, WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPORT TO US  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED MEDICAL FOR LOW-INCOME, UNINSURED  COCONOMOWOC, WI 53066  39-2006388  501C3  0. 10,876, WHOLESALE PRICE, SUPPLIES, PATIENTS  SUPPORT TO US  LAKE COUNTY FREE MEDICAL CLINIC  54 S. STATE STREET, SUITE 302  PAINESVILLE, OH 44077  34-1081191  501C3  0. 18,014, WHOLESALE PRICE, SUPPLIES, PATIENTS  ESTIMATED MEDICAL FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED MEDICAL FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPLIES, PATIENTS  SUPPORT TO US  LAKE COUNTY HEALTH DEPARTMENT  LAKE COUNTY HEALTH DEPARTMENT  LAKE COUNTY HEALTH DEPARTMENT  LAKE COUNTY HEALTH DEPARTMENT  LAKE COUNTY PHEART CARE  LAKE COUNTY PRIMARY CARE  ESTIMATED  ESTIMATED  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  COME TO THE COUNTY PRIMARY CARE  COUNTY PRIMARY CARE  COUNTY PRIMARY CARE  COU	LAFAYETTE COMMUNITY HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
LAGUNA BEACH COMMUNITY CLINIC  162 THIRD STREET  LAGUNA BEACH, CA 92651  175 2637633  170 100,961,WHOLESALE PRICE, EQUIPMENT, PATIENTS  LAKE AREA FREE CLINIC  175 2637633  176 27637633  177 276 27637633  177 276 27637633  178 27637633  178 27637633  178 27637633  178 27637633  178 276 27637633  178 276 27637633  178 276 276 276 276 276 276 276 276 276 276	1317 JEFFERSON STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LAGUNA BEACH COMMUNITY CLINIC  362 THIRD STREET  LAGUNA BEACH, CA 92651  95-2637633  501C3  0. 100,961.WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPORT TO US  LAKE AREA FREE CLINIC  856 ARMOUR ROAD  CONOMOWOC, WI 53066  39-2006388  501C3  0. 10,876.WHOLESALE PRICE, SUPPLIES, FOR LOW-INCOME, UNINSURED  CONOMOWOC, WI 53066  39-2006388  501C3  0. 10,876.WHOLESALE PRICE, SUPPLIES, PATIENTS  SUPPORT TO US  LAKE COUNTY FREE MEDICAL CLINIC  54 S. STATE STREET, SUITE 302  PARMACEUTICALS, CLINICS/HEALTH CENTERS  BESTIMATED  MEDICAL  FOR LOW-INCOME, UNINSURED  FOR LOW-INCOME, UNINSURED  PARMACEUTICALS, SUPPORT TO US  SUPPORT TO US  LAKE COUNTY HEALTH DEPARTMENT  LAKE COUNTY HEALTH DEPARTMENT  LAKE COUNTY HEALTH DEPARTMENT  2400 BELVIDERE ROAD  WAUKEGAN, IL 60085  36-3909396  501C3  0. 42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  LAKE COUNTY PRIMARY CARE  LAKE COUNTY PRIMARY CARE  215 S COURT STREET  FOR LOW-INCOME, UNINSURED	LAFAYETTE, LA 70501	72-1221982	501C3	0.	76,303.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
BESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED LAGUNA BEACH, CA 92651  95-2637633  0. 100,961.WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPORT TO US  LAKE AREA FREE CLINIC  856 ARMOUR ROAD  OCONOMOWOC, WI 53066  39-2006388  501C3  0. 10,876.WHOLESALE PRICE, SUPPLIES, PATIENTS  SUPPORT TO US  LAKE COUNTY FREE MEDICAL CLINIC  LAKE COUNTY FREE MEDICAL CLINIC  54 S. STATE STREET, SUITE 302  PAINESVILLE, OH 44077  34-1081191  501C3  0. 18,014.WHOLESALE PRICE, SUPPLIES, PATIENTS  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  ESTIMATED MEDICAL FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  LAKE COUNTY HEALTH DEPARTMENT  LAKE COUNTY HEALTH DEPARTMENT  AUGUSTA SUPPORT TO US  LAKE COUNTY PRIMARY CARE  LAKE COUNTY PRIMARY CARE  215 S COURT STREET  ESTIMATED  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED							PHARMACEUTICALS,	SUPPORT TO US
LAKE AREA FREE CLINIC  LAKE AREA FREE CLINIC  SUPPORT TO US  LAKE AREA FREE CLINIC  SESTIMATED  CONOMOWOC, WI 53066  39-2006388 501C3  0. 10,876, WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPORT TO US  ESTIMATED  MEDICAL  FOR LOW-INCOME, UNINSURED  SUPPORT TO US  SUPPORT TO US  LAKE COUNTY FREE MEDICAL CLINIC  FARTHENTS  SUPPORT TO US  ESTIMATED  MEDICAL  FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPLIES, PATIENTS  LAKE COUNTY HEALTH DEPARTMENT  LAKE COUNTY PRIMARY CARE  LOW-INCOME, UNINSURED  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED	LAGUNA BEACH COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
LAKE AREA FREE CLINIC  LAKE AREA FREE CLINIC  BESTIMATED  MEDICAL  FOR LOW-INCOME, UNINSURED  OCONOMOWOC, WI 53066  39-2006388 501C3  0. 10,876.WHOLESALE PRICE, SUPPLIES, PATIENTS  SUPPORT TO US  LAKE COUNTY FREE MEDICAL CLINIC  54 S. STATE STREET, SUITE 302  PAINESVILLE, OH 44077  34-1081191 501C3  0. 18,014.WHOLESALE PRICE, SUPPLIES, PATIENTS  LAKE COUNTY HEALTH DEPARTMENT  2400 BELVIDERE ROAD  WAUKEGAN, IL 60085  36-3909396 501C3  0. 42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  LAKE COUNTY PRIMARY CARE  215 S COURT STREET	362 THIRD STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LAKE AREA FREE CLINIC  856 ARMOUR ROAD  OCONOMOWOC, WI 53066  39-2006388 501C3  0. 10,876.WHOLESALE PRICE, SUPPLIES, PATIENTS  SUPPORT TO US  LAKE COUNTY FREE MEDICAL CLINIC  54 S. STATE STREET, SUITE 302  PAINESVILLE, OH 44077  34-1081191 501C3  0. 18,014.WHOLESALE PRICE, SUPPLIES, PATIENTS  LAKE COUNTY HEALTH DEPARTMENT  2400 BELVIDERE ROAD  WAUKEGAN, IL 60085  36-3909396 501C3  0. 42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPLIES, PATIENTS  CLINICS/HEALTH CENTERS  FOR COUNTY HEALTH DEPARTMENT  2400 BELVIDERE ROAD  WAUKEGAN, IL 60085  36-3909396 501C3  0. 42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  ESTIMATED  FOR LOW-INCOME, UNINSURED  LAKE COUNTY PRIMARY CARE  215 S COURT STREET  FOR LOW-INCOME, UNINSURED	LAGUNA BEACH, CA 92651	95-2637633	501C3	0.	100,961.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
856 ARMOUR ROAD OCONOMOWOC, WI 53066  39-2006388 501C3  0. 10,876 WHOLESALE PRICE, SUPPLIES, PATIENTS  SUPPORT TO US  LAKE COUNTY FREE MEDICAL CLINIC 54 S. STATE STREET, SUITE 302 PAINESVILLE, OH 44077  34-1081191 501C3  0. 18,014 WHOLESALE PRICE, SUPPLIES, PATIENTS  WEDICAL  ESTIMATED  MEDICAL FOR LOW-INCOME, UNINSURED  BESTIMATED  WEDICAL SUPPORT TO US  ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED  WEDICAL CLINICS/HEALTH CENTERS  SUPPORT TO US  LAKE COUNTY PRIMARY CARE  215 S COURT STREET  ESTIMATED  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED								SUPPORT TO US
OCONOMOWOC, WI 53066  39-2006388 501C3  0. 10,876.WHOLESALE PRICE, SUPPLIES, PATIENTS  SUPPORT TO US  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  54 S. STATE STREET, SUITE 302  PAINESVILLE, OH 44077  34-1081191 501C3  0. 18,014.WHOLESALE PRICE, SUPPLIES, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  LAKE COUNTY HEALTH DEPARTMENT  2400 BELVIDERE ROAD  WAUKEGAN, IL 60085  36-3909396 501C3  0. 42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US  LAKE COUNTY PRIMARY CARE  215 S COURT STREET  ESTIMATED  ESTIMATED  ESTIMATED  ESTIMATED  FOR LOW-INCOME, UNINSURED  SUPPORT TO US  CLINICS/HEALTH CENTERS  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  ESTIMATED  ESTIMATED  FOR LOW-INCOME, UNINSURED	LAKE AREA FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
LAKE COUNTY FREE MEDICAL CLINIC  54 S. STATE STREET, SUITE 302  PAINESVILLE, OH 44077  34-1081191  501C3  0. 18,014.WHOLESALE PRICE, SUPPLIES, PATIENTS  LAKE COUNTY HEALTH DEPARTMENT  2400 BELVIDERE ROAD  WAUKEGAN, IL 60085  36-3909396  501C3  0. 42,300.WHOLESALE PRICE, MEDICAL  SUPPORT TO US  PHARMACEUTICALS, SUPPORT TO US  MEDICAL  CLINICS/HEALTH CENTERS  SUPPORT TO US  BESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED  WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US  ESTIMATED  SUPPORT TO US  CLINICS/HEALTH CENTERS  CLINICS/HEALTH CENTERS  ESTIMATED  FOR LOW-INCOME, UNINSURED  FOR LOW-INCOME, UNINSURED  TO SUPPLIES OF LOW-INCOME, UNINSURED  SUPPORT TO US  CLINICS/HEALTH CENTERS  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED	856 ARMOUR ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LAKE COUNTY FREE MEDICAL CLINIC  54 S. STATE STREET, SUITE 302  PAINESVILLE, OH 44077  34-1081191  501C3  0. 18,014.WHOLESALE PRICE, SUPPLIES, PATIENTS  LAKE COUNTY HEALTH DEPARTMENT  2400 BELVIDERE ROAD  WAUKEGAN, IL 60085  36-3909396  501C3  0. 42,300.WHOLESALE PRICE, MEDICAL CLINICS/HEALTH CENTERS  SUPPORT TO US  ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED  A42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  CLINICS/HEALTH CENTERS  SUPPORT TO US  SUPPORT TO US  CLINICS/HEALTH CENTERS  ESTIMATED  SUPPORT TO US  CLINICS/HEALTH CENTERS  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  SUPPORT TO US  CLINICS/HEALTH CENTERS	OCONOMOWOC, WI 53066	39-2006388	501C3	0.	10,876.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
PAINESVILLE, OH 44077  34-1081191  501C3  0. 18,014.WHOLESALE PRICE, SUPPLIES, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  LAKE COUNTY HEALTH DEPARTMENT 2400 BELVIDERE ROAD  WAUKEGAN, IL 60085  36-3909396  501C3  0. 42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US  LAKE COUNTY PRIMARY CARE  215 S COURT STREET  ESTIMATED  ESTIMATED  ESTIMATED  FOR LOW-INCOME, UNINSURED  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED								SUPPORT TO US
PAINESVILLE, OH 44077  34-1081191  501C3  0. 18,014.WHOLESALE PRICE, SUPPLIES, PATIENTS  HARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  WAUKEGAN, IL 60085  36-3909396  501C3  0. 42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPLIES, FOR LOW-INCOME, UNINSURED  WAUKEGAN, IL 60085  LAKE COUNTY PRIMARY CARE  215 S COURT STREET  ESTIMATED  ESTIMATED  FOR LOW-INCOME, UNINSURED	LAKE COUNTY FREE MEDICAL CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
PHARMACEUTICALS, SUPPORT TO US  LAKE COUNTY HEALTH DEPARTMENT  2400 BELVIDERE ROAD  WAUKEGAN, IL 60085  36-3909396  501C3  0. 42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  ESTIMATED  ESTIMATED  FOR LOW-INCOME, UNINSURED	54 S. STATE STREET, SUITE 302					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LAKE COUNTY HEALTH DEPARTMENT 2400 BELVIDERE ROAD  WAUKEGAN, IL 60085  36-3909396  501C3  0. 42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  ESTIMATED  ESTIMATED  ESTIMATED  FOR LOW-INCOME, UNINSURED	PAINESVILLE, OH 44077	34-1081191	501C3	0.	18,014.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
2400 BELVIDERE ROAD WAUKEGAN, IL 60085  36-3909396  501C3  0. 42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US CLINICS/HEALTH CENTERS 215 S COURT STREET  ESTIMATED  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED  CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED							PHARMACEUTICALS,	SUPPORT TO US
WAUKEGAN, IL 60085  36-3909396  501C3  0. 42,300.WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  215 S COURT STREET  ESTIMATED  FOR LOW-INCOME, UNINSURED	LAKE COUNTY HEALTH DEPARTMENT						MEDICAL	CLINICS/HEALTH CENTERS
SUPPORT TO US LAKE COUNTY PRIMARY CARE 215 S COURT STREET  SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED	2400 BELVIDERE ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LAKE COUNTY PRIMARY CARE  215 S COURT STREET  CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED	WAUKEGAN, IL 60085	36-3909396	501C3	0.	42,300.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
215 S COURT STREET FOR LOW-INCOME, UNINSURED								SUPPORT TO US
	LAKE COUNTY PRIMARY CARE							CLINICS/HEALTH CENTERS
TIPTONVILLE, TN 38079   62-1026947   501C3   0.   11.730.WHOLESALE PRICE, PHARMACEUTICALS, PATIENTS	215 S COURT STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
	TIPTONVILLE, TN 38079	62-1026947	501C3	0.	11,730.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
SUPPORT TO US								SUPPORT TO US
LAS ISLAS MEDICAL GROUP PHARMACEUTICALS, CLINICS/HEALTH CENTERS	LAS ISLAS MEDICAL GROUP						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
2400 SOUTH C STREET ESTIMATED MEDICAL FOR LOW-INCOME, UNINSURED	2400 SOUTH C STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
OXNARD, CA 93033 77-0285222 501C3 0. 25,198.WHOLESALE PRICE, SUPPLIES, PATIENTS	OXNARD, CA 93033	77-0285222	501C3	0.	25,198.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
PHARMACEUTICALS, SUPPORT TO US							PHARMACEUTICALS,	SUPPORT TO US
LAWTON COMMUNITY HEALTH CENTER MEDICAL CLINICS/HEALTH CENTERS	LAWTON COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
3811 WEST GORE BLVD STE 6 ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED	3811 WEST GORE BLVD STE 6					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LAWTON, OK 73505-6328 26-0187688 501C3 0. 25,053. WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS	LAWTON, OK 73505-6328	26-0187688	501C3	0.	25,053.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS

Part II Continuation of Grants and Other	r Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
LEE COUNTY COOPERATIVE CLINIC							CLINICS/HEALTH CENTERS
530 W. ATKINS BLVD.					ESTIMATED		FOR LOW-INCOME, UNINSURED
MARIANNA, AR 72360	71-0413798	501C3	0.	18,507.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
LEGACY COMMUNITY HEALTH SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
215 WESTHEIMER ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
HOUSTON, TX 77006	76-0009637	501C3	0.	96,804.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
LEO POCHA CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
435 N. LAST CHANCE GULCH					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
HELENA, MT 59601	81-0304870	501C3	0.	20,670.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
				·		PHARMACEUTICALS,	SUPPORT TO US
LIFELONG MEDICAL CARE						MEDICAL	CLINICS/HEALTH CENTERS
2344 SIXTH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BERKELEY, CA 94710	94-2502308	501C3	0.	187,659,	WHOLESALE PRICE,	1	PATIENTS
•				,	,	,	SUPPORT TO US
LINCOLN COMMUNITY HEALTH CENTER							CLINICS/HEALTH CENTERS
1301 FAYETTEVILLE STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
DURHAM, NC 27707	56-1031244	501C3	0.	29 990	WHOLESALE PRICE,	MEDICAL VOUCHER	PATIENTS
					,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
LISBON AND EAST LIVERPOOL						MEDICAL	CLINICS/HEALTH CENTERS
7880 LINCOLE PLACE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LISBON, OH 44432	34-6565185	501C3	0.	27 971	WHOLESALE PRICE,	· '	PATIENTS
EIBBON, OII 44402	34 0303103	1		27,371.	WHOLESTEE TRICE,	EQUITMENT,	SUPPORT TO US
LITTLE RIVER MEDICAL CENTER						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
4303 LIVE OAK DRIVE					ESTIMATED	MEDICAL	
	57-0672117	501C3	0.	20 062			FOR LOW-INCOME, UNINSURED PATIENTS
LITTLE RIVER, SC 29566	37-0672117	501C3	0.	20,962.	WHOLESALE PRICE,	SUPPLIES,	
IIOVD E MOCG EDEE GITNIG						DUADMACEUMTOATC	SUPPORT TO US
LLOYD F. MOSS FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1301 SAM PERRY BLVD.	F4 46==00:	501.63		25 553	ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
FREDERICKSBURG, VA 22401	54-1677934	501C3	0.	25,550.	WHOLESALE PRICE,	· · · · · · · · · · · · · · · · · · ·	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
LOLOMA FOUNDATION					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
549 ALBION STREET					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
SAN DIEGO, CA 92106	04-3702334	501C3	0.	98,673.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
LONE STAR COMMUNITY HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
704 FM 2854					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CONROE, TX 77301	30-0038860	501C3	0.	32,679.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
LONG VALLEY HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
50 BRANSCOMB ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LAYTONVILLE, CA 95454	94-2536128	501C3	0.	15,419.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
LORAIN COUNTY FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
3323 PEARL AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LORAIN, OH 44055	34-1506180	501C3	0.	21,586.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
LOS ANGELES CHRISTIAN						MEDICAL	CLINICS/HEALTH CENTERS
311 WINSTON STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LOS ANGELES, CA 90013	95-4315734	501C3	0.	84,441.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
LOS BARRIOS UNIDOS COMMUNITY						MEDICAL	CLINICS/HEALTH CENTERS
CLINIC - 809 SINGLETON BLVD -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
DALLAS, TX 75212	75-1378664	501C3	0.	35,877.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
LOUDOUN FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
224 B CORNWALL ST NW					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LEESBURG, VA 20176-2701	54-1921059	501C3	0.	10,135.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
LOW COUNTRY HEALTH CARE SYSTEM							CLINICS/HEALTH CENTERS
333 REVOLUTIONARY TRAIL					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
FAIRFAX, SC 29827	58-2366697	501C3	0.	8,057.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
LOWELL COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
586 MERRIMACK STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LOWELL, MA 08051	12-1234567	501C3	0.	30,863.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
•				· ·	<u>'</u>	,	SUPPORT TO US
LYON-MARTIN HEALTH SERVICES						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1748 MARKET STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94102	94-2597707	501C3	0.	77,289.	WHOLESALE PRICE,		PATIENTS
	1	1	<u> </u>	. , , = ,			0

