

PUBLIC DISCLOSURE COPY

Form **990**

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 private foundations)

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

A For the **2018** calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

| | | | |
|--|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization DIRECT RELIEF | | D Employer identification number 95-1831116 |
| | Doing business as | | E Telephone number 805-964-4767 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 6100 WALLACE BECKNELL ROAD | | G Gross receipts \$ 1,443,097,604. |
| City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93117 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| F Name and address of principal officer: JONATHAN STEINER SAME AS C ABOVE | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | If "No," attach a list. (see instructions) | |
| J Website: WWW.DIRECTRELIEF.ORG | | H(c) Group exemption number | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other | | L Year of formation: 1948 | M State of legal domicile: CA |

Part I Summary

| | | | |
|---|---|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>IMPROVE THE HEALTH AND LIVES OF PEOPLE AFFECTED BY POVERTY OR EMERGENCY SITUATIONS.</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 23 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 23 |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 106 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 250 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 38 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 1,231,064,403. | 1,432,618,055. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,219,086. | 1,448,472. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 0. | -9,385. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,235,283,489. | 1,434,057,142. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 1,083,307,126. | 1,125,973,309. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 9,097,705. | 10,624,445. |
| | b Total fundraising expenses (Part IX, column (D), line 25) | 0. | 0. |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 2,288,351. | |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 150,102,401. | 51,236,324. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,242,507,232. | 1,187,834,078. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | -7,223,743. | 246,223,064. |
| | 21 Total liabilities (Part X, line 26) | | |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | Beginning of Current Year | End of Year |
| | | 283,205,397. | 527,935,024. |
| | 23,481,611. | 22,198,944. | |
| | 259,723,786. | 505,736,080. | |

Part II Signature Block

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

| | | | | | |
|--|-------------------------------------|----------------------|-------------------------------|---|-----------|
| Sign Here | Signature of officer | | Date | | |
| | JONATHAN STEINER, VP OF FINANCE/CFO | | | | |
| Type or print name and title | | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | LAUREN A. HAVERLOCK | LAUREN A. HAVERLOCK | 12/09/19 | | P00545829 |
| Firm's name MOSS ADAMS LLP | | | Firm's EIN 91-0189318 | | |
| Firm's address 10960 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024 | | | Phone no. 310-477-0450 | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: IMPROVE THE HEALTH AND LIVES OF PEOPLE AFFECTED BY POVERTY OR EMERGENCY SITUATIONS BY MOBILIZING AND PROVIDING ESSENTIAL MEDICAL RESOURCES NEEDED FOR THEIR CARE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 896,853,560. including grants of \$ 859,826,115.) (Revenue \$ 0.) COMMUNITY HEALTH PROGRAM - DIRECT RELIEF, THROUGH ITS COMMUNITY HEALTH INITIATIVES, EQUIPS HEALTH PROFESSIONALS IN LOW-RESOURCE SETTINGS WITH THE MEDICAL RESOURCES THEY NEED TO DIAGNOSE, TREAT, AND CARE FOR THEIR PATIENTS - REGARDLESS OF ABILITY TO PAY. IN THE FISCAL YEAR 2019, DIRECT RELIEF PROVIDED MATERIAL AND FINANCIAL SUPPORT TO MORE THAN 1,300 COMMUNITY HEALTH PROVIDERS IN 100 COUNTRIES. THIS INCLUDES THE U.S., WHERE DIRECT RELIEF OPERATES THE NATION'S LARGEST CHARITABLE MEDICINE PROGRAM FOR COMMUNITY HEALTH CENTERS AND NONPROFIT CLINICS IN ALL 50 STATES. AS A RESULT OF DIRECT RELIEF'S SUPPORT, ORGANIZATIONS AND HEALTH PROVIDERS CAN FOCUS THEIR TIME AND RESOURCES ON EXPANDING AND IMPROVING THEIR SERVICES INSTEAD OF PROCURING MEDICINE AND SUPPLIES.

4b (Code:) (Expenses \$ 136,029,699. including grants of \$ 131,234,304.) (Revenue \$ 0.) DISEASE PREVENTION AND TREATMENT - TO ALLEVIATE THE DISEASE BURDEN IN RESOURCE-CONSTRAINED COMMUNITIES AROUND THE WORLD, DIRECT RELIEF SUPPORTS A GLOBAL NETWORK OF LOCALLY-RUN HEALTH FACILITIES WITH THE MEDICINES, MEDICAL SUPPLIES, AND FUNDING. IN THE FISCAL YEAR 2019, DIRECT RELIEF PROVIDED HEALTHCARE PARTNERS IN 54 COUNTRIES WITH 10.7 MILLION COURSES OF MEDICATION TO TREAT CONDITIONS THAT INCLUDE CANCER, DIABETES, HIV/AIDS AND RARE DISEASES. DIRECT RELIEF ALSO SUPPORTS PROGRAMS TO ADVANCE BREAST CANCER AWARENESS AND EARLY DETECTION, HIV PREVENTION AND TESTING AND CERVICAL CANCER SCREENING, AS WELL AS COMPREHENSIVE DIABETES PREVENTION AND TREATMENT PROGRAMS THAT INCLUDE ASSISTANCE FOR CHILDREN WITH TYPE 1 DIABETES.