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
MAMOU HEALTH RESOURCES					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
300 SOUTH STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MAMOU, LA 70554	72-0949444	501C3	0.	113,749.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MANATEE COUNTY RURAL HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
12271 US HIGHWAY 301 NORTH					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PARRISH, FL 34219	59-1773262	501C3	0.	18,532.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MANET COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
110 WEST SQUANTUM STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NORTH QUINCY, MA 02171	04-2646695	501C3	0.	5,099.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·		PHARMACEUTICALS,	SUPPORT TO US
MANISTEE AREA COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
385 THIRD STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MANISTEE, MI 49660	26-1779673	501C3	0.	17,013.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·				•		· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
MANNA MEDICAL CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
120 STREET A, SUITE A					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PICAYUNE, MS 39466	20-1788094	501C3	0.	105.298.	, WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
			-	,	,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
MANTACHIE RURAL HEALTH CARE						MEDICAL	CLINICS/HEALTH CENTERS
5681 HWY 363					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MANTACHIE, MS 38855	64-0646692	501C3	0.	34 111.	WHOLESALE PRICE,	1	PATIENTS
				, , , , , , ,	,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
MARIN COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
300 PROFESSIONAL CENTER DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NOVATO, CA 94947	94-2237120	501C3	0.	84 430.	WHOLESALE PRICE,	1	PATIENTS
	77 2207220			01,100,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
MARTHA'S VILLAGE						MEDICAL	CLINICS/HEALTH CENTERS
83791 DATE AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
INDIO, CA 92201	33-0777892	501C3	0.	32 704	WHOLESALE PRICE,	1	PATIENTS
	33 3777332	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<del>                                     </del>	32,701.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
MARTIN LUTHER KING HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
827 MARGARET PLACE, SUITE 201					. ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SHREVEPORT, LA 71101	72-1079721	501C3	0.	92 827	, ESTIMATED WHOLESALE PRICE,	1	PATIENTS
JIME VETORI, DA /IIVI	12 1013121	L.101	<u> </u>	32,027	LUICE,	EXATEMENT,	F 221 T EIN 1 O

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	- Fage
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
MATAGORDA EPISCOPAL					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
101 AVENUE F NORTH					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BAY CITY, TX 77414	20-0537948	501C3	0.	52,843.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MATTHEW 25 INC.						MEDICAL	CLINICS/HEALTH CENTERS
413 EAST JEFFERSON BLVD.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
FORT WAYNE, IN 46802	35-1484951	501C3	0.	29,903.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
MEDLINK GEORGIA							CLINICS/HEALTH CENTERS
11 CHARLIE MORRIS ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
COLBERT, GA 30628	58-1394645	501C3	0.	10,678.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MEDPLEX CLINICS (SHELBY CNTY						MEDICAL	CLINICS/HEALTH CENTERS
HEALTHCARE) - 877 JEFFERSON AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
- MEMPHIS, TN 38103	62-1113169	501C3	0.	38,008.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
MEMPHIS HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
360 E.H. CRUMP BLVD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
MEMPHIS, TN 38126	62-0818892	501C3	0.	6,068.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MEND MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
10641 N SAN FERNANDO RD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
PACOIMA, CA 91331	23-7306337	501C3	0.	15,386.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
MENDOCINO COAST CLINICS							CLINICS/HEALTH CENTERS
205 SOUTH STREET					ESTIMATED		FOR LOW-INCOME, UNINSURE
FORT BRAGG, CA 95437	68-0262003	501C3	0.	5,288.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MENDOCINO COMMUNITY HEALTH CLINIC,						MEDICAL	CLINICS/HEALTH CENTERS
INC 333 LAWS AVENUE - UKIAH, CA					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
95482	68-0259045	501C3	0.	7,216.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MERCE MEDICAL CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1831 N FAYETTEVILLE STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
ASHEBORO, NC 27203	56-1799394	501C3	0.	28,150.	WHOLESALE PRICE.	MEDICAL VOUCHER,	· · · · · · · · · · · · · · · · · · ·

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							SUPPORT TO US
MERCI CLINIC							CLINICS/HEALTH CENTERS
1315 TATUM DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
NEW BERN, NC 28560	56-2034052	501C3	0.	9,026.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MERCY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
767 OGLETHORPE AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
ATHENS, GA 30606	58-2603523	501C3	0.	49,310.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MERCY MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
802 WASHINGTON STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
SHELBYVILLE, KY 40065	61-1211189	501C3	0.	43,871.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
METRO FAMILY PRACTICE						MEDICAL	CLINICS/HEALTH CENTERS
901 B WEST STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
PITTSBURGH, PA 15221	25-1844246	501C3	0.	66,874.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
METROCREST FAMILY MEDICAL CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
ONE MEDICAL PARKWAY, STE.149					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
FARMERS BRANCH, TX 75234	75-2616002	501C3	0.	289,459.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
METROWEST FREE MEDICAL PROGRAM						MEDICAL	CLINICS/HEALTH CENTERS
105 HUDSON ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SUDBURY, MA 01776	04-3822273	501C3	0.	23,602.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MIAMI BEACH COMMUNITY HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
CENTER - 710 ALTON ROAD - MIAMI					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
BEACH, FL 33139	59-1829984	501C3	0.	39,089.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
MID DELTA HEALTH SYSTEMS					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
401 MIDLAND STREET					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
CLARENDON, AR 72029	71-0638760	501C3	0.	55,696.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
MIDDLETOWN COMM HEALTH CENTER							CLINICS/HEALTH CENTERS
10 BENTON AVENUE					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURE
MIDDLETOWN, NY 10940	14-1588402	501C3	0.	16,488.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>Inited States</b> (Sch	nedule I (Form 990), Pa	rt II.)	
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						PHARMACEUTICALS,	SUPPORT TO US
MIDLAND COMMUNITY					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
2500 DELANO AVENUE					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MIDLAND, TX 79701	83-0358685	501C3	0.	462,967.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MISSION ARLINGTON MEDICAL CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
210 W. SOUTH STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ARLINGTON, TX 76010	75-2354962	501C3	0.	767,940.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MISSION CITY COMMUNITY NETWORK						MEDICAL	CLINICS/HEALTH CENTERS
INC 15206 PARTHENIA STREET -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NORTH HILLS, CA 91343	95-4226189	501C3	0.	5,740.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							PROVIDE MEDICAL
MISSION DOCTORS ASSOCIATION							ASSISTANCE TO IMPROVE THE
3435 WILSHIRE BLVD. SUITE 1940					ESTIMATED		QUALITY OF INDIGENT
LOS ANGELES, CA 90010	95-6110132	501C3	0.	5,305.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						·	SUPPORT TO US
MISSION EAST DALLAS							CLINICS/HEALTH CENTERS
2914 OATES DRIVE					ESTIMATED		FOR LOW-INCOME, UNINSURED
DALLAS, TX 75228	72-2935803	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				,		PHARMACEUTICALS,	SUPPORT TO US
MISSION FORT WORTH						MEDICAL	CLINICS/HEALTH CENTERS
4401 VERMONT AVENUE					ESTIMATED	SUPPLIES,	   FOR LOW-INCOME, UNINSURED
FORT WORTH, TX 76115	75-2720337	501C3	0.	51,067.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·				,	,	•	SUPPORT TO US
MISSION NEIGHBORHOOD HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
240 SHOTWELL ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94110	94-2284365	501C3	0.	14,404,	WHOLESALE PRICE,		PATIENTS
				,	,	PHARMACEUTICALS,	
MISSION OF MERCY ADMINISTRATION						MEDICAL	CLINICS/HEALTH CENTERS
22 S. MARKET STREET, SUITE 6D					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
FREDERICK, MD 21701	86-0704883	501C3	0.	53.460.		MEDICAL VOUCHER,	'
			†	11,100.	,	PHARMACEUTICALS.	
MISSIONARIES OF THE POOR					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
P.O. BOX 29893					. ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
ATLANTA, GA 30359	59-2824556	501C3	0.	51 488	, ESTIMITED ,WHOLESALE PRICE,	1	PEOPLE WORLDWIDE
	33 2024330	<u> </u>	<u> </u>	1 31, 30,	T	F*311111111,	F = 0.1.11

Part II Continuation of Grants and Other	Assistance to Go	overnments and Organ	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							SUPPORT TO US
MISSOURI HIGHLANDS HEALTH CARE						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
110 SOUTH SECOND STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
ELLINGTON, MO 63638	43-1068291	501C3	0.	15,154.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MOBILE COUNTY HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
251 N. BAYOU STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MOBILE, AL 36652	63-6001641	GOVERNMENT ENTIT	0.	59,355.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MOBILE MEDICAL OFFICE						MEDICAL	CLINICS/HEALTH CENTERS
1522 THIRD STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
EUREKA, CA 95501	68-0393522	501C3	0.	49,251.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MONMOUTH FAMILY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
270 BROADWAY					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LONG BRANCH, NJ 07740	20-0547132	501C3	0.	9,656.	WHOLESALE PRICE,	MEDICAL VOUCHER,	· ·
•				,	,	,	SUPPORT TO US
MOREHOUSE COMMUNITY MEDICAL						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
CENTERS - 518 DURHAM STREET -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
BASTROP, LA 71220	82-0579411	501C3	0.	27 701.	WHOLESALE PRICE,	1	PATIENTS
					,	PHARMACEUTICALS,	
MORTON COMPREHENSIVE HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
1334 N LANSING AVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
TULSA, OK 74106-5907	73-1177858	501C3	0.	44 409		1	PATIENTS
	, , , , , , , , , , , , , , , , , , , ,			11,100	,		PROVIDE MEDICAL
MOSCTHA USA					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
1660 HILLHURST AVE.					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
LOS ANGELES, CA 90027	27-1292581	501C3	0.	96 822	WHOLESALE PRICE,	1	PEOPLE WORLDWIDE
THE INCIDENT, ON SUCZI	27 1232301	50103	•••	30,022.	MICHELLAND TRICE,	EQUITMENT,	SUPPORT TO US
MOSES LAKE COMMUNITY HEALTH CENTER						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
605 COOLIDGE DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
MOSES LAKE, WA 98837	91-1537371	50103	0.	62 301	WHOLESALE PRICE,	1	PATIENTS
MODES DAKE, WA 7003/	71 133/3/1	50103	0.	02,391.	THOUSONIE FRICE,	PHARMACEUTICALS.	
MORUED DEALED THREDWARTONAL						1	
MOTHER HEALTH INTERNATIONAL					ЕСШТМАПЕР	MEDICAL	ASSISTANCE TO IMPROVE THE
8004 TREVOR PLACE	27 2165657	E0103	_	24.000	ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
VIENNA, VA 22182	27-3165657	DOTC3	0.	24,869.	WHOLESALE PRICE,	ECOIPMENT,	PEOPLE WORLDWIDE

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							SUPPORT TO US
MOUNTAIN FAMILY COMMUNITY HEALTH						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
CENTER - 1905 BLAKE AVENUE SUITE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
101 - GLENWOOD SPRINGS, CO 81601	84-0742145	501C3	0.	58,775.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
MOUNTAIN HEALTH & COMMUNITY						MEDICAL	CLINICS/HEALTH CENTERS
SERVICE - 31115 HIGHWAY 94 -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CAMPO, CA 91906	33-0164420	501C3	0.	24,866.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
MOUNTAIN PARK HEALTH CENTER							CLINICS/HEALTH CENTERS
2702 NORTH 3RD STREET, SUITE 4020					ESTIMATED		FOR LOW-INCOME, UNINSURED
PHOENIX, AZ 85004	86-0498020	501C3	0.	7,489.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
M-POWER MINISTRIES					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
4022 FOURTH AVENUE S					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BIRMINGHAM, AL 35222	31-1639601	501C3	0.	157,494.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				•		PHARMACEUTICALS,	SUPPORT TO US
MULTIPRACTICE CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
281 WEST 4TH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
INDEPENDENCE, LA 70443	30-0069627	501C3	0.	183,350.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
· ·				•	,		SUPPORT TO US
MUSLIM COMMUNITY CENTER							CLINICS/HEALTH CENTERS
7600 GLENVIEW DRIVE					ESTIMATED	PHARMACEUTICALS.	FOR LOW-INCOME, UNINSURED
RICHLAND HILLS, TX 78180	75-2580088	501C3	0.	15.157.	WHOLESALE PRICE,	· ·	PATIENTS
· · · · · · · · · · · · · · · · · · ·				,	,	PHARMACEUTICALS	SUPPORT TO US
N.E.W. COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
622 BODART STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
GREEN BAY, WI 54301	39-1200636	501C3	0.	50.885.	WHOLESALE PRICE,	1	PATIENTS
				, , , , , ,	,	,	SUPPORT TO US
NATHANIEL MISSION							CLINICS/HEALTH CENTERS
616 DEROODE STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
LEXINGTON, KY 40508	30-0303716	501C3	0.	5 998	WHOLESALE PRICE,	MEDICAL VOUCHER	PATIENTS
	23 2227.10		<u> </u>	2,330,	,		SUPPORT TO US
NATIVE AMERICAN HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1151 HARBOR BAY PARKWAY, SUITE 203					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
ALAMEDA, CA 94501	23-7135928	501C3	0.	21 0/3	WHOLESALE PRICE,		PATIENTS
	25 ,155,20	70103	1 ",	21,043.	THE PRICE,	P**********	FAITENIS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	- Fage
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						PHARMACEUTICALS,	SUPPORT TO US
NATURE COAST					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
300 S. MAIN STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
BROOKSVILLE, FL 34601	51-0512308	501C3	0.	32,098.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
NEIGHBORHOOD HEALTHCARE						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
425 N. DATE STREET, SUITE 203					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
ESCONDIDO, CA 92025	95-2796316	501C3	0.	20,298.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
NETZER- BRADY INTERNATIONAL					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
PO BOX 882					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
LOS OLIVOS, CA 93441	95-1831116	OTHER	0.	34,789.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
NEW COVENANT BAPTIST CHURCH							CLINICS/HEALTH CENTERS
2233 12TH STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
LAKE CHARLES, LA 70601	47-0942513	501C3	0.	5,864.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
							SUPPORT TO US
NEW HEIGHTS CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
8000 NE 58TH AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
VANCOUVER, WA 98665	91-2009672	501C3	0.	38,881.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
NEW HOPE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
201 WEST BOILING SPRING ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SOUTHPORT, NC 28461	31-1614379	501C3	0.	13,202.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
NEW HOPE MINISTRIES INT'L, INC.					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
12901 NW MIAMI CT.					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MIAMI, FL 33168	65-0841094	501C3	0.	320,391.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
NEW HORIZON FAMILY HEALTH SERVICES						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
130 MALLARD STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
GREENVILLE, SC 29601	57-0932597	501C3	0.	32,824.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
NEWARK COMMUNITY HEALTH CENTERS						MEDICAL	CLINICS/HEALTH CENTERS
101 LODLOW STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NEWARK, NJ 07114	22-2747589	501C3	0.	97 129.	WHOLESALE PRICE	MEDICAL VOUCHER.	· ·

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							SUPPORT TO US
NEWHOPE CLINIC							CLINICS/HEALTH CENTERS
41 S. COURT STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
OWINGSVILLE, KY 40360	61-1363437	501C3	0.	6,733.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
NODAWAY VALLEY FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
823 SOUTH 17TH STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSUREI
CLARINDA, IA 51632	35-2165957	501C3	0.	6,929.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							PROVIDE MEDICAL
NOMAD FOUNDATION					PURCHASED PRICE	PHARMACEUTICALS,	ASSISTANCE TO IMPROVE THE
307 E OJAI AVE STE 103					, ESTIMATED	MEDICAL	QUALITY OF INDIGENT
OJAI, CA 93023	20-8170046	501C3	0.	7,313.	WHOLESALE PRICE,	SUPPLIES,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	SUPPORT TO US
NORTH COUNTY HEALTH SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
150 VALPREDA ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
SAN MARCOS, CA 92069	95-2847102	501C3	0.	138,955.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
NORTH DALLAS SHARED MINISTRIES					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
2875 MERRELL ROAD					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSUREI
DALLAS, TX 75229	75-1908563	501C3	0.	10,689.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
NORTH EAST MEDICAL SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
1520 STOCKTON STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSUREI
SAN FRANCISCO, CA 94133	94-1722562	501C3	0.	87,408.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·			SUPPORT TO US
NORTHEAST MISSISSIPPI HEALTHCARE,						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
INC 12 EAST BRUNSWICK AVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSUREI
BYHALIA, MS 38611	64-0620763	501C3	0.	147,860.	WHOLESALE PRICE,		PATIENTS
·						·	SUPPORT TO US
NORTHEAST MISSOURI HEALTH COUNCIL						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1416 CROWN DRIVE					ESTIMATED	MEDICAL	   FOR LOW-INCOME, UNINSUREI
KIRKSVILLE, MO 63501	43-1606173	501C3	0.	31,564.	WHOLESALE PRICE,		, PATIENTS
·				,	1	PHARMACEUTICALS,	
NORTHEAST VALLEY HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
					ESTIMATED		FOR LOW-INCOME, UNINSURED
CORPORATION - 1172 NORTH MACLAY							

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
NORTHERN NECK FREE HEALTH CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
51 WILLIAM B GRAHAM COURT					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
KILMARNOCK, VA 22482	54-1679279	501C3	0.	15,776	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
NORTHERN OSWEGO COUNTY HEALTH						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
61 DELANO STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
PULASKI, NY 13142	16-1022661	501C3	0.	47,395	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
NORTHWEST ARKANSAS FREE HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
CENTER - 10 SOUTH COLLEGE AVENUE -					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
FAYETTEVILLE, AR 72701	59-1691790	501C3	0.	9,359	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
					·	PHARMACEUTICALS,	SUPPORT TO US
NORTHWEST HEALTH SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
2303 VILLAGE DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ST. JOSEPH, MO 64506	43-1323669	501C3	0.	208,242	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
					·	PHARMACEUTICALS,	SUPPORT TO US
NORTHWEST LOUISIANA INTERFAITH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
PHARMACY - 909 OLIVE - SHREVEPORT.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LA 71104	72-1479289	501C3	0.	32,967	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				,	,		SUPPORT TO US
NOURISH AMERICA						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
P.O. BOX 567					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
OJAI, CA 93024	77-0524339	501C3	0.	22,943	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				,	,	,	SUPPORT TO US
NOVA SCRIPTS CENTRAL							CLINICS/HEALTH CENTERS
6400 ARLINGTON BLVD, SUITE 120					ESTIMATED		FOR LOW-INCOME, UNINSURED
FALLS CHURCH, VA 22042	65-1275162	501C3	0.	14,995	.WHOLESALE PRICE,	MEDICAL VOUCHER.	PATIENTS
·				,	<u>'</u>	,	SUPPORT TO US
NUESTRA CLINICA DEL VALLE						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
801 W. FIRST STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SAN JUAN, TX 78589	74-1721807	501C3	0.	6.981	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
			†	-,===	,	,	SUPPORT TO US
OAKHURST MEDICAL CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
770 VILLAGE SQUARE DR.					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
STONE MOUNTAIN, GA 30083	58-1413957	501C3	0.	5 464	WHOLESALE PRICE,		PATIENTS
	1 30 1113337	<u> </u>	<u> </u>	3, 101	·[	F,	FAITENIS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
OASIS HEALTH CENTER							CLINICS/HEALTH CENTERS
66 BARIBEAU DRIVE, STE. 9/10					ESTIMATED		FOR LOW-INCOME, UNINSURED
BRUNSWICK, ME 04011	01-0497587	501C3	0.	7,498.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
OASIS OF HOPE CENTER						MEDICAL	CLINICS/HEALTH CENTERS
522 LEONARD STREET NW					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
GRAND RAPIDS, MI 49504	20-2781312	501C3	0.	15,733.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
OCEAN HEALTH INITIATIVES							CLINICS/HEALTH CENTERS
500 RIVER AVENUE SUITE 200					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LAKEWOOD, NJ 08701	06-1691342	501C3	0.	12,790.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
				•		·	SUPPORT TO US
OCRM HEALTH CARE SERVICES						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
ONE HOPE DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
TUSTIN, CA 92782	33-0906866	501C3	0.	22 726.	WHOLESALE PRICE,		PATIENTS
				,	,	PHARMACEUTICALS,	
ONE HEART WORLD-WIDE						MEDICAL	ASSISTANCE TO IMPROVE THE
1818 PACHECO STREET					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
SAN FRANCISCO, CA 94116	20-0443243	501C3	0.	21 146		1	PEOPLE WORLDWIDE
DIN TRINCIBEO, CH 54110	20 0113213	1		21,140.	MICHELLAND TRICE,	EQUITMENT,	SUPPORT TO US
ONEWORLD COMMUNITY HEALTH CENTER							CLINICS/HEALTH CENTERS
4920 SOUTH 30TH STREET, STE. 103					ESTIMATED		FOR LOW-INCOME, UNINSURED
•	47-0548990	501C3	0.	5 000	WHOLESALE PRICE,	MEDICAI VOIICUED	PATIENTS
OMAHA, NE 68107	47-0340330	50103	0.	3,990.	WHOLESALE FRICE,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
ONSLOW COMMUNITY OUTREACH					DIDCHACED DRICE	MEDICAL	
					PURCHASED PRICE		CLINICS/HEALTH CENTERS
600 COURT STREET	56 1505012	501.00		00 226	, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
JACKSONVILLE, NC 28540	56-1705813	501C3	0.	28,336.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
OPEN BIBLE MEDICAL CLINIC					L	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
824 SOUTH UNION BLVD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
COLORADO SPRINGS, CO 80910	84-1345520	501C3	0.	5,858.	WHOLESALE PRICE,	· · · · · · · · · · · · · · · · · · ·	PATIENTS
						1	SUPPORT TO US
OPEN DOOR COMMUNITY						MEDICAL	CLINICS/HEALTH CENTERS
670 NINTH ST., SUITE 203					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ARCATA, CA 95521	95-2671433	501C3	0.	167,838.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
OPEN DOOR FAMILY MEDICAL CENTERS							CLINICS/HEALTH CENTERS
165 MAIN STREET					ESTIMATED		FOR LOW-INCOME, UNINSURE
OSSINING, NY 10562	13-2813103	501C3	0.	29,990.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
OPEN DOOR HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1350 SW FOURTH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
HOMESTEAD, FL 33030	83-0375996	501C3	0.	29,357.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
OPEN DOOR HEALTH SERVICES						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
3715 S. MADISON ST.					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
MUNCIE, IN 47302	35-2018494	501C3	0.	124,851.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				,		PHARMACEUTICALS,	SUPPORT TO US
OPEN DOOR URBAN MINISTRIES						MEDICAL	CLINICS/HEALTH CENTERS
1390 CAPITAL BLVD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
RALEIGH, NC 27603	58-1422700	501C3	0.	53,561.	WHOLESALE PRICE.	MEDICAL VOUCHER,	· ·
· · · · · · · · · · · · · · · · · · ·				,	,	PHARMACEUTICALS.	
OPERATIONS NEHEMIAH MISSIONS					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
PO BOX 536					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
LANESBOROUGH, MA 01237	22-3270284	501C3	0.	154 095.	, WHOLESALE PRICE,	,	PEOPLE WORLDWIDE
,					,	,	SUPPORT TO US
OPTIMUS HEALTH CARE							CLINICS/HEALTH CENTERS
982 E. MAIN STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSUREI
BRIDGEPORT, CT 06608	06-0972166	501C3	0.	20 200	WHOLESALE PRICE,		PATIENTS
	00 00/12200			20,200.	,	· ·	SUPPORT TO US
ORANGE COUNTY FREE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
13296-A JAMES MADISON HIGHWAY					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSUREI
ORANGE, VA 22960	25-1922019	501C3	0.	7 353		MEDICAL VOUCHER,	· ·
	23 1322013	1		7,333.	MICHELLAND TRICE,	HEDICIE VOCCHER,	SUPPORT TO US
OUR LADY OF GUADALUPE					PURCHASED PRICE		CLINICS/HEALTH CENTERS
227 N. NOPAL ST					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93103	95-2158892	501C3	0.	5 13 <i>1</i>	WHOLESALE PRICE,		PATIENTS
DANDANA, CA 93103	73 2130092	50163	1	3,134.	THOUSONIE FRICE,	POTTEILED,	SUPPORT TO US
OUTPATIENT MEDICAL CENTER						DHADMACEIIMICAIC	
					ESTIMATED	1	CLINICS/HEALTH CENTERS
1640 BREAZEALE SPRINGS STREET	72 0020705	E0103	0.	6 071		MEDICAL	FOR LOW-INCOME, UNINSURED
NATCHITOCHES, LA 71457	72-0828785	501C3	1 0.	0,0/1.	WHOLESALE PRICE,	DOLLDIED'	PATIENTS