4c (Code:) (Expenses \$ 135,307,042. including grants of \$ 121,841,624.) (Revenue \$ 0.) DISASTER RESPONSE - DIRECT RELIEF, THROUGH ITS DISASTER RESPONSE PROGRAMS, ADDRESSES THE NEEDS OF VULNERABLE COMMUNITIES BEFORE DISASTERS STRIKE BY PRE POSITIONING EMERGENCY MEDICAL MATERIALS WITH HEALTHCARE FACILITIES IN AREAS AT RISK FROM NATURAL DISASTERS. WHEN DISASTERS OCCUR, DIRECT RELIEF LEVERAGES ITS NETWORK OF HEALTHCARE PROVIDERS TO ASSESS IMMEDIATE NEEDS, UNDERSTAND THE SITUATION, AND RESPOND QUICKLY AND PRECISELY. DIRECT RELIEF'S EFFORTS ARE ALWAYS IN RESPONSE TO SPECIFIC REQUESTS FROM LOCAL PARTNERS AND IN ACCORDANCE WITH NATIONAL AND INTERNATIONAL RESPONDERS TO AVOID DUPLICATION OF EFFORTS AND PREVENT LOGISTICAL BOTTLENECKS, AND ENSURE THE MOST EFFICIENT USE OF RESOURCES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 13,076,233. including grants of \$ 13,071,266.) (Revenue \$ 0.)

4e Total program service expenses 1,181,266,534.

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| 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? <i>If "Yes," complete Schedule D, Part VII</i> | | X |
| 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? <i>If "Yes," complete Schedule D, Part VIII</i> | | 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? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | X | |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | X | |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) MARK SCHWARTZ CHAIR | 10.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) PAMELA GANN VICE CHAIR | 5.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) LINDA GLUCK TREASURER, COMMITTEE CHAIR | 5.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) JAMES SELBERT SECRETARY, COMMITTEE CHAIR | 5.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) SIRI MARSHALL ASSISTANT SECRETARY, COMMITTEE CHAIR | 5.00 1.00 | X | | X | | | | 0. | 0. | 0. |
| (6) MARK LINEHAN COMMITTEE CHAIR | 5.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) THOMAS STURGESS COMMITTEE CHAIR | 5.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) STEVE WEINTRAUB COMMITTEE CHAIR | 5.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) STEVEN AMERIKANER DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) PATRICIA AOYAMA DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) BITSY BECTON-BACON DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) JEFFREY BRANCH DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) DAVID A. BROWN DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) LOU BUGLIOLI DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) CHARLES FENZI, MD DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) PATRICK FITZGERALD DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) DAVID GIBBS, PHD DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) ELIZABETH GREEN, R.N. DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) ANGEL ISCOVICH DIRECTOR | 2.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) MICHAEL KELLY DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) JANE OLSON DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) JAMIE RUFFING, PHD DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) BYRON SCOTT, MD DIRECTOR | 2.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) THOMAS E. TIGHE CHIEF EXECUTIVE OFFICER | 40.00 5.00 | | | X | | | | 449,241. | 0. | 46,074. |
| (25) BHUPI SINGH COO | 40.00 5.00 | | | X | | | | 328,195. | 0. | 26,686. |
| (26) JONATHAN STEINER VP OF FINANCE, CFO (AS OF 7/2018) | 40.00 5.00 | | | X | | | | 93,961. | 0. | 14,831. |
| 1b Sub-total | | | | | | | | 871,397. | 0. | 87,591. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 977,343. | 0. | 121,753. |
| d Total (add lines 1b and 1c) | | | | | | | | 1,848,740. | 0. | 209,344. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 28

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--|----------------------|
| SUNGARD AVAILABILITY SERVICES, 91233 COLLECTION CENTER DRIVE, CHICAGO, IL 60693 CROWE, LLP | SAP PROGRAM APPLICATION SUPPORT | 280,916. |
| PO BOX 51660, LOS ANGELES, CA 90051 LATHAM & WATKINS, LLP, 355 SOUTH GRAND AVENUE, LOS ANGELES, CA 90071 | REPLENISHMENT PROGRAM AUDITS LEGAL SERVICES | 222,317. 108,606. |
| MAMMOTH MOVING & STORAGE, INC., 5390 OVERPASS ROAD, SUITE E, SANTA BARBARA, CA | MOVING SERVICE (TO NEW FACILITY) | 101,950. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) DAWN LONG DIRECTOR, IT | 40.00 0.00 | | | | | X | | 224,934. | 0. | 17,954. |
| (28) DONALD ROANE DIRECTOR, STRATEGIC INITIA | 40.00 0.00 | | | | | X | | 199,376. | 0. | 32,266. |
| (29) ANDREW SCHROEDER DIRECTOR, RESEARCH & ANALYSIS | 40.00 0.00 | | | | | X | | 198,527. | 0. | 28,284. |
| (30) HEATHER BENNETT DIRECTOR, FOUNDATION & CORPORATE DEV | 40.00 0.00 | | | | | X | | 177,473. | 0. | 28,099. |
| (31) JULIE MORELLO DIRECTOR, HUMAN RESOURCES | 40.00 0.00 | | | | | X | | 177,033. | 0. | 15,150. |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 977,343. | | 121,753. |