(a) Name and address of organization or government (b) EIN (c) IFC saction (d) Amount of cash grant process assistance (d) Amount of cash grant grant process assistance (d) Amount of cash grant gran	Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
OUTSEACH HEALTH SERVICES   SUPERITY   STIMATED   SIDENTIAL   SUPPLIES   SUP	` ,	<b>(b)</b> EIN	1 ' '		non-cash	valuation (book, FMV,		
130 N. HIGH STREET   64-0736857   501C3   0. 145,168. HHOLESALE FRICE, MULTERY PATIENTS   ATTIMITS							PHARMACEUTICALS,	SUPPORT TO US
SHUBUTA, MS 39360   64 0736857   50103   0	OUTREACH HEALTH SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
OMENSBORO MEDICAL HEALTHY SYSTEM 811 S. PARSISH AVE.  OMENSBORO MEDICAL HEALTHY SYSTEM 811 S. PARSISH AVE.  OMENSBORO MEDICAL SUPPLIES, FOR LOW-INCOME, UNINSURED  OMENSBORO, KY 42303 61-1286361 501C3 0. 134,722,WHOLESALE PRICE, MEDICAL VOICHER, PATIENTS  OZARAM CHARITABLE PHARMACY  571 DAUPHIN STREET  OZARAM CHARITABLE PHARMACY  572 DAUPHIN STREET  PALMETTO HEALTH COUNCIL  547 FONCE DE LEON AVENUE, SUITE 20  ATLANTA, GA 30308 58-1307597 501C3 0. 49,411,WHOLESALE PRICE, SUPPLIES, OF LOW-INCOME, UNINSURED  PANCARE OF FLORIDA, INC.  431 OAX AVENUE  PANCARE OF FLORIDA, INC.  431 OAX AVENUE  PARSISH NURSING  PARSISH	130 N. HIGH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
OMENSBORO MEDICAL HEALTHY SYSTEM 811 E. PARISH AVE. 0. 134,722, WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  OMENSBORO, X 42303 61-1286361 5013 0. 134,722, WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS  FUNCHASED PRICE FUNCHASED FUNCHASED PRICE FUNCHASED FUNCHASED PRICE FUNCHASED FUNCHASED PRICE FUNCHASED F	SHUBUTA, MS 39360	64-0736857	501C3	0.	145,168.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
811 E. PARISH AVE.  OMENSOROO, NY 42303 61-1286361 50103 0. 134,722, WIGLSEALE PRICE, MEDICAL VOUCHER, PATTENTS  OZANAM CHARITABLE PHARMACY  CANAM CHARITABLE PHARMACY  STID ADJUPTIN STREET  PALMETTO HEALTH COUNCIL  547 FONCE DE LEON AVERUE, SUITE 20  ATLANTA, OA 30308 58-1307597 50103 0. 75,014, WIGLSEALE PRICE, SUIPPLES, POR LOW-INCOME, UNINSURED  PANCARE OF FLORIDA, INC.  431 OAK AVERUE  PANAMA CITY, FL 32401 91-2189932 50103 0. 384,407, WIGLSEALE PRICE, SUIPPLES, FOR LOW-INCOME, UNINSURED  PARISH NURSING  PARISH NURSING  PARISH NURSING  PARISH NURSING  PARISH AVE.  PARISH MURSING  PARISH CANAMACEUTICALS, SUPPORT TO US  PARISH NURSING  PA							PHARMACEUTICALS,	SUPPORT TO US
OMENSBORO, KY 42303   61-1286361   501C3   0   134,722   MOLESALE PRICE, MEDICAL VOUCHER, PATIENTS	OWENSBORO MEDICAL HEALTHY SYSTEM						MEDICAL	CLINICS/HEALTH CENTERS
PARMACEUTICALS   SUPPORT TO US	811 E. PARISH AVE.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
DADAMA CHARITABLE PHARMACY   PURCHASED PRICE   REDICAL   SUPPLIES   FOR LOW-INCOME, UNINSURED	OWENSBORO, KY 42303	61-1286361	501C3	0.	134,722.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
STID ADDRING STREET   SUPPLIES   FOR LOW-INCOME, UNINSURED							PHARMACEUTICALS,	SUPPORT TO US
MOBILE, AL 36602 72-1386236 501C3 0. 49,411 MOLESALE PRICE, EQUIPMENT, PATIENTS  PALMETTO HEALTH COUNCIL  547 FONCE DE LEON AVENUE, SUITE 20 ATLANTA, GA 30308 58-1307597 501C3 0. 75,014 MHOLESALE PRICE, SUPPLIES, PATIENTS  PANCARE OF FLORIDA, INC.  431 OAK AVENUE  PANAMA CITY, FL 32401 91-2189932 501C3 0. 384,407. HHOLESALE PRICE, SUPPLIES, PATIENTS  PARESH NURSING  2323 DE LA VINA STREET SUITE 104  SANTA BARBARA, CA 93102 95-1644629 501C3 0. 5,286, MHOLESALE PRICE, SUPPLIES, PATIENTS  PARK DUVALLE COMMUNITY HEALTH  CENTER - 3015 WILSON AVENUE -  LOUISVILLE, KY 40211 61-0666209 501C3 0. 128,267. MHOLESALE PRICE, SUPPLES, PATIENTS  PARTMERING FOR HEALTH  501 HOWARD AVENUE SUITE 204B  ALTONA, PA 16601 25-1842308 501C3 0. 101,154. WHOLESALE PRICE, SUPPLIES, FOR LOW-INCOME, UNINSURED  PARTMERS FOR HEALING  109 W. BLACKWELL STREET  UNINSURED  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  PARTMERS FOR HEALING  101,154. WHOLESALE PRICE, SUPPLIES, PATIENTS  WEDICAL CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  PARTMERS FOR HEALING  101,154. WHOLESALE PRICE, SUPPLIES, PATIENTS  PARAMACEUTICALS, CLINICS/HEALTH CENTERS  PARTMERS FOR HEALTH  FOR LOW-INCOME, UNINSURED  SETIMATED  PARTMERS FOR HEALING  101,154. WHOLESALE PRICE, SUPPLIES, PATIENTS  PARAMACEUTICALS, CLINICS/HEALTH CENTERS  PATIENTS  PARTMERS FOR HEALING  101,154. WHOLESALE PRICE, SUPPLIES, PATIENTS  PARTMERS FOR HEALING  103 W. BLACKWELL STREET  PARTMERS FOR HEALING  104 W. BLACKWELL STREET  PARTMERS FOR LOW-INCOME, UNINSURED  ESTIMATED  ESTIMATED  PARTMERS FOR LOW-INCOME, UNINSURED  ESTIMATED  PARTMERS FOR LOW-INCOME, UNINSURED  ESTIMATED  PARTMERS FOR LOW-INCOME, UNINSURED  PARTMERS FOR LOW-INCOME, UNINSURED  ESTIMATED  PARTMERS FOR HEALTH  PATIENTS  PATIENTS  PATIENTS  PATIENTS  PATIENTS  PATIENTS  PATIENTS	OZANAM CHARITABLE PHARMACY					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
PALMETTO HEALTH COUNCIL 547 FONCE DE LEON AVENUE, SUITE 20 ATLANTA, GA 30308 58-1307597 501C3 0. 75,014, WHOLESALE PRICE, SUPPLIES, PATIENTS  PANCARE OF FLORIDA, INC. 431 OAK AVENUE PARMACEUTICALS, SUPPORT TO US PURCHASED PRICE PURCHASED PARTIENTS PATIENTS PATIENTS PATIENTS PATIENTS PARAMACEUTICALS, SUPPORT TO US PARTMECUTICALS, SUPPORT TO US PARTMERING FOR HEALTH PHARMACEUTICALS, SUPPORT TO US PARTMERS FOR LOW-INCOME, UNINSURED PARTMERS FOR LOW-INCOME, UNINS	571 DAUPHIN STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PALMETTO HEALTH COUNCIL 547 PONCE DE LEON AVENUE, SUITE 20 ATLANTA, GA 30308 58-1307597 501C3 0. 75,014.WHOLESALE PRICE, SUPPLIES, PATIENTS PHARMACEUTICALS, SUPPORT TO US PURCHASED PRICE, SUPPLIES, FOR LOW-INCOME, UNINSURED PARAMA CITY, FL 32401 91-2189932 501C3 0. 384,407.WHOLESALE PRICE, SUPPLIES, FOR LOW-INCOME, UNINSURED PARAMA CITY, FL 32401 91-2189932 501C3 0. 384,407.WHOLESALE PRICE, SUUPMENT, PATIENTS  PRICHASED PRICE STIMATED SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED PARAMA CITY, FL 32401 91-2189932 501C3 0. 384,407.WHOLESALE PRICE, SUUPMENT, PATIENTS  SUPPORT TO US CLINICS/HEALTH CENTERS SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURED SUPPORT TO US	MOBILE, AL 36602	72-1386236	501C3	0.	49,411.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
547 PONCE DE LEON AVENUE, SUITE 20 ATLANTA, GA 30308  58-1307597  501C3  0. 75,014.NHOLESALE PRICE, SUPPLIES, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  PURCHASED PRICE MEDICAL CLINICS/HEALTH CENTERS  431 OAK AVENUE  PANAMA CITY, FL 32401  91-2189932  501C3  0. 384,407.NHOLESALE PRICE, EQUIPMENT, PATIENTS  PARISH NURSING  2323 DE LA VINA STREET SUITE 104  SANTA BARBARA, CA 93102  95-1644629  501C3  0. 5,286.NHOLESALE PRICE, SUPPLIES, PATIENTS  PARK DUVALLE COMMUNITY HEALTH  CENTER - 3015 WILSON AVENUE -  LOUISVILLE, KY 40211  61-0666209  FOR LOW-INCOME, UNINSURED  501C3  0. 128,267.NHOLESALE PRICE, SUPPLIES, PATIENTS  PARAMACEUTICALS, CLINICS/HEALTH CENTERS  CENTER - 3015 WILSON AVENUE -  LOUISVILLE, KY 40211  61-0666209  FOR LOW-INCOME, UNINSURED  PARTNERING FOR HEALTH  501 HOWARD AVENUE SUITE 204B  ALTOONA, PA 16601  25-1842308  501C3  0. 101,154.NHOLESALE PRICE, SUPPLIES, PATIENTS  PARTMACEUTICALS, CLINICS/HEALTH CENTERS  501 HOWARD AVENUE SUITE 204B  ALTOONA, PA 16601  25-1842308  501C3  0. 101,154.NHOLESALE PRICE, SUPPLIES, PATIENTS  PARTMACEUTICALS, SUPPORT TO US  MEDICAL  CLINICS/HEALTH CENTERS  501 HOWARD AVENUE SUITE 204B  ALTOONA, PA 16601  25-1842308  501C3  0. 101,154.NHOLESALE PRICE, SUPPLIES, PATIENTS  PARTMACEUTICALS, SUPPORT TO US  MEDICAL  CLINICS/HEALTH CENTERS  501 HOWARD AVENUE SUITE 204B  ALTOONA, PA 16601  25-1842308  501C3  0. 101,154.NHOLESALE PRICE, SUPPLIES, FOR LOW-INCOME, UNINSURED  PARTMACEUTICALS, SUPPORT TO US  MEDICAL  CLINICS/HEALTH CENTERS  501 HOWARD AVENUE SUITE 204B  ALTOONA, PA 16601  25-1842308  501C3  501C								SUPPORT TO US
ATLANTA, GA 30308 58-1307597 501C3 0. 75,014. WHOLESALE PRICE, SUPPLIES, PATIENTS  PANCARE OF FLORIDA, INC.  431 OAK AVENUE  PANAMA CITY, FL 32401 91-2189932 501C3 0. 384,407. WHOLESALE PRICE, BOULPMENT, PATIENTS  PARISH NURSING  PARISH NURSING  PARISH STIMATED  SUPPCRAASED PRICE  ALTINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  PARK DUVALLE COMMUNITY HEALTH  CENTER - 3015 WILSON AVENUE -  LOUISVILLE, KY 40211 61-0666209 501C3 0. 128,267. WHOLESALE PRICE, SUPPLIES, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  SUPPORT TO US  PARTMERING FOR HEALTH  FOR LOW-INCOME, UNINSURED  ALTOONA, PA 16601 25-1842308 501C3 0. 101,154. WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  PARTMERS FOR HEALING  109 W. BLACKWELL STREET  SUPPLIES, FOR LOW-INCOME, UNINSURED  ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED  PARTMERS FOR HEALING  WEDICAL  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  PARTMERS FOR HEALING  WEDICAL  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  PARTMERS FOR HEALING  WEDICAL  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  PARTMERS FOR HEALING  WEDICAL  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  FOR LOW-INCOME, UNINS	PALMETTO HEALTH COUNCIL						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
PANCARE OF FLORIDA, INC.  PARTISH SALE OF FLORIDA, INC.  PARTISH SUPPLIES, FOR LOW-INCOME, UNINSURED  PARTISH SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  PARTISHTS  SUPPORT TO US  PARTISHTS  SUPPORT TO US  PARTISHTS  SUPPORT TO US  SUPPORT TO US  PHARMACEUTICALS, SUPPLIES, PATIENTS  CENTER - 3015 WILSON AVENUE -  LOUISVILLE, KY 40211  FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  TO LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  TO LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  TO LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  TO LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  MEDICAL  CLINICS/HEALTH CENTERS  TO LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  MEDICAL  CLINICS/HEALTH CENTERS  TO LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  MEDICAL  CLINICS/HEALTH CENTERS  TO LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  MEDICAL  CLINICS/HEALTH CENTERS  TO LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  MEDICAL  CLINICS/HEALTH CENTERS  TO LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  MEDICAL  CLINICS/HEALTH CENTERS  TO LOW-INCOME, UNINSURED  TO LOW	547 PONCE DE LEON AVENUE, SUITE 20	)				ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
PANCARE OF FLORIDA, INC.  431 OAK AVENUE  PANAMA CITY, FL 32401  91-2189932  501C3  0. 384,407. WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  PARKS D VINA STREET SUITE 104  SANTA BARBARA, CA 93102  95-1644629  501C3  0. 5,286. WHOLESALE PRICE, SUPPLIES, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  PARK DUVALLE COMMUNITY HEALTH  CENTER - 3015 WILSON AVENUE -  LOUISVILLE, KY 40211  61-0666209  501C3  0. 128,267. WHOLESALE PRICE, SUPPLIES, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPORT TO US  PARTINERING FOR HEALTH  501 HOWARD AVENUE SUITE 204B  ALTOONA, PA 16601  25-1842308  501C3  0. 101,154. WHOLESALE PRICE, EQUIPMENT, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  WEDICAL  CLINICS/HEALTH CENTERS  FOR LOW-INCOME, UNINSURED  ALTOONA, PA 16601  25-1842308  501C3  0. 101,154. WHOLESALE PRICE, EQUIPMENT, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  WEDICAL  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, SUPPORT TO US  WEDICAL  CLINICS/HEALTH CENT	ATLANTA, GA 30308	58-1307597	501C3	0.	75,014.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
431 OAK AVENUE PANAMA CITY, FL 32401 91-2189932 501C3 0. 384,407. WHOLESALE PRICE, EQUIPMENT, PATIENTS  PARISH NURSING 2323 DE LA VINA STREET SUITE 104 SANTA BARBARA, CA 93102 95-1644629 501C3 0. 5,286. WHOLESALE PRICE, SUPPLIES, PATIENTS  PARK DUVALLE COMMUNITY HEALTH CENTER - 3015 WILSON AVENUE - LOUISVILLE, KY 40211 61-0666209 501C3 0. 128,267. WHOLESALE PRICE, SUPPLIES, PATIENTS  PARTNERING FOR HEALTH 501 HOWARD AVENUE SUITE 204B ALTOONA, PA 16601 25-1842308 501C3 0. 101,154. WHOLESALE PRICE, QUIPMENT, PATIENTS  PARTNERS FOR HEALING PHARMACEUTICALS, SUPPORT TO US ESTIMATED WEDICAL CLINICS/HEALTH CENTERS PATIENTS  PHARMACEUTICALS, SUPPORT TO US ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED PHARMACEUTICALS, SUPPORT TO US PARTNERING FOR HEALTH 501 HOWARD AVENUE SUITE 204B ALTOONA, PA 16601 25-1842308 501C3 0. 101,154. WHOLESALE PRICE, QUIPMENT, PATIENTS  PHARMACEUTICALS, SUPPORT TO US ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED PHARMACEUTICALS, SUPPORT TO US PHARMACEUTICALS,							PHARMACEUTICALS,	SUPPORT TO US
PANAMA CITY, FL 32401  91-2189932  501C3  0. 384,407.WHOLESALE PRICE, EQUIPMENT, PATIENTS  SUPPORT TO US  CLINICS/HEALTH CENTERS  2323 DE LA VINA STREET SUITE 104  SANTA BARBARA, CA 93102  95-1644629  95-164629	PANCARE OF FLORIDA, INC.					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
PARTISH NURSING  2323 DE LA VINA STREET SUITE 104  SANTA BARBARA, CA 93102  95-1644629  95-164629  95-1644629  95-1644629  95-1644629  95-1644629  95-1644629  95-1644629  95-1644629  95-1644629  95-1644629  95-1644629  95-164629  95-1644629  95-1644629  95-1644629  95-1644629  95-1644629  95-1644629  95-1646	431 OAK AVENUE					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PARISH NURSING  2323 DE LA VINA STREET SUITE 104  SANTA BARBARA, CA 93102  95-1644629  501C3  0. 5,286.WHOLESALE PRICE, SUPPLIES, PATIENTS  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  CENTER - 3015 WILSON AVENUE -  LOUISVILLE, KY 40211  61-0666209  FARTNERING FOR HEALTH  SUPPORT TO US  ESTIMATED  MEDICAL  FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS, CLINICS/HEALTH CENTERS  MEDICAL  FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPLIES, PATIENTS  PHARMACEUTICALS, SUPPLIES, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  MEDICAL  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, SUPPORT TO US  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED  ALTOONA, PA 16601  25-1842308  501C3  0. 101,154.WHOLESALE PRICE, EQUIPMENT, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, SUPPORT TO US  PARTNERS FOR HEALING  109 W. BLACKWELL STREET  SUPPLIES, FOR LOW-INCOME, UNINSURED  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  CLINICS/HEALTH CENTERS  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPLIES, FOR LOW-INCOME, UNINSURED  PATTNERS FOR HEALING  109 W. BLACKWELL STREET	PANAMA CITY, FL 32401	91-2189932	501C3	0.	384,407.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
2323 DE LA VINA STREET SUITE 104 SANTA BARBARA, CA 93102 95-1644629 501C3 0. 5,286.WHOLESALE PRICE, SUPPLIES, PATIENTS SUPPORT TO US PARK DUVALLE COMMUNITY HEALTH CENTER - 3015 WILSON AVENUE - LOUISVILLE, KY 40211 61-0666209 501C3 0. 128,267.WHOLESALE PRICE, SUPPLIES, PATIENTS  PHARMACEUTICALS, CLINICS/HEALTH CENTERS ESTIMATED MEDICAL FOR LOW-INCOME, UNINSURED PARTNERING FOR HEALTH SOI HOWARD AVENUE SUITE 204B ALTOONA, PA 16601 25-1842308 501C3 0. 101,154.WHOLESALE PRICE, EQUIPMENT, PATIENTS  PHARMACEUTICALS, SUPPORT TO US ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED PARTNERS FOR HEALING 109 W. BLACKWELL STREET  ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED SUPPORT TO US ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED SUPPLIES, FOR LOW-INCOME, UNINSURED SUPPLIES, FOR LOW-INCOME, UNINSURED								SUPPORT TO US
SANTA BARBARA, CA 93102  95-1644629  501C3  0. 5,286.WHOLESALE PRICE, SUPPLIES, PATIENTS  SUPPORT TO US  PARK DUVALLE COMMUNITY HEALTH  CENTER - 3015 WILSON AVENUE -  LOUISVILLE, KY 40211  61-0666209  501C3  0. 128,267.WHOLESALE PRICE, SUPPLIES, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  PARTNERING FOR HEALTH  501 HOWARD AVENUE SUITE 204B  ALTOONA, PA 16601  25-1842308  PARTNERS FOR HEALING  PARTNERS FOR HEALING  PARTNERS FOR HEALING  PARTNERS FOR HEALING  PHARMACEUTICALS, SUPPORT TO US  ESTIMATED  PHARMACEUTICALS, SUPPORT TO US  PHARMAC	PARISH NURSING					PURCHASED PRICE		CLINICS/HEALTH CENTERS
PARK DUVALLE COMMUNITY HEALTH CENTER - 3015 WILSON AVENUE - LOUISVILLE, KY 40211  61-0666209  501C3  0. 128,267.WHOLESALE PRICE, SUPPLIES, PATIENTS  PHARMACEUTICALS, SUPPORT TO US PHARMACEUTICALS, SUPPORT TO US PHARMACEUTICALS, SUPPORT TO US MEDICAL CLINICS/HEALTH CENTERS 501 HOWARD AVENUE SUITE 204B ALTOONA, PA 16601  25-1842308  D. 101,154.WHOLESALE PRICE, EQUIPMENT, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  BYPHIES, FOR LOW-INCOME, UNINSURED  O. 101,154.WHOLESALE PRICE, EQUIPMENT, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, SUPPORT TO US  PHARMACEUTICALS, SUPPORT TO US  PHARMACEUTICALS, SUPPORT TO US  PHARMACEUTICALS, SUPPORT TO US  SUPPLIES, FOR LOW-INCOME, UNINSURED  PORTINERS FOR HEALING  SUPPLIES, FOR LOW-INCOME, UNINSURED	2323 DE LA VINA STREET SUITE 104					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
PARK DUVALLE COMMUNITY HEALTH CENTER - 3015 WILSON AVENUE - LOUISVILLE, KY 40211 61-0666209 501C3 0. 128,267. WHOLESALE PRICE, SUPPLIES, PATIENTS PARTNERING FOR HEALTH 501 HOWARD AVENUE SUITE 204B ALTOONA, PA 16601 25-1842308 501C3 0. 101,154. WHOLESALE PRICE, EQUIPMENT, PATIENTS PARTNERS FOR HEALING 109 W. BLACKWELL STREET PHARMACEUTICALS, CLINICS/HEALTH CENTERS ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED PHARMACEUTICALS, SUPPORT TO US PHARMACEUTICALS, SUPPO	SANTA BARBARA, CA 93102	95-1644629	501C3	0.	5,286.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
CENTER - 3015 WILSON AVENUE - LOUISVILLE, KY 40211  61-0666209  501C3  0. 128,267.WHOLESALE PRICE, SUPPLIES, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  501 HOWARD AVENUE SUITE 204B  ALTOONA, PA 16601  25-1842308  PARTNERS FOR HEALING  PARTNERS FOR HEALING  PARTNERS FOR HEALING  PARTNERS FOR HEALING  PESTIMATED  MEDICAL  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  PHARMACEUTICALS, SUPP								SUPPORT TO US
LOUISVILLE, KY 40211 61-0666209 501C3 0. 128,267.WHOLESALE PRICE, SUPPLIES, PATIENTS  PARTMERING FOR HEALTH 501 HOWARD AVENUE SUITE 204B ALTOONA, PA 16601 25-1842308 501C3 0. 101,154.WHOLESALE PRICE, SUPPLIES, FOR LOW-INCOME, UNINSURED  PARTMERS FOR HEALING PARTMERS FOR HEALING 109 W. BLACKWELL STREET  10. 128,267.WHOLESALE PRICE, SUPPLIES, PATIENTS  ESTIMATED PHARMACEUTICALS, SUPPORT TO US  PHARMACEUTICALS, SUPPORT TO US  ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED	PARK DUVALLE COMMUNITY HEALTH						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
PHARMACEUTICALS, SUPPORT TO US  PARTNERING FOR HEALTH  SUPPLIES, FOR LOW-INCOME, UNINSURED  ALTOONA, PA 16601  PARTNERS FOR HEALING  PARTNERS FOR HEALING  109 W. BLACKWELL STREET  PHARMACEUTICALS, SUPPORT TO US  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED  PHARMACEUTICALS, SUPPORT TO US  PHARMACEUTICALS, SUPPORT T	CENTER - 3015 WILSON AVENUE -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
PARTNERING FOR HEALTH  501 HOWARD AVENUE SUITE 204B  ALTOONA, PA 16601  25-1842308  501C3  0. 101,154.WHOLESALE PRICE, EQUIPMENT, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  PHARMACEUTICALS, SUPPORT TO US  CLINICS/HEALTH CENTERS  SUPPLIES, FOR LOW-INCOME, UNINSURED  109 W. BLACKWELL STREET  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED	LOUISVILLE, KY 40211	61-0666209	501C3	0.	128,267.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
501 HOWARD AVENUE SUITE 204B  ALTOONA, PA 16601  25-1842308  501C3  0. 101,154 WHOLESALE PRICE, EQUIPMENT, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  PARTNERS FOR HEALING  109 W. BLACKWELL STREET  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED							PHARMACEUTICALS,	SUPPORT TO US
ALTOONA, PA 16601  25-1842308 501C3  0. 101,154.WHOLESALE PRICE, EQUIPMENT, PATIENTS  PHARMACEUTICALS, SUPPORT TO US  PARTNERS FOR HEALING  109 W. BLACKWELL STREET  ESTIMATED  SUPPLIES, FOR LOW-INCOME, UNINSURED	PARTNERING FOR HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
PHARMACEUTICALS, SUPPORT TO US PARTNERS FOR HEALING 109 W. BLACKWELL STREET  PHARMACEUTICALS, SUPPORT TO US CLINICS/HEALTH CENTERS SUPPLIES, FOR LOW-INCOME, UNINSURED	501 HOWARD AVENUE SUITE 204B					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PARTNERS FOR HEALING  109 W. BLACKWELL STREET  MEDICAL CLINICS/HEALTH CENTERS  ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED	ALTOONA, PA 16601	25-1842308	501C3	0.	101,154.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
109 W. BLACKWELL STREET ESTIMATED SUPPLIES, FOR LOW-INCOME, UNINSURED							PHARMACEUTICALS,	SUPPORT TO US
	PARTNERS FOR HEALING						MEDICAL	CLINICS/HEALTH CENTERS
TULLAHOMA, TN 37388   62-1834800   501C3   0. 35,149. WHOLESALE PRICE, MEDICAL VOUCHER, PATIENTS	109 W. BLACKWELL STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
	TULLAHOMA, TN 37388	62-1834800	501C3	0.	35,149.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS

Part II Continuation of Grants and Other			nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	3 1031110 Fage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	PROVIDE MEDICAL
PARTNERS IN HEALTH					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
888 COMMONWEALTH AVENUE, 3RD FLOOR					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
BOSTON, MA 02215	04-3567502	501C3	0.	1,436,692.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	PROVIDE MEDICAL
PARTNERS INTERNATIONAL					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
1117 E. WESTVIEW CT					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
SPOKANE, WA 99218	94-1393427	501C3	0.	200,001.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	SUPPORT TO US
PARTNERSHIP HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
323 W. ALDER					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MISSOULA, MT 59802	36-3843543	501C3	0.	28,306.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
•				•	,	PHARMACEUTICALS,	SUPPORT TO US
PASADENA HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
908 SOUTHMORE AVE, SUITE 100					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PASADENA, TX 77502	20-0462905	501C3	0.	15,950.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
-				•		PHARMACEUTICALS,	PROVIDE MEDICAL
PATRONATO BEN#ICO ORIENTAL					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
2600 S.W. THIRD AVENUE, SUITE 600					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MIAMI, FL 33129	52-1273588	501C3	0.	29,550.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	SUPPORT TO US
PCC COMMUNITY WELLNESS CENTER						MEDICAL	CLINICS/HEALTH CENTERS
14 WEST LAKE STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
OAK PARK, IL 60302	36-3828320	501C3	0.	21,939.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
PEDIPLACE						MEDICAL	CLINICS/HEALTH CENTERS
502 S. OLD ORCHARD, STE. 126					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LEWISVILLE, TX 75067	75-2512752	501C3	0.	20,219.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
-				•			SUPPORT TO US
PENINSULA COMMUNITY						MEDICAL	CLINICS/HEALTH CENTERS
230 E MARYDALE AVENUE, SUITE 3					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SOLDOTNA, AK 99669-7648	92-0177803	501C3	0.	8,199.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·					<u> </u>	<u> </u>	SUPPORT TO US
PENINSULA COMMUNITY HEALTH						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
SERVICES - 616 SIXTH STREET -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
BREMERTON, WA 98337	94-3079770	501C3	0.	0 417	WHOLESALE PRICE.	SUPPLIES,	PATIENTS

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Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
PEOPLES COMMUNITY HEALTH CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
905 FRANKLIN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
WATERLOO, IA 50703	42-1058629	501C3	0.	34,504.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
PEOPLE'S HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1021 NORTH 27TH STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LINCOLN, NE 68503	41-2056863	501C3	0.	5,445.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
PERSON FAMILY MEDICAL CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
702 NORTH MAIN STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
ROXBORO, NC 27573	58-1387324	501C3	0.	69,679.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
PERUVIAN AMERICAN MEDICAL SOCIETY					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
6488 TAMERLANE DR					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
BLOOMFIELD, MI 48322	51-0168976	501C3	0.	667,911.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	SUPPORT TO US
PETALUMA HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1179 NORTH MCDOWELL BLVD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PETALUMA, CA 94954	68-0437840	501C3	0.	146,442.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
PHILADELPHIA DEPARTMENT OF PUBLIC							CLINICS/HEALTH CENTERS
500 S BROAD ST					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
PHILADELPHIA, PA 19146-1613	23-6003047	GOVERNMENT ENTIT	0.	25,766.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
PHILADELPHIA HEALTH MANAGEMENT						MEDICAL	CLINICS/HEALTH CENTERS
CORP - 260 S BROAD ST -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PHILADELPHIA, PA 19102-5021	23-7221025	501C3	0.	16,208.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
PHILOS HEALTH					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
126 2ND AVE., APT #5					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
SAN FRANCISCO, CA 94118	20-1267910	501C3	0.	223,763.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
					,		SUPPORT TO US
PHOENIX CHILDREN'S HOSPITAL							CLINICS/HEALTH CENTERS
1919 E. THOMAS ROAD					ESTIMATED		FOR LOW-INCOME, UNINSURED
				1	1	1	· '

Part II Continuation of Grants and Other A	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
PIEDMONT HEALTH SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
299 LLOYD STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CARRBORO, NC 27510	56-0952737	501C3	0.	179,448.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
PLAINS MEDICAL CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
820 FIRST STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LIMON, CO 80828	84-1125934	501C3	0.	42,283.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
PLANO CHILDREN'S MEDICAL CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1407 14TH STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PLANO, TX 75074	75-2391166	501C3	0.	7,129.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
POTTER'S VESSEL MINISTRIES							CLINICS/HEALTH CENTERS
1300 AUSTIN AVENUE					ESTIMATED		FOR LOW-INCOME, UNINSURED
WACO, TX 76701	01-0573158	501C3	0.	11,996.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
PREMIER COMMUNITY HEALTHCARE						MEDICAL	CLINICS/HEALTH CENTERS
37912 CHURCH AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
DADE CITY, FL 33525	59-1964612	501C3	0.	96,181.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
PRESBYTERIAN MEDICAL CARE MISSION							CLINICS/HEALTH CENTERS
1857 PINE STREET, SUITE 100					ESTIMATED		FOR LOW-INCOME, UNINSURED
ABILENE, TX 79601	75-1910600	501C3	0.	10,497.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
PRESTON-TAYLOR						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
725 N. PIKE STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
GRAFTON, WV 26354	55-0665614	501C3	0.	62,902.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
PRIMARY CARE AND HOPE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1453A HOPE WAY					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MURFREESBORO, TN 37129	62-1482091	501C3	0.	87,539.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				,	,	PHARMACEUTICALS,	SUPPORT TO US
PRIMARY HEALTH CARE CENTER OF DADE						MEDICAL	CLINICS/HEALTH CENTERS
						TIDD I CITE	
13570 N. MAIN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED

Part II   Continuation of Grants and Other	Assistance to de			Tilled States (SCI)		1	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
							SUPPORT TO US
PROHEALTH RURAL HEALTH SERVICES,					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
INC 1325 WEST MAIN STREET -					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
FRANKLIN, TN 37064	62-1779945	501C3	0.	323,433.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
PROJECT MEDISHARE					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE TH
3200 NW 119TH STREET					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MIAMI, FL 33167-2900	65-0965848	501C3	0.	621,627.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
PROTEUS MIGRANT HEALTH						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
3850 MERLE HAY ROAD, STE. 500					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
DES MOINES, IA 50310	42-1186501	501C3	0.	23,741.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
PROVIDENCE COMMUNITY HEALTH						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
CENTERS - 375 ALLENS AVENUE -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
PROVIDENCE, RI 29050	05-0368134	501C3	0.	27,190.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
<u> </u>				,	·	<u>'</u>	SUPPORT TO US
PUEBLO COMMUNITY HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
310 COLORADO AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
PUEBLO, CO 81004	84-0921521	501C3	0.	27 950.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
					,	PHARMACEUTICALS,	
RAMBO MEMORIAL HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
711 MAIN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
ZANESVILLE, OH 43701	20-8814374	501C3	0.	20 869	WHOLESALE PRICE,	1	PATIENTS
	1 20 0011071			20,000,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	SUPPORT TO US
RAPHA CLINIC OF WEST GEORGIA							CLINICS/HEALTH CENTERS
253 HIGHWAY 78					ESTIMATED		FOR LOW-INCOME, UNINSURE
TEMPLE, GA 30179	27-1188932	501C3	0.	17 244		MEDICAL VOUCHER,	PATIENTS
TIMILIT, ON SOLYS	27 1100332	1		17,211.	MICHELLAND TRICE,	HEDICHE VOCCHER,	SUPPORT TO US
RAPHAEL COMMUNITY FREE CLINIC					PURCHASED PRICE	PHARMACEIITTCAI.C	CLINICS/HEALTH CENTERS
1807 WATER STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
KERRVILLE, TX 78028	74-2819628	501C3	0.	40 632	, ESTIMATED WHOLESALE PRICE,		PATIENTS
REKKYIDDE, IA /0020	74-2019020	20163	1	40,032.	MITOTEDATE PRICE,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
DADUARI HEALMU CRAMED						1	
RAPHAEL HEALTH CENTER					ECHTMANES	MEDICAL	CLINICS/HEALTH CENTERS
401 EAST 34TH STREET	25 1040553	E01 G2		25 222	ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
INDIANAPOLIS, IN 46205	35-1948768	501C3	0.	36,039.	WHOLESALE PRICE,	ECOIPMENT,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	- Fage
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
RAPIDES PRIMARY HEALTH CARE CENTER					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1217 WILLOW GLEN RIVER ROAD					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
ALEXANDRIA, LA 71302	72-1252422	501C3	0.	23,360.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
RAVENSWOOD FAMILY HEALTH							CLINICS/HEALTH CENTERS
1798 BAY ROAD, SUITE A					ESTIMATED		FOR LOW-INCOME, UNINSURED
EAST PALO ALTO, CA 94303-1611	94-3372130	501C3	0.	7,498.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
REACH OUT WORLDWIDE					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
700 S FLOWER ST					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
BURBANK, CA 91502	27-3237943	501C3	0.	18,582.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
REDWOOD COAST MEDICAL SERVICES						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
46900 OCEAN DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
GUALALA, CA 95445	94-2395606	501C3	0.	50,085.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
REDWOODS RURAL HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
101 WEST COAST ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
REDWAY, CA 95560	94-2337367	501C3	0.	13,374.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
REGENCE HEALTH NETWORK						MEDICAL	CLINICS/HEALTH CENTERS
200 S. TYLER					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
AMARILLO, TX 79101	75-1414940	501C3	0.	33,317.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
REGENESIS HEALTH CARE						MEDICAL	CLINICS/HEALTH CENTERS
1220 JOHN B. WHITE BLVD.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SPARTANBURG, SC 29306	57-1084051	501C3	0.	134,104.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·		PHARMACEUTICALS,	PROVIDE MEDICAL
RENEWAL 4 HAITI					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
18625 EAST DORADO DRIVE					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
AURORA, CO 80015	27-1899385	501C3	0.	111,365.	, WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
•					,	<u>'</u>	SUPPORT TO US
RITTER CENTER							CLINICS/HEALTH CENTERS
16 RITTER STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
SAN RAFAEL, CA 94901	94-2675517	501C3	0.	0.600	WHOLESALE PRICE,	L D GETTER G. I G	'

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
RIVERTON COMMUNITY HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
511 NORTH 12TH STREET E, SUITE B					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
RIVERTON, WY 82501	86-1176653	501C3	0.	205,282.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
RIVERVIEW HEALTH SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
722 REYNOLDS AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
KANSAS CITY, KS 66101	48-1072716	501C3	0.	74,164.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
RKM PRIMARY CARE					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
11990 JACKSON STREET					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CLINTON, LA 70722	72-1443732	501C3	0.	24,864.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
				•		PHARMACEUTICALS,	SUPPORT TO US
ROANOKE CHOWAN					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
113 HERTFORD COUNTY HIGH ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
AHOSKIE, NC 27910	42-1638714	501C3	0.	32,867.	, WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·				,	·	,	SUPPORT TO US
ROBESON HEALTH CARE CORPORATION							CLINICS/HEALTH CENTERS
1211 S. WALNUT STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
FAIRMONT, NC 28340	58-1622664	501C3	0.	10 129.	WHOLESALE PRICE,		PATIENTS
					,	,	SUPPORT TO US
ROSA CLARK FREE MEDICAL CLINIC							CLINICS/HEALTH CENTERS
210 SOUTH OAK STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
SENECA, SC 29678	58-6076010	501C3	0.	10 575	WHOLESALE PRICE,	PHARMACEUTICALS	PATIENTS
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PHARMACEUTICALS	SUPPORT TO US
ROTACARE BAY AREA, INC.						MEDICAL	CLINICS/HEALTH CENTERS
P.O. BOX 18430					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SAN JOSE, CA 95158-8430	77-0328723	501C3	0.	67 642	WHOLESALE PRICE,	1	PATIENTS
<u> </u>	77 0320723	1	**	07,012.	, moderne inice,	PHARMACEUTICALS.	SUPPORT TO US
RURAL MEDICAL SERVICE, INC.					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
613 WEST BROADWAY					. ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NEWPORT, TN 37821	62-1102683	501C3	0.	205 210	, ESTIMATED WHOLESALE PRICE,	1	PATIENTS
	02 1102003	50103	1	203,210.	MITOTEDATE FRICE,	PHARMACEUTICALS.	SUPPORT TO US
RUSK COUNTY COMMUNITY					DIDCHAGED DDICE	MEDICAL	
					PURCHASED PRICE		CLINICS/HEALTH CENTERS
1115 US HWY 259 S.	42 2016207	E0103	0.	267 020	, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
HENDERSON, TX 75654	43-2016287	501C3	1 0.	207,830.	WHOLESALE PRICE,	ECOILMENI,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
RUTHERFORD COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
187 WEST MAIN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SPINDALE, NC 28160	56-2478341	501C3	0.	259,533.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
RUTLAND FREE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
145 STATE STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
RUTLAND, VT 57010	83-0427544	501C3	0.	18,205.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
RXPARTNERS					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1901 HIGHWAY 14					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LAKE CHARLES, LA 70601	02-0675336	501C3	0.	38,312.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
SABAN FREE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
8405 BEVERLY BLVD.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LOS ANGELES, CA 90048	95-2539105	501C3	0.	111,647.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·		PHARMACEUTICALS,	SUPPORT TO US
SACRAMENTO NATIVE AMERICAN						MEDICAL	CLINICS/HEALTH CENTERS
2020 J STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SACRAMENTO, CA 95814	20-4287737	501C3	0.	29,008.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
·				•	,	,	SUPPORT TO US
SADLER HEALTH CENTER							CLINICS/HEALTH CENTERS
100 NORTH HANOVER STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
CARLISLE, PA 17013	54-2082673	501C3	0.	14.995.	WHOLESALE PRICE,	MEDICAL VOUCHER	PATIENTS
•				,	,	PHARMACEUTICALS	SUPPORT TO US
SAFER ALTERNATIVES						MEDICAL	CLINICS/HEALTH CENTERS
8015 FREEPORT BLVD.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SACRAMENTO, CA 95832	94-3390723	501C3	0.	100 642.	WHOLESALE PRICE,	1	PATIENTS
				, , ,	,	,	SUPPORT TO US
SAINT JOSEPH'S MERCY CARE SERVICES							CLINICS/HEALTH CENTERS
424 DECATUR STREET NE					ESTIMATED		FOR LOW-INCOME, UNINSURED
ATLANTA, GA 30312	58-1752700	501C3	0.	14 995	WHOLESALE PRICE,	MEDICAL VOUCHER	PATIENTS
			1		,		SUPPORT TO US
SAINT VINCENTS SANTA BARBARA					PURCHASED PRICE		CLINICS/HEALTH CENTERS
4200 CALLE REAL					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93110	95-1643367	501C3	0.	6 577	WHOLESALE PRICE,		PATIENTS
TIMITI DIMONICI, CII 75110	75 1045507	P****	1	0,377	THE TRICE,	P	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
SALUD FAMILY HEALTH CENTERS						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
203 SOUTH ROLLIE AVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
FORT LUPTON, CO 23060	84-0613540	501C3	0.	32,941.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
SALUD PARA LA GENTE, INC.							CLINICS/HEALTH CENTERS
195 AVIATION WAY SUITE 200					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
WATSONVILLE, CA 95076	94-2705747	501C3	0.	5,014.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
SALVADORAN AMERICAN HUMANITARIAN					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
2050 CORAL WAY, SUITE 600					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MIAMI, FL 33145	59-2339140	501C3	0.	1,689,483.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
SALVATION ARMY - SANTA BARBARA					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
423 CHAPALA STREET					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93101	94-1156347	501C3	0.	6,111.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
SAMARITAN HOMELESS CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
921 SOUTH EDWIN C MOSES BLVD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DAYTON, OH 45417	13-1053698	501C3	0.	15,942.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
SAMUEL DIXON FAMILY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
30257 SAN MARTINEZ ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CASTAIC, CA 91384	95-4278726	501C3	0.	143,248.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				·			SUPPORT TO US
SAN FRANCISCO						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1550 BRYANT STREET, STE. 450					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94103	94-2897258	501C3	0.	6,652.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				•		·	SUPPORT TO US
SAN FRANCISCO FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
4900 CALIFORNIA STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94118	94-3186248	501C3	0.	31,465.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				,	1	PHARMACEUTICALS,	SUPPORT TO US
SAN JOSE FOOTHILL FAMILY COMMUNITY						MEDICAL	CLINICS/HEALTH CENTERS
2680 SOUTH WHITE RD., SUITE 170					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SAN JOSE, CA 95148	77-0440944	501C3	0.	33 070	WHOLESALE PRICE,	1	•
		L		, -, -,	,	,	

Part II Continuation of Grants and Other	Assistance to Go	overnments and Organ	nizations in the U	<b>nited States</b> (Sch	nedule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
SANTA BARBARA COUNTY EXECUTIVE					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
105 EAST ANAPAMU STREET, SUITE 3					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93103	95-6002833	GOVERNMENT ENTIT	0.	86,993.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
SANTA BARBARA NEIGHBORHOOD CLINICS					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
915 N. MILPAS STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93103	77-0496382	501C3	0.	60,269.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
SANTA BARBARA STREET MEDICINE					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
300 N. SAN ANTONIO RD.					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93110	33-1210731	501C3	0.	7,475.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
-				·		PHARMACEUTICALS,	PROVIDE MEDICAL
SAVUSAVU COMMUNITY FOUNDATION					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
10682 DOROTHY CIRCLE					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
VILLA PARK, CA 92861-6350	20-1038213	501C3	0.	1,885,281.	, WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
·				, ,	,	,	SUPPORT TO US
SB COUNTY OFFICE OF EDUCATION					PURCHASED PRICE		CLINICS/HEALTH CENTERS
4400 CATHEDRAL OAKS ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93160	95-6000940	GOVERNMENT ENTIT	0.	12.770.	, WHOLESALE PRICE,	SUPPLIES,	PATIENTS
,				,	,	,	SUPPORT TO US
SCOTLAND COMMUNITY HEALTH CLINIC						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
1405-B WEST BLVD.					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LAURINBURG, NC 28352	20-2841940	501C3	0.	18,606.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				,	<u>'</u>	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
SEA MAR COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1040 SOUTH HENDERSON STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SEATTLE, WA 98108	91-1020139	501C3	0.	45.026.	, WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
			-	,	,	,	PROVIDE MEDICAL
SEE INTERNATIONAL						PHARMACEUTICALS.	ASSISTANCE TO IMPROVE THE
6950 HOLLISTER AVE SUITE 250					ESTIMATED	MEDICAL	QUALITY OF INDIGENT
GOLETA, CA 93117	31-1682275	OTHER	0.	99 076.	WHOLESALE PRICE,	SUPPLIES,	PEOPLE WORLDWIDE
				, -, -, -,	,	,	SUPPORT TO US
SEMO HEALTH NETWORK					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
311 MAIN STREET					. ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NEW MADRID, MO 63869	43-1253101	501C3	0.	530 981	, DOTTMITED ,WHOLESALE PRICE,	1	PATIENTS
	1 10 1200101	F-1-00	<u> </u>	330,301,	T	_×,	FAITENIS

Part II Continuation of Grants and Other	er Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
SHACKELFORD COUNTY					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
725 PATE STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ALBANY, TX 76430	75-2541970	501C3	0.	88,214.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
SHALOM FREE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1190 E. FIRST AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CHICO, CA 95926	71-1023304	501C3	0.	12,840.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
SHARE OUR SELVES FREE MEDICAL						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1550 SUPERIOR AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
COSTA MESA, CA 92627	95-3222316	501C3	0.	9,403.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
SHARED CARE FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
300 NORTH OSAGE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
INDEPENDENCE, MO 64050	43-1585126	501C3	0.	41,842.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
				,		PHARMACEUTICALS,	SUPPORT TO US
SHASTA COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1035 PLACER STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
REDDING, CA 96001	68-0165855	501C3	0.	31,642,	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
,				,	,		SUPPORT TO US
SHAWNEE COUNTY HEALTH AGENCY							CLINICS/HEALTH CENTERS
1615 SW 8TH AVENUE					ESTIMATED	PHARMACEUTICALS.	FOR LOW-INCOME, UNINSURED
TOPEKA, KS 66606	48-6028759	501C3	0.	25.031.	WHOLESALE PRICE,	MEDICAL VOUCHER	PATIENTS
,				,	·	,	SUPPORT TO US
SHEPHERD'S HOPE, INC							CLINICS/HEALTH CENTERS
4851 S. APOPKA VINELAND ROAD					ESTIMATED		FOR LOW-INCOME, UNINSURED
ORLANDO, FL 32819	59-3420727	501C3	0.	26.991.	WHOLESALE PRICE,	MEDICAL VOUCHER.	PATIENTS
,					,	PHARMACEUTICALS,	SUPPORT TO US
SHEPHERDS CARE MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
304 PONY ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ZEBULON, NC 27597	26-2757593	501C3	0.	17 379	WHOLESALE PRICE,	1	PATIENTS
			1	2.,573	,,	, and the second	SUPPORT TO US
SHEPHERDS HOPE						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
ONE CHILDREN'S WAY SLOT 512-12					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LITTLE ROCK, AR 72202	20-8811505	501C3	0.	17 889	WHOLESALE PRICE,		PATIENTS
TITIE ROCK, IN 72202	1 20 0011303	P****	1	1,005	THE TRICE,	P	F111120110

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	ırt II.)	
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SHOSHONE COMMUNITY HEALTH CLINIC						PHARMACEUTICALS,	SUPPORT TO US CLINICS/HEALTH CENTERS
114 W. RIVERSIDE AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
KELLOGG, ID 83837	82-0498125	501C3	0.	9,057.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	
SIERRA FAMILY MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
15301 TYLER FOOTE ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NEVADA CITY, CA 95959	68-0320801	501C3	0.	56,319.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
SIOUXLAND COMMUNITY HEALTH CENTER							CLINICS/HEALTH CENTERS
1021 NEBRASKA STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SIOUX CITY, IA 51105	42-1374894	501C3	0.	6,017.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
SMITH MEDICAL CLINIC							CLINICS/HEALTH CENTERS
116 BASKERVILL DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
PAWLEYS ISLAND, SC 29585	57-0786699	501C3	0.	33,608.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
SNAKE RIVER COMMUNITY CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
215 TENTH STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LEWISTON, ID 83501	31-1726460	501C3	0.	57,976.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
SOUTH BAY FAMILY HEALTHCARE CENTER						MEDICAL	CLINICS/HEALTH CENTERS
23430 HAWTHORNE BLVD., STE. 210					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
TORRANCE, CA 90505	23-7049937	501C3	0.	58,071.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
SOUTH CENTRAL FAMILY HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1111 E. VERNON AVE.					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LOS ANGELES, CA 90011	95-3877793	501C3	0.	98,427.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
SOUTH CENTRAL PRIMARY CARE CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
708 S. GRANT ST., SUITE 8					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
FITZGERALD, GA 31750	58-2019024	501C3	0.	64,219.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
SOUTH COUNTY COMMUNITY CLINIC							CLINICS/HEALTH CENTERS
101 PINE MANOR DRIVE					ESTIMATED		FOR LOW-INCOME, UNINSURED
CONROE, TX 77385	75-2634623	501C3	0.	11,996.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
LHA							Schedule I (Form 990)