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 | |
|---|--|--|---|---|--|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a 130,006. | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 86,060. | | | | |
| | d Related organizations | 1d 11,153,848. | | | | |
| | e Government grants (contributions) | 1e | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 1,421,248,141. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | 1,334,559,828. | | | | |
| | h Total. Add lines 1a-1f | ▶ 1,432,618,055. | | | | |
| Program Service Revenue | 2 a _____ | Business Code | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | ▶ | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | ▶ 1,420,678. | | | 1,420,678. | |
| | 4 Income from investment of tax-exempt bond proceeds | ▶ | | | | |
| | 5 Royalties | ▶ | | | | |
| | 6 a Gross rents | (i) Real | | | | |
| | | (ii) Personal | | | | |
| | | b Less: rental expenses | | | | |
| | | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | ▶ | | | | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | | | | |
| | | (ii) Other | | | | |
| | | b Less: cost or other basis and sales expenses | 9,031,077. | | | |
| | | c Gain or (loss) | 27,794. | | | |
| | d Net gain or (loss) | ▶ 27,794. | | | 27,794. | |
| | 8 a Gross income from fundraising events (not including \$ 86,060. of contributions reported on line 1c). See Part IV, line 18 | a 0. | | | | |
| | | b Less: direct expenses | b 9,385. | | | |
| c Net income or (loss) from fundraising events | | ▶ -9,385. | | | -9,385. | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| | b Less: direct expenses | b | | | | |
| | c Net income or (loss) from gaming activities | ▶ | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| | b Less: cost of goods sold | b | | | | |
| | c Net income or (loss) from sales of inventory | ▶ | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a _____ | | | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | ▶ | | | | |
| 12 Total revenue. See instructions | ▶ 1,434,057,142. | 0. | 0. | 1,439,087. | | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 210,994,294. | 210,994,294. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 186,426. | 186,426. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 914,792,589. | 914,792,589. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,046,186. | 73,388. | 673,998. | 298,800. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 7,567,180. | 4,925,351. | 1,588,439. | 1,053,390. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 327,381. | 208,449. | 63,948. | 54,984. |
| 9 Other employee benefits | 1,114,816. | 678,848. | 282,882. | 153,086. |
| 10 Payroll taxes | 568,882. | 336,772. | 144,392. | 87,718. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 36,754. | 12,804. | 23,950. | |
| c Accounting | 143,888. | 21,479. | 117,141. | 5,268. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) | 1,726,431. | 1,165,150. | 414,349. | 146,932. |
| 12 Advertising and promotion | 84,388. | 2,500. | 25,442. | 56,446. |
| 13 Office expenses | 106,729. | 66,285. | 23,249. | 17,195. |
| 14 Information technology | 313,473. | 181,902. | 23,533. | 108,038. |
| 15 Royalties | | | | |
| 16 Occupancy | 470,557. | 409,963. | 39,964. | 20,630. |
| 17 Travel | 787,129. | 666,904. | 85,132. | 35,093. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 265,841. | 178,652. | 33,576. | 53,613. |
| 20 Interest | 508,077. | 462,150. | 28,506. | 17,421. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 1,033,842. | 943,369. | 51,712. | 38,761. |
| 23 Insurance | 259,976. | 205,625. | 44,908. | 9,443. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a INVENTORY ADJ-SEE SCH O | 38,677,616. | 38,677,616. | | |
| b FREIGHT AND TRANSPORTAT | 4,682,391. | 4,682,391. | | |
| c SUPPLIES | 682,435. | 576,584. | 76,869. | 28,982. |
| d WEB HOSTING | 308,916. | 232,859. | 75,294. | 763. |
| e All other expenses | 1,147,881. | 584,184. | 461,909. | 101,788. |
| 25 Total functional expenses. Add lines 1 through 24e | 1,187,834,078. | 1,181,266,534. | 4,279,193. | 2,288,351. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 5,904,628. | 1 | 2,174,768. |
| | 2 Savings and temporary cash investments | 34,064,608. | 2 | 80,301,745. |
| | 3 Pledges and grants receivable, net | 3,479,867. | 3 | 2,170,887. |
| | 4 Accounts receivable, net | | 4 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | 16,123. | 7 | 27,318. |
| | 8 Inventories for sale or use | 178,180,066. | 8 | 386,361,039. |
| | 9 Prepaid expenses and deferred charges | 903,868. | 9 | 3,077,609. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 46,054,516. | | |
| | b Less: accumulated depreciation | 10b 7,068,334. | | |
| | 11 Investments - publicly traded securities | 6,440,841. | 11 | 4,661,515. |
| | 12 Investments - other securities. See Part IV, line 11 | 9,900,000. | 12 | 8,050,634. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 5,291,167. | 15 | 2,123,327. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 283,205,397. | 16 | 527,935,024. | |
| Liabilities | 17 Accounts payable and accrued expenses | 5,984,932. | 17 | 3,618,546. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 13,400,000. | 23 | 13,400,000. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 4,096,679. | 25 | 5,180,398. |
| | 26 Total liabilities. Add lines 17 through 25 | 23,481,611. | 26 | 22,198,944. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 211,683,121. | 27 | 417,653,324. |
| | 28 Temporarily restricted net assets | 48,040,665. | 28 | 88,082,756. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 259,723,786. | 33 | 505,736,080. | |
| 34 Total liabilities and net assets/fund balances | 283,205,397. | 34 | 527,935,024. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|--|-----------|----------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,434,057,142. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,187,834,078. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 246,223,064. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 259,723,786. |
| 5 | Net unrealized gains (losses) on investments | 5 | -224,170. |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 13,400. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 505,736,080. |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

| | Yes | No |
|-----------|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
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| Total | | | | | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--------------|--------------|-------------|-------------|-------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 888,544,226. | 772,063,768. | 1114134242. | 1231064403. | 1432618055. | 5438424694. |
| 2 Tax revenues levied for the organization'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 | 888,544,226. | 772,063,768. | 1114134242. | 1231064403. | 1432618055. | 5438424694. |
| 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) | | | | | | 3207255458. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 2231169236. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--------------|--------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 888,544,226. | 772,063,768. | 1114134242. | 1231064403. | 1432618055. | 5438424694. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 19,017. | 18,743. | 63,167. | 489,967. | 1,420,677. | 2,011,571. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | 82,424. | 5,060. | 0. | 87,484. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 5440523749. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 307,603. |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|-------------------------------------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 41.01 % |
| 15 Public support percentage from 2017 Schedule A, Part II, line 14 | 15 | 40.76 % |
| 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization'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 Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 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, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|---|
| 15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|--|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b A family member of a person described in (a) above? | | |
| c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i> | | |

Section C. Type II Supporting Organizations

| | Yes | No |
|--|-----|----|
| 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | |
|---|--|--|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C - Distributable Amount | | (A) Prior Year | Current Year |
|----------------------------------|---|----------------|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013 | | | |
| b From 2014 | | | |
| c From 2015 | | | |
| d From 2016 | | | |
| e From 2017 | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2018 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2014 | | | |
| b Excess from 2015 | | | |
| c Excess from 2016 | | | |
| d Excess from 2017 | | | |
| e Excess from 2018 | | | |

Schedule A (Form 990 or 990-EZ) 2018

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | <hr/> <hr/> <hr/> | \$ 40,800,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | <hr/> <hr/> <hr/> | \$ 1,276,577. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | <hr/> <hr/> <hr/> | \$ 486,010. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | <hr/> <hr/> <hr/> | \$ 394,606. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | <hr/> <hr/> <hr/> | \$ 339,052. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | <hr/> <hr/> <hr/> | \$ 60,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 7 | <hr/> <hr/> <hr/> | \$ 50,180. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | <hr/> <hr/> <hr/> | \$ 610,338,946. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 9 | <hr/> <hr/> <hr/> | \$ 93,495,076. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 10 | <hr/> <hr/> <hr/> | \$ 79,360,206. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 11 | <hr/> <hr/> <hr/> | \$ 78,289,710. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 12 | <hr/> <hr/> <hr/> | \$ 78,055,334. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 13 | <hr/> <hr/> <hr/> | \$ 63,006,869. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 14 | <hr/> <hr/> <hr/> | \$ 61,631,967. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 15 | <hr/> <hr/> <hr/> | \$ 38,748,443. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 16 | <hr/> <hr/> <hr/> | \$ 37,272,304. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 17 | <hr/> <hr/> <hr/> | \$ 32,510,627. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 18 | <hr/> <hr/> <hr/> | \$ 31,230,476. | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|--|---|----------------------|
| 8 | PHARMACEUTICALS _____ _____ _____ | \$ 610,338,946. | 07/05/18 |
| 9 | PHARMACEUTICALS _____ _____ _____ | \$ 93,495,076. | 08/29/18 |
| 10 | PHARMACEUTICALS, MEDICAL SUPPLIES _____ _____ _____ | \$ 79,360,206. | 07/06/18 |
| 11 | PHARMACEUTICALS _____ _____ _____ | \$ 78,289,710. | 07/05/18 |
| 12 | PHARMACEUTICALS _____ _____ _____ | \$ 78,055,334. | 07/09/18 |
| 13 | PHARMACEUTICALS _____ _____ _____ | \$ 63,006,869. | 07/03/18 |