Part II Continuation of Grants and Other	er Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	nedule I (Form 990), Pa	rt II.)	
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						PHARMACEUTICALS,	SUPPORT TO US
SOUTH OF MARKET HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
229 7TH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94103	23-7304921	501C3	0.	14,367.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
SOUTH PLAINS RURAL HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
1000FM 300					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LEVELLAND, TX 79336	75-2123252	501C3	0.	97,199.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
SOUTHEAST MISSISSIPPI RURAL					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
5488 US HWY 49					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
HATTIESBURG, MS 39401	64-0625076	501C3	0.	206,647.	.WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				·			SUPPORT TO US
SOUTHERN ILLINOIS HEALTHCARE						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
2041 GOOSE LAKE ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SAUGET, IL 62206	37-1158318	501C3	0.	15,416.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
				•	·	PHARMACEUTICALS,	SUPPORT TO US
SOUTHWEST LOUISIANA						MEDICAL	CLINICS/HEALTH CENTERS
8762 HIGHWAY 182					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
OPELOUSAS, LA 70570	58-2003179	501C3	0.	144,417.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·				,	,	PHARMACEUTICALS,	SUPPORT TO US
SOUTHWEST VIRGINIA						MEDICAL	CLINICS/HEALTH CENTERS
319 FIFTH AVENUE					ESTIMATED	SUPPLIES.	FOR LOW-INCOME, UNINSURED
SALTVILLE, VA 24370-0729	54-2046110	501C3	0.	505.647.	WHOLESALE PRICE,	EOUIPMENT.	PATIENTS
•				,	,	,	SUPPORT TO US
SQUIRREL HILL DENTAL CENTER						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
4516 BROWNS HILL ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
PITTSBURGH, PA 15217	20-1163755	501C3	0.	11 485.	WHOLESALE PRICE,		PATIENTS
,					,	,	SUPPORT TO US
ST PETERSBURG FREE CLINIC						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
863 THIRD AVENUE N					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
ST PETERSBURG, FL 33701	23-7208280	501C3	0.	17 600	WHOLESALE PRICE,		PATIENTS
					,	PHARMACEUTICALS.	SUPPORT TO US
ST VINCENT DE PAUL CHARITABLE						MEDICAL	CLINICS/HEALTH CENTERS
PHARMACY - 1125 BANK ST					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CINCINNATI, OH 45214	30-0272954	501C3	0.	85 527	WHOLESALE PRICE,	,	PATIENTS
	1 00 02/2004	F	<u> </u>	03,327			

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	<u> </u>
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						PHARMACEUTICALS,	SUPPORT TO US
ST. ANTHONY FREE MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
150 GOLDEN GATE AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SAN FRANCISCO, CA 94102	94-1513140	501C3	0.	51,440.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
ST. BONIFACE HAITI FOUNDATION					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
400 N. MAIN STREET					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
RANDOLPH, MA 02368	04-3067595	501C3	0.	328,569.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	SUPPORT TO US
ST. CHARLES COMMUNITY HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
CENTER - 843 MILLING AVENUE -					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LULING, LA 70070	47-0852944	501C3	0.	54,789.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
ST. CHARLES HEALTH COUNCIL							CLINICS/HEALTH CENTERS
602 WEST MORGAN AVENUE, SUITE 3					ESTIMATED		FOR LOW-INCOME, UNINSURED
PENNINGTON GAP, VA 24277	23-7319768	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
ST. GABRIEL EASTSIDE					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
5760 MONTICELLO STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ST. GABRIEL, LA 70776	72-1241592	501C3	0.	193,291.	, WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				•		,	SUPPORT TO US
ST. JAMES-SANTEE FAMILY HEALTH							CLINICS/HEALTH CENTERS
CENTER - 1189 TIBWIN ROAD -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
MCCLELLANVILLE, SC 29458	57-0722653	501C3	0.	6,733,	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				,	,	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
ST. JOHN'S WELL CHILD AND FAMILY						MEDICAL	CLINICS/HEALTH CENTERS
CENTER - 5701 S. HOOVER STREET -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LOS ANGELES, CA 90037	95-4067758	501C3	0.	309.072.	WHOLESALE PRICE,	1	PATIENTS
				,	,	,	SUPPORT TO US
ST. JOSEPH HOSPITAL OF						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
1100 W STEWART DRIVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
ORANGE, CA 92868	95-1643359	501C3	0.	55.082.	WHOLESALE PRICE,		PATIENTS
,				, , , , , , , , ,	,	PHARMACEUTICALS.	SUPPORT TO US
ST. JOSEPH SOCIAL WELFARE BOARD						MEDICAL	CLINICS/HEALTH CENTERS
904 S. 10TH, SUITE A					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ST. JOSEPH, MO 64503	80-0308973	501C3	0.	119 842	WHOLESALE PRICE,	1	1
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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	_
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						PHARMACEUTICALS,	SUPPORT TO US
ST. JOSEPH'S/CANDLER HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
11705 MERCY BLVD.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
SAVANNAH, GA 31419	58-2288758	501C3	0.	221,322.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
ST. LUKE'S CLINIC							CLINICS/HEALTH CENTERS
132 SEYMOUR AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
JACKSON, MI 49202	32-0038675	501C3	0.	13,883.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
ST. LUKE'S FREE MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
162 N. DEAN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
SPARTANBURG, SC 29302	57-0943232	501C3	0.	54,342.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
ST. MARTIN'S HEALTHCARE SERVICES						MEDICAL	CLINICS/HEALTH CENTERS
1359 SOUTH RANDOLPH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
GARRETT, IN 46738	20-8609620	501C3	0.	17,154.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
ST. MARY'S HEALTH CLINICS							CLINICS/HEALTH CENTERS
1884 RANDOLPH AVENUE					ESTIMATED		FOR LOW-INCOME, UNINSUREI
ST. PAUL, MN 55105	41-1760632	501C3	0.	8,997.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
ST. PAUL'S NEIGHBORHOOD FREE							CLINICS/HEALTH CENTERS
CLINIC - 1608 WALNUT STREET -					ESTIMATED		FOR LOW-INCOME, UNINSURE
ERIE, PA 16502	25-1711428	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
ST. THOMAS CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
600 PAUL HAND BOULEVARD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
FRANKLIN, IN 46131	35-1449379	501C3	0.	17,909.	WHOLESALE PRICE,	MEDICAL VOUCHER,	
•				,	,	PHARMACEUTICALS,	
ST. THOMAS COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1020 ST. ANDREW STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NEW ORLEANS, LA 70130	14-1958494	501C3	0.	15,065.		MEDICAL VOUCHER,	· ·
•				,	1	1	SUPPORT TO US
ST. VINCENT COMMUNITY CLINIC							CLINICS/HEALTH CENTERS
2 ST. VINCENT CIRCLE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LITTLE ROCK, AR 72205	71-0502872	501C3	0.	27 655.	WHOLESALE PRICE,		PATIENTS
		<u> </u>		, , , , , ,		<u> </u>	0

Part II Continuation of Grants and Oth	ner Assistance to Go	overnments and Organ	nizations in the U	<b>nited States</b> (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 non-cash 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
ST. VINCENT DE PAUL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
420 W. WATKINS					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PHOENIX, AZ 85003	86-0096789	501C3	0.	31,239.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
ST. VINCENT DE PAUL VILLAGE						MEDICAL	CLINICS/HEALTH CENTERS
1501 IMPERIAL AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SAN DIEGO, CA 92101	33-0492302	501C3	0.	43,440.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
ST. VINCENT DEPAUL COMMUNITY						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
502 GRAMMONT STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
MONROE, LA 71201	90-0014479	501C3	0.	12,167.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
ST. VINCENT'S HOUSE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
2817 POST OFFICE STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
GALVESTON, TX 77550	74-1384864	501C3	0.	64,046.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				·		,	SUPPORT TO US
STAYWELL HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
80 PHOENIX AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
WATERBURY, CT 06702-1516	22-3160873	501C3	0.	32,172.	WHOLESALE PRICE,	MEDICAL VOUCHER,	
				,		PHARMACEUTICALS,	SUPPORT TO US
STERLING AREA HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
725 E STATE ST					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
STERLING, MI 48659-9548	38-2205859	501C3	0.	62,293.	WHOLESALE PRICE,	•	PATIENTS
·				,	,		SUPPORT TO US
SU CLINICA FAMILIAR					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1706 TREASURE HILLS BLVD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
HARLINGEN, TX 78550	74-2357970	501C3	0.	33.024.	, WHOLESALE PRICE,	· · · · · · · · · · · · · · · · · · ·	PATIENTS
,			-	,	,	,	SUPPORT TO US
SUFFOLK COUNTY DEPARTMENT							CLINICS/HEALTH CENTERS
225 RABRO DRIVE					ESTIMATED		FOR LOW-INCOME, UNINSURED
HAUPPAUGE, NY 11788	11-6000464	GOVERNMENT ENTIT	0.	15 863.	WHOLESALE PRICE,	PHARMACEUTICALS	PATIENTS
				15,555.	,	PHARMACEUTICALS,	
SULZBACHER HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
611 EAST ADAMS STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
JACKSONVILLE, FL 32202	59-3229898	501C3	0.	186 092	WHOLESALE PRICE,	1	PATIENTS
TICKSONVILLE, PL 32202	35 3225090	P. 103	٠,	100,092.	THOUSDALLS TRICE,	PZOTIMENT,	FAITENIS

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	nedule I (Form 990), Pa	art II.)	
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						PHARMACEUTICALS,	SUPPORT TO US
SUMTER FAMILY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1278 N. LAFAYETTE DRIVE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SUMTER, SC 29150	57-1095992	501C3	0.	62,980.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
SUN LIFE FAMILY HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
865 N. ARIZOLA ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CASA GRANDE, AZ 85222	86-0296211	501C3	0.	16,216.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
SUNRISE MONFORT FAMILY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
2930 11TH AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
EVANS, CO 80620	84-0613289	501C3	0.	208,981.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
SUNSET COMMUNITY HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
2060 W. 24TH STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
YUMA, AZ 85364	86-0893305	501C3	0.	15,504.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
SUNSHINE COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
34300 TALKEETNA SPUR ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
TALKEETNA, AK 99676	92-0117838	501C3	0.	49,284.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
SWOPE HEALTH SERVICES CENTRAL						MEDICAL	CLINICS/HEALTH CENTERS
3801 BLUE PARKWAY					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
KANSAS CITY, MO 64130	43-0957840	501C3	0.	23,887.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
TAMPA FAMILY HEALTH CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1502 EAST FOWLER					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
TAMPA, FL 33682	59-2420282	501C3	0.	18,531.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
TARZANA TREATMENT CENTER						MEDICAL	CLINICS/HEALTH CENTERS
8330 RESEDA BLVD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
NORTHRIDGE, CA 91324	94-2219349	501C3	0.	67,508.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				-		PHARMACEUTICALS,	SUPPORT TO US
TECHE ACTION CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1115 WEBER STREET					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
FRANKLIN, LA 70538	72-6073441	501C3	0.	36,761.	, WHOLESALE PRICE,	EQUIPMENT,	PATIENTS

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DIRECT RELIEF INTERNATIONAL

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	nedule I (Form 990), Pa	art II.)	
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						PHARMACEUTICALS,	PROVIDE MEDICAL
THE ADVENT CHRISTIAN CHURCH, INC.					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
11211 SW 102ND AVENUE					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MIAMI, FL 33176	59-2376716	501C3	0.	65,069.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
						PHARMACEUTICALS,	SUPPORT TO US
THE ATHENS NURSES CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
496 REESE STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ATHENS, GA 30601	58-2490925	501C3	0.	294,707.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
THE BURNED CHILDREN CARE					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
FOUNDATION - 9130 SUNSET DRIVE -					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
MIAMI, FL 33173	03-0427321	501C3	0.	51,583.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
THE CHILDREN'S CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
2790 ATLANTIC AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LONG BEACH, CA 90806	95-1643332	501C3	0.	42,783.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
THE CHRISTIAN HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
501 WEST MAIN, PMB #233					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
HEBER SPRINGS, AR 72543	71-0852792	501C3	0.	18,678.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				•		,	SUPPORT TO US
THE CLINIC INC.						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
3834 S. WESTERN AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LOS ANGELES, CA 90062	23-7351622	501C3	0.	98,508.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				•		PHARMACEUTICALS,	SUPPORT TO US
THE COMMUNITY FREE CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
528 A LAKE CONCORD ROAD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CONCORD, NC 28025	58-2131301	501C3	0.	6,563,	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
•				,	<u>'</u>	,	SUPPORT TO US
THE COPE CENTER, INC.						PHARMACEUTICALS	CLINICS/HEALTH CENTERS
3686 US HWY 331 SOUTH					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
DEFUNIAK SPRINGS, FL 32435	59-1469145	501C3	0.	41 614.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
, , , , , , , , , , , , , , , , , , , ,				,	,	PHARMACEUTICALS.	
THE DR. ALBERT B. CLEAGE, SR.						MEDICAL	CLINICS/HEALTH CENTERS
MEMORIAL - 700 SEWARD - DETROIT,					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
MI 48202	11-3754940	501C3	0.	59 820.	WHOLESALE PRICE,	/	PATIENTS
		1	ı			_~,	

Schedule I (Form 990)

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Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
THE EFFORT COMMUNITY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1820 J STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SACRAMENTO, CA 95811	94-1713704	501C3	0.	241,143.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
THE FREE CLINIC AND PHARMACY							CLINICS/HEALTH CENTERS
144 DUCKWORTH AVENUE					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
BREVARD, NC 28712	43-1980011	501C3	0.	5,417.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
THE GOOD SAMARITAN MEDICAL CLINIC							CLINICS/HEALTH CENTERS
520 COLLEGE STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
COLUMBUS, MS 39701	64-0926626	501C3	0.	6,437.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
THE GRANT FOUNDATION					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
P.O. BOX 81046					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
PITTSBURGH, PA 15217	25-1017587	501C3	0.	1,347,881.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
THE GREAT PHYSICIAN'S						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
PHARMACY/CLINIC - 124 WEST					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
EVERGREEN - DURANT, OK 74701	73-0768828	501C3	0.	21,344.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
THE HALEY CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
122 WEST CENTRAL AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
WINTER HAVEN, FL 33880	59-0766974	501C3	0.	20,421.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
THE HEALING HANDS FOUNDATION					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
7 SCOTTS MANOR COURT					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
FREELAND, MD 21053	26-0559103	OTHER	0.	47,950.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
				·			SUPPORT TO US
THE HOPE PROJECT					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
157 WALL STREET					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
TENAHA, TX 75974	32-0086739	501C3	0.	37,643.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				,	, ·		SUPPORT TO US
THE KITCHEN CLINIC					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1630 N. JEFFERSON AVENUE					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SPRINGFIELD, MO 65803	43-1384531	501C3	0.	42.961.	, WHOLESALE PRICE,		PATIENTS
	I	L	1	,,		· '	2

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
THE NEIGHBORHOOD CHRISTIAN CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1929 W. FILLMORE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
PHOENIX, AZ 85009	86-0839580	501C3	0.	40,658.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
THE OPEN DOOR CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
130 WEST CENTRAL					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CHIPPEWA FALLS, WI 54729	20-3673759	501C3	0.	10,347.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
THE ORDER OF ST. JOHN						PHARMACEUTICALS,	PROVIDE MEDICAL
1875 K ST. NW STE 603					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
DISTRICT OF COLUMBIA, DC					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
20006-1251	13-6161455	501C3	0.	206,052.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
THE PRIMARY HEALTH NETWORK							CLINICS/HEALTH CENTERS
100 SHENANGO AVE					ESTIMATED		FOR LOW-INCOME, UNINSURED
SHARON, PA 16146-1503	25-1381800	501C3	0.	29,990.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
THE SAMARITAN CENTER							CLINICS/HEALTH CENTERS
200 NW THIRD AVENUE					ESTIMATED		FOR LOW-INCOME, UNINSURED
VISALIA, CA 93291	90-0367099	501C3	0.	18,032.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
							SUPPORT TO US
THE WAY FREE MEDICAL CLINIC, INC.							CLINICS/HEALTH CENTERS
479 HOUSTON STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
GREEN COVE SPRINGS, FL 32043	76-0828154	501C3	0.	5,998.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							PROVIDE MEDICAL
THE WORLD FAMILY							ASSISTANCE TO IMPROVE THE
11 JONES WAY					ESTIMATED		QUALITY OF INDIGENT
LARKSPUR, CA 94939	32-0084828	501C3	0.	8,403.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
THIRD STREET FAMILY HEALTH						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
SERVICES - 600 WEST THIRD STREET -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
MANSFIELD, OH 44906	34-1753919	501C3	0.	31,862.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				,	<u>'</u>	· · · · · · · · · · · · · · · · · · ·	SUPPORT TO US
THOMAS E. LANGLEY MEDICAL CENTER					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
		1	1		1	1	1
1425 SOUTH US 301					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED

Part II Continuation of Grants and Othe	r Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
THUNDERMIST HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
450 CLINTON STREET, 1ST FL.					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
WOONSOCKET, RI 02895	05-0355097	501C3	0.	6,205.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
TOMAGWA HEALTHCARE MINISTRIES							CLINICS/HEALTH CENTERS
455 SCHOOL STREET SUITE 30					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
TOMBALL, TX 77375	76-0280324	501C3	0.	11,286.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
TOWNHALL II MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
155 NORTH WATER					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
KENT, OH 44240	34-1091439	501C3	0.	9,766.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
TRAVERSE HEALTH CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
3155 LOGAN VALLEY ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
TRAVERSE CITY, MI 49684	30-0224028	501C3	0.	28,433.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
				•		PHARMACEUTICALS,	SUPPORT TO US
TREASURE COAST COMMUNITY HEALTH					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
12196 COUNTY ROAD 512					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
FELLSMERE, FL 32948	59-3219191	501C3	0.	17,954.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				•		PHARMACEUTICALS,	SUPPORT TO US
TRIAD HEALTH SYSTEMS						MEDICAL	CLINICS/HEALTH CENTERS
872 US 42 WEST					ESTIMATED	SUPPLIES.	FOR LOW-INCOME, UNINSURED
WARSAW, KY 41095	20-8963925	501C3	0.	124,902.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·				•	,		SUPPORT TO US
TRI-CITY HEALTH CENTER							CLINICS/HEALTH CENTERS
39500 LIBERTY STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
FREMONT, CA 94538	23-7255435	501C3	0.	6,854,	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
•				,	,	PHARMACEUTICALS.	SUPPORT TO US
TRI-COUNTY MEDICAL CENTER, INC.					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
316 S MAIN ST					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
EVERGREEN, AL 36401-3313	63-1056564	501C3	0.	1,156,781.	WHOLESALE PRICE,	1	PATIENTS
	1		1	_,,			SUPPORT TO US
TRINITY CLINIC OF CALVIN						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
312 CANADIAN					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
CALVIN, OK 74531	62-0535346	501C3	0.	14 551	WHOLESALE PRICE,		PATIENTS
	1 02 0333340	<u> </u>	<u> </u>	14,551,		<u></u>	FAITENIS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
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							SUPPORT TO US
TRINITY FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1615 6TH AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
TACOMA, WA 98405	94-3119474	501C3	0.	7,118.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
TRI-TOWN COMMUNITY ACTION AGENCY							CLINICS/HEALTH CENTERS
1126 HARTFORD AVENUE					ESTIMATED		FOR LOW-INCOME, UNINSURED
JOHNSTON, RI 02919	05-0309695	501C3	0.	5,998.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
TROUP CARES CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
301 MEDICAL DR., SUITE 501					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
LAGRANGE, GA 30210	20-8176300	501C3	0.	17,819.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
UBI CARITAS						MEDICAL	CLINICS/HEALTH CENTERS
4450 HIGHLAND AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
BEAUMONT, TX 77705	76-0558225	501C3	0.	86,132.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				•		PHARMACEUTICALS,	SUPPORT TO US
UCI FAMILY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
800 N. MAIN STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SANTA ANA, CA 92701	95-2226406	501C3	0.	7,002.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
				•	,	PHARMACEUTICALS,	SUPPORT TO US
UMMA COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
711 WEST FLORENCE AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LOS ANGELES, CA 90044	95-4666712	501C3	0.	99.271.	WHOLESALE PRICE,	1	PATIENTS
•				,	,	,	SUPPORT TO US
UMPQUA COMMUNITY HEALTH CENTER							CLINICS/HEALTH CENTERS
150 KENNETH FORD DRIVE					ESTIMATED		FOR LOW-INCOME, UNINSURED
ROSEBURG, OR 97470	93-1070304	501C3	0.	92.880.	WHOLESALE PRICE,	PHARMACEUTICALS.	PATIENTS
				, , , , ,	,		PROVIDE MEDICAL
UNITED ARMENIAN FUND					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
111 NORTH JACKSON STREET					_ ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
GLENDALE, CA 91206	95-4247860	501C3	0.	1 126 714	WHOLESALE PRICE,	1	PEOPLE WORLDWIDE
			<del> </del>	_,,	,		SUPPORT TO US
UNITED HEALTH CENTERS						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
650 ZEDIKER AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
PARLIER, CA 93648	94-1732538	501C3	0.	13 275	WHOLESALE PRICE,		PATIENTS
	7 = 1/32330	70103	1	13,273.	, THE TRICE,	P*********	FAITENIS

(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	(4, =	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							SUPPORT TO US
UNITED NEIGHBORHOOD HEALTH							CLINICS/HEALTH CENTERS
SERVICES - 617 S. EIGHTH STREET -					ESTIMATED		FOR LOW-INCOME, UNINSURE
NASHVILLE, TN 37206	62-1032792	501C3	0.	31,726.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
UNITED STATES CONFERENCE OF					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE TH
3211 4TH STREET NE					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
WASHINGTON, DC 20017	53-0196617	OTHER	0.	248,754.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
				·			SUPPORT TO US
UPHAM'S CORNER HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
415 COLUMBIA ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
DORCHESTER, MA 02125	04-3344542	501C3	0.	159,642.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				,		PHARMACEUTICALS,	SUPPORT TO US
UPPER VALLEY COMMUNITY HEALTH						MEDICAL	CLINICS/HEALTH CENTERS
SERVICES - 20 NORTH 3RD EAST -					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
SAINT ANTHONY, ID 83445	82-0527562	501C3	0.	244.305.	WHOLESALE PRICE,	· ·	PATIENTS
,				,	,	,	SUPPORT TO US
VALLEY AIDS COUNCIL						PHARMACEUTICALS	CLINICS/HEALTH CENTERS
418 E. TYLER AVENUE, STE. A					ESTIMATED		FOR LOW-INCOME, UNINSURE
HARLINGEN, TX 78550	74-2512591	501C3	0.	5 591.	WHOLESALE PRICE,		PATIENTS
				,,,,,,	,	PHARMACEUTICALS,	
VALLEY COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
6801 COLDWATER CYN AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
NORTH HOLLYWOOD, CA 91605	23-7050082	501C3	0.	155 142	WHOLESALE PRICE,	· ·	PATIENTS
	1 20 / 000002	1	1	100,111.	,	,	SUPPORT TO US
VALLEY FAMILY HEALTH CARE							CLINICS/HEALTH CENTERS
1441 NE 10TH AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
PAYETTE, ID 83661	82-0371383	501C3	0.	20 200	WHOLESALE PRICE,		PATIENTS
	02 0371303	50103	<u> </u>	20,200.	MICHELLAND TRICE,	PHARMACEUTICALS.	
VALLEY HEALTH TEAM, INC.						MEDICAL	CLINICS/HEALTH CENTERS
21890 COLORADO AVENUE					ESTIMATED		FOR LOW-INCOME, UNINSURE
SAN JOAQUIN, CA 93660	94-2217261	501C3	0.			MEDICAL VOUCHER,	· · · · · · · · · · · · · · · · · · ·
DIM COMPOIN, CH 33000	74 221/201	50103	1 .	11,190.	THOUSAND TRICE,	TEDICAL VOCCHER,	SUPPORT TO US
VALLEY WIDE HEALTH SYSTEMS							CLINICS/HEALTH CENTERS
1710 1ST STREET					ESTIMATED	MEDICAL	
	04 0706045	50102	0.	11 207			FOR LOW-INCOME, UNINSURE
ALAMOSA, CO 81101	84-0706945	501C3	1 0.	11,32/.	WHOLESALE PRICE,	рогентво,	PATIENTS

Part II Continuation of Grants and Other	Assistance to Go	overnments and Organ	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						PHARMACEUTICALS,	SUPPORT TO US
VENICE FAMILY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
604 ROSE AVENUE					ESTIMATED	· ·	FOR LOW-INCOME, UNINSURED
VENICE, CA 90291	95-2769432	501C3	0.	716,348.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
VENTURA COUNTY							CLINICS/HEALTH CENTERS
2240 GONZALES RD.					PURCHASED PRICE		FOR LOW-INCOME, UNINSURED
OXNARD, CA 93035	95-6000944	GOVERNMENT ENTIT	0.	27,375.	,	PHARMACEUTICALS,	
							SUPPORT TO US
VIOLA STARTZMAN FREE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1874 CLEVELAND ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
WOOSTER, OH 44691	34-1758151	501C3	0.	22,168.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	PROVIDE MEDICAL
VISITATION HOSPITAL FOUNDATION					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE THE
PO BOX 210270					, ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
NASHVILLE, TN 37221	62-1774851	501C3	0.	274,856.	WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
							SUPPORT TO US
VNCOC ASIAN HEALTH CENTER						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
9862 CHAPMAN AVENUE, SUITE B					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
GARDEN GROVE, CA 92841	95-3403526	501C3	0.	45,044.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
VOLUNTEERS IN MEDICINE						MEDICAL	CLINICS/HEALTH CENTERS
41 EAST DUVAL STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
JACKSONVILLE, FL 32202	75-3002172	501C3	0.	40,073.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
VOLUNTEERS IN MEDICINE							CLINICS/HEALTH CENTERS
15 NORTHRIDGE DRIVE					ESTIMATED		FOR LOW-INCOME, UNINSURED
HILTON HEAD, SC 29926	57-0959206	501C3	0.	29,990.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
VOLUNTEERS IN MEDICINE						MEDICAL	CLINICS/HEALTH CENTERS
2140 NORTH 4TH STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
ST. CHARLES, MO 63301	43-1791543	501C3	0.	11,018.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
VOLUNTEERS IN MEDICINE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
2260 MARCOLA ROAD					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SPRINGFIELD, OR 97477	93-1276816	501C3	0.	108,794.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
VOLUNTEERS IN MEDICINE CLINIC						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
417 SE BALBOA AVENUE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
STUART, FL 34994	65-1115793	501C3	0.	38,123.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
VOLUNTEERS IN MEDICINE OF							CLINICS/HEALTH CENTERS
BARTHOLOMEW - 836 JACKSON STREET -					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
COLUMBUS, IN 47201	35-1907774	501C3	0.	8,386.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
VOLUNTEERS IN MEDICINE OF MONROE							CLINICS/HEALTH CENTERS
811 WEST 2ND STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
BLOOMINGTON, IN 47403	20-4383915	501C3	0.	43,267.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
							SUPPORT TO US
WAIMANALO HEALTH CENTER							CLINICS/HEALTH CENTERS
41-1347 KALANIANAOLE HIGHWAY					ESTIMATED		FOR LOW-INCOME, UNINSURED
WAIMANALO, HI 96795	99-0273205	501C3	0.	5,288.	WHOLESALE PRICE,	PHARMACEUTICALS,	PATIENTS
							SUPPORT TO US
WALDEN HOUSE/HAIGHT ASHBURY FREE							CLINICS/HEALTH CENTERS
CLINIC - 1735 MISSION STREET - SAN					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
FRANCISCO, CA 94103	94-1710103	501C3	0.	19,153.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
WATCH MOBILE MEDICAL UNIT							CLINICS/HEALTH CENTERS
2700 WAYNE MEMORIAL DRIVE					ESTIMATED		FOR LOW-INCOME, UNINSURED
GOLDSBORO, NC 27533	58-1881912	501C3	0.	14,995.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
WATERMAN COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
2300 KURT STREET					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
EUSTIS, FL 32726	59-3140669	501C3	0.	14,963.	WHOLESALE PRICE,	MEDICAL VOUCHER,	
·				,		PHARMACEUTICALS,	
WATTS HEALTHCARE CORPORATION						MEDICAL	CLINICS/HEALTH CENTERS
10300 COMPTON AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LOS ANGELES, CA 90002	75-3046480	501C3	0.	7,496.	WHOLESALE PRICE,	· ·	PATIENTS
,				,	1	PHARMACEUTICALS,	
WELLNESS POINTE						MEDICAL	CLINICS/HEALTH CENTERS
1107 E. MARSHALL AVENUE					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
LONGVIEW, TX 75601	75-2723993	501C3	0.	137 140.		MEDICAL VOUCHER,	1
		1			,		

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	<b>nited States</b> (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							SUPPORT TO US
WEST CUSTER COUNTY HOSPITAL						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
DISTRICT - 704 EDWARDS AVE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
WESTCLIFFE, CO 81252	84-1090521	501C3	0.	6,968.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
WEST PLAINS CHRISTIAN CLINIC					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
1115 ALASKA ST., SUITE 212					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
WEST PLAINS, MO 65775	27-1307333	501C3	0.	53,528.	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
							SUPPORT TO US
WEST SIDE COMMUNITY HEALTH							CLINICS/HEALTH CENTERS
SERVICES - 153 CESAR CHAVEZ STREET					ESTIMATED		FOR LOW-INCOME, UNINSURED
- ST. PAUL, MN 55107	23-7156236	501C3	0.	29,990.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
						PHARMACEUTICALS,	SUPPORT TO US
WEST VIRGINIA HEALTH RIGHT						MEDICAL	CLINICS/HEALTH CENTERS
1520 WASHINGTON STREET E.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
CHARLESTON, WV 25311	31-1066881	501C3	0.	88,396.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
·						PHARMACEUTICALS,	SUPPORT TO US
WESTERN SIERRA MEDICAL CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
209 NEVADA STREET					ESTIMATED	SUPPLIES.	FOR LOW-INCOME, UNINSURED
DOWNIEVILLE, CA 95936	94-2279011	501C3	0.	29,611.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
·				•	,	,	SUPPORT TO US
WESTERN TIDEWATER FREE CLINIC						PHARMACEUTICALS.	CLINICS/HEALTH CENTERS
2019 MEADE PARKWAY					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURED
SUFFOLK, VA 23434	26-3302837	501C3	0.	25.866.	WHOLESALE PRICE,	SUPPLIES	PATIENTS
,				,	,	,	SUPPORT TO US
WESTMINSTER FREE CLINIC							CLINICS/HEALTH CENTERS
2103 MONTROSE AVENUE, STE. E					ESTIMATED	PHARMACEUTICALS,	FOR LOW-INCOME, UNINSURED
MONTROSE, CA 91020	77-0563241	501C3	0.	6.309.	WHOLESALE PRICE,	· ·	PATIENTS
				, , , , , ,	,		SUPPORT TO US
WESTMONT COLLEGE					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
955 LA PAZ ROAD					_ ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SANTA BARBARA, CA 93108	95-1684793	501C3	0.	15 732.	WHOLESALE PRICE,	1	PATIENTS
		1 - 1 - 1	†	,,,,,,	,	PHARMACEUTICALS.	SUPPORT TO US
WESTSIDE FAMILY HEALTH CENTER						MEDICAL	CLINICS/HEALTH CENTERS
1711 OCEAN PARK BLVD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURED
SANTA MONICA, CA 90405	95-2931931	501C3	0.	125 851	WHOLESALE PRICE,	,	PATIENTS
	1 73 2731731	<u> </u>	1 0.	125,051.	I RICE,		FAITENIS

Part II Continuation of Grants and Oth	her Assistance to Go	vernments and Orga	nizations in the U	<b>nited States</b> (Sch	nedule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash 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
WHATLEY HEALTH SERVICES, INC.						MEDICAL	CLINICS/HEALTH CENTERS
2731 M. L. KING, JR. BLVD					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
TUSCALOOSA, AL 35401	63-0727781	501C3	0.	375,060.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
WHEELING HEALTH RIGHT							CLINICS/HEALTH CENTERS
61-29TH STREET					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
WHEELING, WV 26003	31-1149085	501C3	0.	16,683.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
							SUPPORT TO US
WHITMAN WALKER CLINIC							CLINICS/HEALTH CENTERS
1701 14TH STREET NW					ESTIMATED		FOR LOW-INCOME, UNINSURE
WASHINGTON, DC, DC 20009	52-1122122	501C3	0.	5,998.	WHOLESALE PRICE,	MEDICAL VOUCHER,	PATIENTS
							SUPPORT TO US
WILL BRIDGE SANTA BARBARA					PURCHASED PRICE	PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1215 E. MONTECITO STREET					, ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
SANTA BARBARA, CA 93103	57-1194195	501C3	0.	6,236.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
				·	Ì	PHARMACEUTICALS,	SUPPORT TO US
WILMINGTON COMMUNITY CLINIC						MEDICAL	CLINICS/HEALTH CENTERS
1009 N. AVALON BLVD.					ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
WILMINGTON, CA 90744	95-3137803	501C3	0.	36,340,	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
				•		,	SUPPORT TO US
WIRT COUNTY						PHARMACEUTICALS,	CLINICS/HEALTH CENTERS
1301 ELIZABETH PIKE					ESTIMATED	MEDICAL	FOR LOW-INCOME, UNINSURE
ELIZABETH, WV 26143	31-0942184	501C3	0.	15,514.	WHOLESALE PRICE,	SUPPLIES,	PATIENTS
·				•		PHARMACEUTICALS,	SUPPORT TO US
WOMEN'S HEALTH CONNECTIONS					PURCHASED PRICE	MEDICAL	CLINICS/HEALTH CENTERS
404 NORTH MAGNOLIA					, ESTIMATED	SUPPLIES,	FOR LOW-INCOME, UNINSURE
PALESTINE, TX 75801	20-0776090	501C3	0.	226,493,	WHOLESALE PRICE,	EQUIPMENT,	PATIENTS
·				,	,		PROVIDE MEDICAL
WORLD CARES CENTER					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE TH
520 8TH AVENUE					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
NEW YORK CITY, NY 10018	41-2024802	501C3	0.	127.314.	, WHOLESALE PRICE,	EQUIPMENT,	PEOPLE WORLDWIDE
,				_ , , , ,	1	PHARMACEUTICALS,	PROVIDE MEDICAL
WORLD HELP, INC					PURCHASED PRICE	MEDICAL	ASSISTANCE TO IMPROVE TH
1148 CORPORATE PARK DRIVE					ESTIMATED	SUPPLIES,	QUALITY OF INDIGENT
FOREST, VA 24551	54-1615454	501C3	0.	3 277 527	WHOLESALE PRICE,	1	PEOPLE WORLDWIDE
LIIA	1	I	<u> </u>	-,,527		_~,	Cohodula I /Farra 00/

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YAKIMA NEIGHBORHOOD HEALTH SERVICES - 12 SOUTH 8TH STREET - YAKIMA, WA 98901	91-0928817	501C3	0.	58,619.	ESTIMATED WHOLESALE PRICE,		SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURE PATIENTS
YOUNGSTOWN COMMUNITY HEALTH CENTER 726 WICK AVENUE YOUNGSTOWN, OH 44505	34-1609341	501C3	0.	30,129.	ESTIMATED WHOLESALE PRICE,	MEDICAL SUPPLIES, EQUIPMENT,	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURE PATIENTS
ZUFALL HEALTH CENTER 17 SOUTH WARREN STREET DOVER, NJ 07801	22-3125397	501C3	0.	15,083.	ESTIMATED WHOLESALE PRICE,	MEDICAL	SUPPORT TO US CLINICS/HEALTH CENTERS FOR LOW-INCOME, UNINSURE PATIENTS

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Schedule I (Form 990)

Schedule I (Form 990) (2010) DIRECT RELIEF ]	NTERNATI	ONAL			95-1831116	Page :
Part III Grants and Other Assistance to Individuals in the Un Part III can be duplicated if additional space is needed.	i <b>ted States.</b> Cor	nplete if the organiza	ation answered "Yes	to Form 990, Part IV, line 22.		y
(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 non-cash	assistance
RIO BENI HEALTH CARE PROJECT - RURRENABAQUE, BOLIVIA	1	6,555.	0.			
Part IV Supplemental Information. Complete this part to provi	de the information	on required in Part I,	line 2, and any other	r additional information.	I	
SCHEDULE I, PART I, LINE 2: EXCEPT	IN CERT	AIN EMERGE	NCY RESPON	SE		
SITUATIONS WHERE THE TIMELINESS OF	OUR RES	PONSE IS P	ARAMOUNT,	GRANT		
RECIPIENTS SIGN MEMORANDUMS OF UNI	ERSTANDI	NG OUTLINI	NG THE			
RESPONSIBILITIES OF DIRECT RELIEF	INTERNAT	'IONAL AND	THE GRANTE	E.		
REPORTING BY THE GRANTEE VARIES BA	ASED ON T	HE SIZE, S	SCOPE, AND	TYPE OF		
PROGRAM, RANGING FROM MONTHLY, QUA	ARTERLY,	OR ANNUAL	REPORTING,	WITH A		
FINAL REPORT DUE UPON COMPLETION C	F THE PR	OJECT. DI	RECT RELIE	F		
INTERNATIONAL ALSO HAS THE RIGHT T	O MAKE S	ITE VISITS	TO GRANTE	ES TO		
ENSURE COMPLIANCE WITH THE PROPOSA	AL THI	S IS ESPEC	IALLY THE	CASE WHEN		