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

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

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|------------------------------|---|---|----------------------|
| 14 | PHARMACEUTICALS _____ _____ _____ | \$ 61,631,967. | 07/12/18 |
| 15 | PHARMACEUTICALS _____ _____ _____ | \$ 38,748,443. | 07/05/18 |
| 16 | PHARMACEUTICALS _____ _____ _____ | \$ 37,272,304. | 07/06/18 |
| 17 | PHARMACEUTICALS _____ _____ _____ | \$ 32,510,627. | 07/03/18 |
| 18 | PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL EQUIPMENT _____ _____ _____ | \$ 31,230,476. | 07/05/18 |
| | _____ _____ _____ | \$ _____ | _____ |

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

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2018 Open to Public Inspection

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

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

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

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including checkboxes and dollar amount fields.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 27,758,883. | 28,521,747. | 29,086,980. | 34,758,148. | 34,001,482. |
| b Contributions | 8,302,822. | 384,988. | 829,812. | 919,851. | 412,770. |
| c Net investment earnings, gains, and losses | 2,236,006. | 2,233,294. | 2,202,566. | -19,740. | 1,435,924. |
| d Grants or scholarships | 1,099,626. | 3,177,271. | 3,397,144. | 6,348,440. | 895,187. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 222,451. | 203,875. | 200,467. | 222,839. | 196,841. |
| g End of year balance | 36,975,634. | 27,758,883. | 28,521,747. | 29,086,980. | 34,758,148. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment .00 %
- c Temporarily restricted endowment .00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | X | |
| 3b | X | |

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 8,705,985. | | 8,705,985. |
| b Buildings | | 29,365,333. | 823,876. | 28,541,457. |
| c Leasehold improvements | | | | |
| d Equipment | | 3,022,951. | 1,792,135. | 1,230,816. |
| e Other | | 4,960,247. | 4,452,323. | 507,924. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 38,986,182. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) CAPITAL LEASE OBLIGATION | 14,691. |
| (3) OTHER CURRENT LIABILITIES | 3,723,719. |
| (4) ACCRUED PAYROLL EXPENSES | 1,441,988. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 5,180,398. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

| | | | |
|----------|--|-----------|----------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,436,410,334. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -224,170. |
| b | Donated services and use of facilities | 2b | 2,451,977. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 116,000. |
| e | Add lines 2a through 2d | 2e | 2,343,807. |
| 3 | Subtract line 2e from line 1 | 3 | 1,434,066,527. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | -9,385. |
| c | Add lines 4a and 4b | 4c | -9,385. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 1,434,057,142. |

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

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

| | | | |
|----------|---|-----------|----------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1,190,398,040. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 2,464,211. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 99,751. |
| e | Add lines 2a through 2d | 2e | 2,563,962. |
| 3 | Subtract line 2e from line 1 | 3 | 1,187,834,078. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 1,187,834,078. |

Part XIII Supplemental Information.

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

PART V, LINE 4:

BOARD DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATION MAINTAINS CUSTODY OF

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

ENDOWMENT. DIRECT RELIEF FOUNDATION WAS FORMED AS A SUPPORTING

ORGANIZATION OF DIRECT RELIEF. THE FOUNDATION IS ORGANIZED TO OPERATE

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

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

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

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

AND GENERAL EXPENSES. FOR THE YEAR ENDED JUNE 30, 2019, THE DIRECT RELIEF

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

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

Part XIII Supplemental Information (continued)

OF THE CEO.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM TAXES ON INCOME UNDER INTERNAL REVENUE

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

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

CONSOLIDATED FINANCIAL STATEMENTS. THE ORGANIZATION HAD INCONSEQUENTIAL

UNRELATED BUSINESS INCOME TAX DURING THE YEAR ENDED JUNE 30, 2019 AND 2018

AND NO TAX PROVISION HAS BEEN MADE IN THE ACCOMPANYING CONSOLIDATED

FINANCIAL STATEMENTS.

THE ORGANIZATION, UNDER THE PROVISIONS OF ASC 740, INCOME TAXES, HAD NO

UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AS OF JUNE 30, 2019 AND 2018.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONATED SOFTWARE 116,000.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT -9,385.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DONATED SOFTWARE 90,366.

FUNDRAISING EVENT 9,385.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 99,751.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN | | | GRANT MAKING | | 233,500. |
| EAST ASIA AND THE PACIFIC | | | GRANT MAKING | | 388,500. |
| EUROPE | | | GRANT MAKING | | 118,128. |
| MIDDLE EAST AND NORTH AFRICA | | | GRANT MAKING | | 135,000. |
| NORTH AMERICA | | | GRANT MAKING | | 1,128,156. |
| SOUTH AMERICA | | | GRANT MAKING | | 10,000. |
| SOUTH ASIA | | | GRANT MAKING | | 1,089,076. |
| SUB-SAHARAN AFRICA | | | GRANT MAKING | | 383,093. |
| 3 a Subtotal | 0 | 0 | | | 3,485,453. |
| b Total from continuation sheets to Part I | 3 | 10 | | | 911,878,549. |
| c Totals (add lines 3a and 3b) | 3 | 10 | | | 915,364,002. |

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

Schedule F (Form 990) 2018

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA AND THE CARIBBEAN | | | GRANT MAKING | PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES | 136,146,794. |
| EAST ASIA AND THE PACIFIC | | | GRANT MAKING | PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES | 55,422,341. |
| EUROPE (INCLUDING ICELAND AND GREENLAND) | | | GRANT MAKING | PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES | 41,362,536. |
| MIDDLE EAST AND NORTH AFRICA | | | GRANT MAKING | PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES | 66,145,080. |
| NORTH AMERICA | | | GRANT MAKING | PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES | 4,612,397. |
| RUSSIA AND NEIGHBORING STATES | | | GRANT MAKING | PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES | 22,841,330. |
| SOUTH AMERICA | | | GRANT MAKING | PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES | 70,228,140. |
| SOUTH ASIA | | | GRANT MAKING | PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES | 43,649,193. |
| SUB-SAHARAN AFRICA | | | GRANT MAKING | PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES | 470,917,164. |
| NORTH AMERICA | 1 | 2 | PROGRAM SERVICES | COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN MEXICO | 70,320. |
| Totals | | | | | |

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|---------------------------------|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA | 1 | 1 | PROGRAM SERVICES | COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN AFRICA | 65,179. |
| SOUTH AMERICA | 0 | 1 | PROGRAM SERVICES | COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN SOUTH AMERICA | 21,358. |
| CENTRAL AMERICA & THE CARIBBEAN | 0 | 2 | PROGRAM SERVICES | COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN HAITI | 45,331. |
| SOUTH ASIA | 0 | 1 | PROGRAM SERVICES | COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN INDIA | 76,032. |
| EUROPE | 0 | 1 | PROGRAM SERVICES | COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE BALKANS | 65,445. |
| EAST ASIA & THE PACIFIC | 1 | 2 | PROGRAM SERVICES | COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN ASEAN REGION | 95,077. |
| NORTH AMERICA | 0 | 0 | INVESTMENTS | | 90,291. |
| SUB-SAHARAN AFRICA | 0 | 0 | INVESTMENTS | | 24,541. |
| | | | | | |
| | | | | | |
| Totals | 3 | 10 | | | 911,878,549. |

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|---|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| | | SOUTH ASIA | TYPHOON HAIYAN RELIEF & RECOVERY | 350,000. | WIRE | 0. | | |
| | | SUB-SAHARAN AFRICA | CYCLONE IDAI RELIEF & RECOVERY | 150,000. | WIRE | 0. | | |
| | | SOUTH ASIA | ROHINGYA REFUGEE CRISIS RELIEF & RECOVERY | 117,700. | WIRE | 0. | | |
| | | MIDDLE EAST AND NORTH AFRICA | SYRIA REFUGEE CRISIS RELIEF & RECOVERY | 105,000. | WIRE | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | EMERGENCY PREPARATION & RESPONSE | 100,000. | WIRE | 0. | | |
| | | SOUTH ASIA | NEPAL EARTHQUAKE RELIEF & RECOVERY | 100,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SULAWESI EARTHQUAKE RELIEF & RECOVERY | 95,000. | WIRE | 0. | | |
| | | SOUTH ASIA | NEPAL EARTHQUAKE RELIEF & RECOVERY | 85,500. | WIRE | 0. | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **254**