# SCHEDULE J (Form 990)

## **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

 OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

DIRECT RELIEF INTERNATIONAL

Employer identification number 95-1831116

Pa	rt I Questions Regarding Compensation			
	·		Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., 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 officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
4	During the year, did any person listed in 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 from the organization or a related organization?	4a		X
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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in 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		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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		X
b	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in 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		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	1

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 in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

-	(B) Break	down of V	V-2 and/or 1099-MI	SC compensation	(C)	(D)	<b>(E)</b> Total of columns	<b>(F)</b> Compensation
(A) Name	(i) Bas	se	(ii) Bonus &	(iii) Other	Retirement and other deferred	Nontaxable benefits	(B)(i)-(D)	reported in prior
(A) Namo	compens	ation	incentive compensation	reportable compensation	compensation			Form 990 or Form 990-EZ
					40.050	10 500	054 400	
(i		0.	0.	0.	12,250. 0.	12,582.	274,498. 0.	236,910. 0.
1 BHUPI SINGH (i			0.	0.	0.	15,261.	309,358.	272,418.
2 THOMAS E. TIGHE		0.	0.	0.	0.	0.	0.	0.
			0.	0.	5,583.	3,907.	150,259.	0.
3 KERRI MURRAY (i	)	0.	0.	0.	0.	0.	0.	0.
(i								
4 (i		-						
5 (i								
_6 (i								
(i	)							
(i								
8 (i								
_10 (i								
(i								
(i								
12 (i								
13 (i								
(i								
(i								
(i								
	)							

#### **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Employer identification number

DIR	ECT RE	LIEF I	NTER	NATIONA	ΔL		9	5-18	3111	_6	iambei
Part I Excess Benefit	Transacti	ons (section	on 501(c)(	(3) and section	n 501(c)(4) organizatio	ns only).	•				
Complete if the organ	nization ansv	wered "Yes"	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40	Db.		
1 (a) Name of disc	nualified ner	son			(b) Description	of transa	ction			(c) Con	rected?
— (a) Name of also					(b) Besonption					Yes	No
										+	
										+	
2 Enter the amount of tax impo	sed on the o	organization	manager	s or disqualif	ied persons during the	e year un	der				•
section 4958								. > \$			
3 Enter the amount of tax, if an	ıy, on line 2,	above, reim	bursed by	y the organiz	ation			. 🕨 \$			
Part II Loans to and/or	· Erom Int	orostod	Porcone								
					line OC ou Faure OOO F	7 0-41	/ line 00				
(a) Name of interested		to or from	1	inal principal	line 26, or Form 990-E	(e)		(f) App	oroved	(a) W	ritten
person and purpose				mount	(u) Balarice due	default? by board of committee?		ard or	d r agreement?		
	То	From				Yes	No	Yes	No	Yes	No
										-	
										-	
										+	
										_	
Total				> \$	•						
Part III Grants or Assis		_									
Complete if the organ		wered "Yes"					_				
(a) Name of interested p	person		(b) Relati		een interested person ganization	and			ount ar assistar	nd type o	f
							_				
							-				

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

Schedule L (Form 990 or 990-EZ) 2010

Schedule L (Form 990 or 990-EZ) 2010					Page 2
Part IV Business Transactions Invo	lving Interested Persons.				
Complete if the organization answere  (a) Name of interested person	(b) Relationship between interested person and the organization	8b, or 28c. (c) Amount of transaction	(d) Description of transaction		aring of zation's nues?
				Yes	No
MIKE GILES	BOARD MEMBER		FUNDS HELD		
GEORGE SHORT	BOARD MEMBER	2,604.	USED LAW FI		Х
Part V Supplemental Information		<b>.</b>			
Complete this part to provide addition	onal information for responses to question	s on Schedule L (see	instructions).		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
(A) NAME OF PERSON: MIKE	GILES				
(D) DESCRIPTION OF TRANSA	ACTION: FUNDS HELD AT	FINANCIAL	INSTITUTION		
(-,					
WHERE HE IS ALSO A BOARD	MEMBER. ACCOUNTS WE	RE ESTABLIS	HED BEFORE	HE W	AS
ON DIDECT DELICE INTERNA	TOWN IS DOIND				
ON DIRECT RELIEF INTERNAT	TIONAL S BOARD.				
(A) NAME OF PERSON: GEORG	SE SHORT				
(D) DESCRIPTION OF TRANSA	ACTION: USED LAW FIRM	WHERE HE I	S A SHAREHO	LDER	. •
(-,					
THIS FIRM ALSO PROVIDES I	DIRECT RELIEF INTERNA	TIONAL WITH	PRO BONO		
SERVICES WHICH AMOUNTED T	ro \$55 000				
BERVICES WHICH AMOUNTED I	10 \$33,000.				

#### **SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

## **Noncash Contributions**

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

OMB No. 1545-0047

Open to Public . Inspection

Name of the organization

Types of Property

DIRECT RELIEF INTERNATIONAL

Employer identification number

95-1831116

	·	(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ilion ai	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	31	272,031.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	X	128	388,231,814.	FMV			
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 organi	zation durin	g the tax year for c	ontributions			_	
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement <b>29</b>			0	
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exen	npt purposes for			
	the entire holding period?					30a		_X_
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contrib	utions?	31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		<u>X</u>
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of proper	rty for which column (a) is ch	necked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (	2010)

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number 95-1831116

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIRECT RELIEF INTERNATIONAL PROVIDES MEDICAL ASSISTANCE TO IMPROVE THE

QUALITY OF LIFE FOR PEOPLE AFFECTED BY POVERTY, DISASTER, AND CIVIL

UNREST AT HOME AND THROUGHOUT THE WORLD. WE WORK TO STRENGTHEN THE

IN-COUNTRY HEALTH EFFORTS OF OUR PARTNERS BY PROVIDING ESSENTIAL

MATERIAL RESOURCES, MEDICINES, SUPPLIES AND EQUIPMENT.

FORM 990, PART VI, SECTION B, LINE 11: DIRECT RELIEF INTERNATIONAL'S CHIEF FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL VERSION OF THE 990 TO ALL CURRENT BOARD MEMBERS REQUESTING THEY REVIEW THE 990 PRIOR TO FILING. THE BOARD MEMBERS ARE GIVEN AN OPPORTUNITY AND ASKED TO REVIEW, RAISE ISSUES AND REQUEST CLARIFICATIONS, IF ANY. ONCE THIS PROCESS IS COMPLETE AND BOARD APPROVAL IS OBTAINED, THE 990 IS FILED. DOCUMENTATION OF THE DISTRIBUTION TO THE BOARD AND THE 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 DIRECTOR'S RECUSAL, AND THE VOTE OF THE OTHER DIRECTORS IS REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD OR APPLICABLE BOARD 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'S COMPENSATION ARE THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. MEMBER OF THE STAFF, INCLUDING THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING OFFICER/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 AND CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IN JULY 2011.

Scriedule O (1 01111 990 01 990-L2) (2010)	Faye Z
	Employer identification number 95-1831116
DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POL	ICY, COMPENSATION
POLICY, DONATION POLICY, AND ITS FINANCIAL STATEMENTS AND	FORM 990S (BOTH
GOING BACK TO FY 2000) AVAILABLE TO THE PUBLIC ON ITS PUB	LIC WEBSITE.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED LOSSES ON INVESTMENTS:	-85,173.
TRANSFER FROM DIRECT RELIEF FOUNDATION FEIN 20-5983698	2,784,600.
CHANGE IN RECEIVABLES - DIRECT RELIEF FOUNDATION FEIN	
20-5983698	135,317.
TOTAL TO FORM 990, PART XI, LINE 5	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION'S	MISSION:
BY PROVIDING ESSENTIAL MATERIAL RESOURCES - MEDICINES, SU	PPLIES AND
EQUIPMENT, DIRECT RELIEF INTERNATIONAL STRENGTHENS THE HE	ALTH EFFORTS
OF OUR OVER 350 INTERNATIONAL PARTNERS IN 73 COUNTRIES AN	D OVER 1,000
NONPROFIT CLINICS AND COMMUNITY HEALTH CENTERS IN THE UNI	TED STATES.
ALL THE PROGRAMS ARE PROVIDED IN A NON-DISCRIMINATORY MAN	NER, WITHOUT
REGARD TO POLITICAL AFFILIATION, RELIGIOUS BELIEF, OR ETH	NIC IDENTITY.
DIRECT RELIEF PLACES A HIGH PRIORITY ON IMPROVING THE HEA	LTH OF WOMEN
AND CHILDREN BY WORKING WITH PROGRAMS EMPHASIZING MATERNA	L AND CHILD
HEALTH. DIRECT RELIEF ALSO FOCUSES ON PROVIDING ASSISTANCE	E FOR PRIMARY
CARE HEALTH CLINICS, COMBATING HIV/AIDS HEALTH CARE PROVI	DER TRAINING
THROUGH STRENGTHENING THE HEALTH INFRASTRUCTURE AND CAPAC	ITY OF HEALTH
PARTNERS WORLDWIDE, FURNISHING ASSISTANCE FOR SPECIAL HEA	LTH AND
TRAINING INITIATIVES, AND RESPONDING TO DISASTERS.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
DIRECT RELIEF INTERNATIONAL PROVIDES MEDICAL ASSISTANCE T 032212 01-24-11 Sched	
01-24-11 Schec	lule O (Form 990 or 990-EZ) (2010)

QUALITY OF LIFE FOR PEOPLE VICTIMIZED BY POVERTY, DISASTER, AND CIVIL

UNREST AT HOME AND THROUGHOUT THE WORLD. DURING THE LAST FISCAL YEAR,

WE WORKED TO STRENGTHEN THE IN-COUNTRY HEALTH EFFORTS OF OUR 350

INTERNATIONAL PARTNERS IN 73 COUNTRIES FURNISHING APPROXIMATELY \$230

MILLION WHOLESALE VALUE OF MEDICAL PRODUCT AND OVER 1,000 NONPROFIT

CLINICS AND COMMUNITY HEALTH CENTERS PROVIDING APPROXIMATELY \$44

MILLION WHOLESALE VALUE OF MEDICAL PRODUCT IN THE UNITED STATES. DIRECT

RELIEF IS NON-SECTARIAN, NON-GOVERNMENTAL, AND APOLITICAL. ALL THE

PROGRAMS ARE PROVIDED IN A NON-DISCRIMINATORY MANNER, WITHOUT REGARD TO

POLITICAL AFFILIATION, RELIGIOUS BELIEF, OR ETHNIC IDENTITY. IN ORDER

TO STRENGTHEN FRAGILE HEALTH SYSTEMS, DIRECT RELIEF PLACES A HIGH

PRIORITY ON ASSISTING HEALTH PARTNERS WHO FOCUS ON WOMEN AND CHILDREN.

OTHER KEY SUPPORT AREAS INCLUDE PROVIDING ASSISTANCE TO HEALTH PARTNERS

WHO PROVIDE BASIC HEALTH SERVICES, COMBATING HIV/AIDS, HEALTH CARE

PROVIDER TRAINING AND RESPONDING TO DISASTERS.

FORM 990, PART VII, SECTION A, LINE 1(A) SCHEDULE J-2 PART 1 AND PART II:

THE COMPENSATION REPORTED HERE IS FOR THE CALENDAR YEAR 2010 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 AND IS

AVAILABLE FOR REFERENCE ON OUR WEBSITE AT

(HTTP://WWW.DIRECTRELIEF.ORG/OURFINANCES/TRANSPARENCYANDACCOUNTABILITY/

COMPENSATIONPHILOSOPHY.ASPX)

Employer identification number 95-1831116

BOARD OF DIRECTORS. COMPENSATION PAID TO THE CEO, COO/CFO, AND OTHER

STAFF ENGAGED IN FUNDRAISING OR GENERAL MANAGEMENT FUNCTIONS WAS PAID

ENTIRELY FROM THE DIRECT RELIEF FOUNDATION, WHICH TRANSFERRED FUNDS TO

DIRECT RELIEF INTERNATIONAL.

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

FUNDING PROVIDED BY DIRECT RELIEF FOUNDATION TO PAY FOR ALL OF DIRECT

RELIEF INTERNATIONAL'S FUNDRAISING, MANAGEMENT AND GENERAL EXPENSES

WHICH INCLUDES THE FULL COMPENSATION OF THE CEO, COO/CFO, FUNDRAISING

AND ADMINISTRATIVE PERSONNEL AND CERTAIN CAPITAL EXPENDITURES.

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

100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES, ANNUITIES,
ETC., ARE TRANSFERRED TO THE DIRECT RELIEF FOUNDATION, UNLESS OTHERWISE
SPECIFIED BY THE DONOR. ADDITIONALLY AT THE END OF EACH FISCAL YEAR
DIRECT RELIEF INTERNATIONAL MAY TRANSFER ANY SURPLUS THAT MAY RESULT
FROM OPERATIONS OF THAT FISCAL YEAR.

FORM 990, PAGE 10, PART IX, LINE 24A:

THE \$20,241,858 INVENTORY ADJUSTMENT WAS DUE TO THE REQUIRED DESTRUCTION OF EXPIRED DONATED PRODUCT.

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

AL, AK, AR, AZ, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN,

MO, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA,

WV, WI

SCHEDULE A, PART II, COLUMN F DETAILS:

Name of the organization  DIRECT RELIEF INTERNATIONAL	Employer identification number 95-1831116
DUE TO SOFTWARE LIMITATIONS, THE FOLLOWING TOTALS HAVE NO	T BEEN CLEARLY
DISPLAYED ON SCHEDULE A, PART II.	
SECTION A. PUBLIC SUPPORT:	
LINE 1 - \$1,142,242,800	
LINE 4 - \$1,142,242,800	
SECTION B. TOTAL SUPPORT:	
LINE 7 - \$1,142,242,800	
LINE 11 - \$1,142,363,518	
SCHEDULE B, PART II, COLUMN (D):	
THE NON-CASH PROPERTY LISTED ON SCHEDULE B REFLECTS PRODU	CT DONATIONS
RECEIVED THROUGHOUT OUR FISCAL YEAR. THE SOFTWARE USED T	O PREPARE THIS
RETURN DOES NOT ALLOW FOR A DATE RANGE.	

#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► See separate instructions.

2010
Open to Public Inspection

Name of the organization

DIRECT RELIEF INTERNATIONAL

Employer identification number 95-1831116

(a)	(b)	(c)	(d)	(e)	)	(f)		
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state of foreign country)				Direct controlling entity		9
	<del></del>							
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	ganizations (Complete if the organization	answered "Yes" to Form 990	D, Part IV, line 34 b	ecause it had one	or more	related tax-exer	npt	
Part II Identification of Related Tax-Exempt Orgorganizations during the tax year.)  (a)  Name, address, and EIN of related organization	ganizations (Complete if the organization  (b)  Primary activity	answered "Yes" to Form 990  (c)  Legal domicile (state or foreign country)	O, Part IV, line 34 b  (d)  Exempt Code section	(e) Public charity status (if section	Direc	related tax-exer  (f) et controlling entity	Section S conti	g) 512(b)(13) rolled city?
organizations during the tax year.)  (a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direc	(f)	Section S	rolled
organizations during the tax year.)  (a)  Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direc	(f)	Section S conti	rolled ity?
organizations during the tax year.)  (a)  Name, address, and EIN of related organization  DIRECT RELIEF FOUNDATION - 20-5983698  27 SOUTH LA PATERA LANE	(b) Primary activity  TO OPERATE SOLELY AND	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direc	(f)	Section S conti	rolled ity?
organizations during the tax year.)  (a)  Name, address, and EIN of related organization  DIRECT RELIEF FOUNDATION - 20-5983698  27 SOUTH LA PATERA LANE	(b) Primary activity  TO OPERATE SOLELY AND EXCLUSIVELY FOR THE	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f)	Section S conti	rolled ity?
organizations during the tax year.)  (a)  Name, address, and EIN  of related organization  DIRECT RELIEF FOUNDATION - 20-5983698	(b) Primary activity  TO OPERATE SOLELY AND EXCLUSIVELY FOR THE	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f)	Section S conti	rolled ity?

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

Schedule R (Form 990) 2010

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

J 1	1 9	, ,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	ո)	(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	Share of total income	Share of end-of-year	Dispropate alloc		Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Per ing ov	ercentage wnership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)			
										$\vdash$	$\bot$	
										$\vdash$	+	
Part IV Identification of Related Org	ganizations Taxable a	s a Corpo	oration or Trust (Co	mplete if the organizat	ion answered "Ye	s" to Form 990, Pa	art IV, I	ine 34	because it had or	ne or r	more r	related

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note	e. 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 r	elated organizations listed	n Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X	
	Gift, grant, or capital contribution to other organization(s)				1b	Х		
С	Gift, grant, or capital contribution from other organization(s)				1c	Х		
d	Loans or loan guarantees to or for other organization(s)				1d		X	
e Loans or loan guarantees by other organization(s)							X	
f	f Sale of assets to other organization(s)							
g	Purchase of assets from other organization(s)				1g		X	
	Exchange of assets				1h		X	
i Lease of facilities, equipment, or other assets to other organization(s)								
j	Lease of facilities, equipment, or other assets from other organization(s)				1j		X	
k	Performance of services or membership or fundraising solicitations for other organizations	zation(s)			1k		X	
	Performance of services or membership or fundraising solicitations by other organiz				11		X	
	Sharing of facilities, equipment, mailing lists, or other assets				1m	Х		
n	Sharing of paid employees				1n	Х		
0	Reimbursement paid to other organization for expenses				10		Х	
	Reimbursement paid by other organization for expenses				1p	Х		
q	Other transfer of cash or property to other organization(s)				1q		X	
	Other transfer of cash or property from other organization(s)				1r		X	
	If the answer to any of the above is "Yes," see the instructions for information on wh							
	(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved				
(1) E	PIRECT RELIEF FOUNDATION - SEE SCHEDULE O	С	2,957,173.					
(2) D	OIRECT RELIEF FOUNDATION - SEE SCHEDULE O	В	184,712.					
(3) D	IRECT RELIEF FOUNDATION	P	12,140.					
(4)								
(5)								
(6)								

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

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

(a)	(b)	(c)		d)	(e)	(f)		(g)	(h)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	domicile Are all partners Share section 501(c)(3) organizations? yea		Share of end-of- year assets	Dispropor- tionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	
			Yes	No		Yes	No	(Form 1065)	Yes	No
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