3 Enter total number of other organizations or entities **119**

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--|---------------------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA | NEPAL EARTHQUAKE RELIEF & RECOVERY | 79,254. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | SULAWESI EARTHQUAKE RELIEF & RECOVERY | 75,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | TYPHOON HAIYAN RELIEF & RECOVERY | 70,000. | WIRE | 0. | | |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | ONGOING PATIENT SUPPORT | 66,720. | WIRE | 0. | | |
| | | SUB-SAHARAN AFRICA | STRENGTHENING HEALTHCARE SYSTEMS | 65,507. | WIRE | 0. | | |
| | | SOUTH ASIA | NEPAL EARTHQUAKE RELIEF & RECOVERY | 55,243. | WIRE | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | HURRICANE MARIA RELIEF & RECOVERY | 51,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | MATERNAL & CHILD HEALTH EDUCATION | 50,000. | WIRE | 0. | | |
| | | SOUTH ASIA | EMERGENCY PREPARATION & RESPONSE | 50,000. | WIRE | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--|---|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | GREECE WILDFIRE RELIEF & RECOVERY | 45,000. | WIRE | 0. | | |
| | | SOUTH ASIA | ROHINGYA REFUGEE CRISIS RELIEF & RECOVERY | 45,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | TYPHOON HAIYAN RELIEF & RECOVERY | 42,300. | WIRE | 0. | | |
| | | SOUTH ASIA | NEPAL EARTHQUAKE RELIEF & RECOVERY | 41,000. | WIRE | 0. | | |
| | | SOUTH ASIA | NEPAL EARTHQUAKE RELIEF & RECOVERY | 38,562. | WIRE | 0. | | |
| | | SOUTH ASIA | NEPAL EARTHQUAKE RELIEF & RECOVERY | 37,484. | WIRE | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | HURRICANE MARIA RELIEF & RECOVERY | 37,000. | WIRE | 0. | | |
| | | SUB-SAHARAN AFRICA | VASELINE HEALING MISSIONS PROGRAM | 33,367. | WIRE | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | CERVICAL CANCER SCREENING PROGRAM | 30,000. | WIRE | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|------------------------------|---------------------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | MIDDLE EAST AND NORTH AFRICA | VASELINE HEALING MISSIONS PROGRAM | 30,000. | WIRE | 0. | | |
| | | SUB-SAHARAN AFRICA | MENTAL HEALTH PROGRAM | 26,500. | WIRE | 0. | | |
| | | SOUTH ASIA | STRENGTHENING HEALTHCARE SYSTEMS | 25,000. | WIRE | 0. | | |
| | | SOUTH ASIA | NEPAL EARTHQUAKE RELIEF & RECOVERY | 25,000. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | TYPHOON HAIYAN RELIEF & RECOVERY | 25,000. | WIRE | 0. | | |
| | | SOUTH ASIA | MATERNAL & CHILD HEALTH EDUCATION | 23,333. | WIRE | 0. | | |
| | | SUB-SAHARAN AFRICA | PRENATAL VITAMIN DISTRIBUTION PROGRAM | 19,118. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | VASELINE HEALING MISSIONS PROGRAM | 17,500. | WIRE | 0. | | |
| | | EAST ASIA AND THE PACIFIC | VASELINE HEALING MISSIONS PROGRAM | 13,700. | WIRE | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--|---|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA | MENTAL HEALTH PROGRAM | 13,600. | WIRE | 0. | | |
| | | SOUTH ASIA | CYCLONE, FLOODING RELIEF & RECOVERY | 10,000. | WIRE | 0. | | |
| | | SOUTH AMERICA | STRENGTHENING HEALTHCARE SYSTEMS | 10,000. | WIRE | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | CERVICAL CANCER SCREENING PROGRAM | 10,000. | WIRE | 0. | | |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | ONGOING PATIENT SUPPORT | 6,408. | WIRE | 0. | | |
| | | SOUTH ASIA | NEPAL EARTHQUAKE RELIEF & RECOVERY | 6,000. | WIRE | 0. | | |
| | | CENTRAL AMERICA AND THE CARIBBEAN | STRENGTHENING HEALTHCARE SYSTEMS | 5,500. | WIRE | 0. | | |
| | | NORTH AMERICA | SUPPORT OF RELATED PARTY ORGANIZATION IN MEXICO | 1,128,156. | WIRE | 0. | | |
| | | SUB-SAHARAN AFRICA | SUPPORT OF RELATED PARTY ORGANIZATION IN SOUTH AFRICA | 75,000. | WIRE | 0. | | |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA | | 0. | | 154,397,583. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 66,839,184. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 62,119,664. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 34,924,941. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH AMERICA | | 0. | | 34,092,395. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 33,668,858. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 30,562,875. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH AMERICA | | 0. | | 27,817,088. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 24,624,129. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | | 0. | | 22,300,519. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 21,456,088. | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | RUSSIA AND NEIGHBORING STATES | | 0. | | 17,522,973. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 15,303,767. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 13,753,373. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 11,378,659. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 10,436,057. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 9,582,998. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 9,549,209. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | | 0. | | 8,700,774. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 8,335,981. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 7,675,679. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 7,267,619. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 6,820,062. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 6,558,740. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 6,355,650. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | | 0. | | 6,070,589. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 5,996,867. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 5,973,749. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 5,722,083. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 5,642,505. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 5,607,954. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 5,532,116. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 5,525,930. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 5,378,647. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 5,089,909. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 5,026,990. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 5,015,067. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 5,000,764. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 4,862,292. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 4,841,090. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 4,432,457. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 4,421,048. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 4,334,616. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 4,159,295. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 4,129,124. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA | | 0. | | 4,102,478. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 4,052,841. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 3,904,077. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 3,854,844. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 3,489,518. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 3,402,572. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | NORTH AMERICA | | 0. | | 3,376,327. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 3,167,261. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SOUTH AMERICA | | 0. | | 2,951,320. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | | 0. | | 2,920,396. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 2,823,823. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 2,676,528. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 2,586,997. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 2,527,563. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 2,493,126. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 2,441,870. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 2,193,758. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 2,103,165. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
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| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 2,098,083. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 2,057,998. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | RUSSIA AND NEIGHBORING STATES | | 0. | | 2,018,023. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 1,911,324. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 1,855,649. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 1,828,407. | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 1,812,998. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | SOUTH AMERICA | | 0. | | 1,661,371. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH AMERICA | | 0. | | 1,652,391. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |

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| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA | | 0. | | 1,626,723. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | RUSSIA AND NEIGHBORING STATES | | 0. | | 1,595,943. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 1,568,390. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 1,544,714. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 1,516,502. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 1,418,364. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 1,408,858. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 1,407,606. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 1,405,335. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |

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|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA | | 0. | | 1,338,292. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 1,322,676. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 1,270,335. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 1,227,080. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 1,215,169. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 1,087,798. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 1,080,890. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 1,076,483. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 1,072,031. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
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| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 1,053,909. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 1,050,989. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 992,907. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 985,034. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 978,476. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 920,433. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 914,223. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 901,139. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | | 0. | | 894,115. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA | | 0. | | 880,317. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 867,620. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | RUSSIA AND NEIGHBORING STATES | | 0. | | 859,898. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 831,574. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 807,497. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 789,956. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 765,815. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 761,662. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 757,619. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |

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|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 755,744. | PHARMACEUTICALS, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 733,941. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 724,691. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 714,806. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 688,265. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 674,801. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 669,123. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 661,120. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 660,781. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--------------------------------------|-----------------------------|---------------------------------|--|--|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA | | 0. | | 652,253. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SOUTH ASIA | | 0. | | 652,253. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SOUTH ASIA | | 0. | | 652,253. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SOUTH ASIA | | 0. | | 632,333. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 627,166. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 615,617. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 610,907. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 610,291. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 610,215. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 577,376. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 570,721. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 563,554. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 545,921. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 528,744. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 523,223. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 522,849. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 501,433. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 491,892. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--------------------------------------|-----------------------------|---------------------------------|--|--|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA | | 0. | | 467,180. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 458,776. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 454,689. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 453,359. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 452,347. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 452,115. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 448,113. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 441,956. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 416,546. | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 416,146. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 414,822. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | SOUTH ASIA | | 0. | | 413,677. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SOUTH AMERICA | | 0. | | 413,360. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 413,100. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SOUTH ASIA | | 0. | | 407,658. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SOUTH AMERICA | | 0. | | 406,265. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 401,485. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 401,409. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 398,002. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 396,910. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 353,896. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 352,842. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 343,695. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 331,065. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 329,589. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 327,614. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 322,218. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA | | 0. | | 317,644. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 311,682. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SOUTH AMERICA | | 0. | | 308,769. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 296,995. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 295,800. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 288,525. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | | 0. | | 286,416. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SOUTH ASIA | | 0. | | 286,416. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 274,087. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 271,598. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 263,540. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 263,199. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 257,721. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 252,787. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 250,614. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 250,275. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | RUSSIA AND NEIGHBORING STATES | | 0. | | 249,524. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 243,030. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--------------------------------------|-----------------------------|---------------------------------|--|--|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA | | 0. | | 233,760. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | NORTH AMERICA | | 0. | | 233,257. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 226,792. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | SOUTH AMERICA | | 0. | | 223,049. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 222,950. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 220,779. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SOUTH AMERICA | | 0. | | 220,158. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | NORTH AMERICA | | 0. | | 219,955. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 218,575. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | RUSSIA AND NEIGHBORING STATES | | 0. | | 215,791. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 214,812. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 211,984. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 210,816. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 201,762. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 198,865. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 193,209. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 191,349. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 181,830. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | | 0. | | 180,405. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 179,806. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 179,003. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | NORTH AMERICA | | 0. | | 176,921. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 173,224. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH AMERICA | | 0. | | 171,235. | MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 165,253. | PHARMACEUTICALS | PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 164,056. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | RUSSIA AND NEIGHBORING STATES | | 0. | | 162,856. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 161,519. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 161,109. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 154,224. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 145,450. | MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 144,563. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 143,880. | MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 143,208. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 135,224. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH AMERICA | | 0. | | 132,599. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 130,782. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 129,030. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 126,277. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 122,261. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | NORTH AMERICA | | 0. | | 113,035. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 111,032. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 110,037. | MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 107,063. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SOUTH ASIA | | 0. | | 105,393. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | RUSSIA AND NEIGHBORING STATES | | 0. | | 104,449. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 103,379. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 103,250. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 103,088. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 102,265. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | NORTH AMERICA | | 0. | | 96,728. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 92,612. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | NORTH AMERICA | | 0. | | 89,443. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 88,663. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 87,166. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESale PRICE |
| | | SOUTH ASIA | | 0. | | 85,133. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESale PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 84,840. | PHARMACEUTICALS | ESTIMATED WHOLESale PRICE |
| | | NORTH AMERICA | | 0. | | 78,370. | PHARMACEUTICALS | ESTIMATED WHOLESale PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 78,145. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESale PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 77,316. | PHARMACEUTICALS | ESTIMATED WHOLESale PRICE |
| | | SOUTH AMERICA | | 0. | | 74,598. | PHARMACEUTICALS | ESTIMATED WHOLESale PRICE |
| | | SOUTH ASIA | | 0. | | 71,604. | PHARMACEUTICALS | ESTIMATED WHOLESale PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 71,344. | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESale PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA | | 0. | | 69,808. | MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 68,980. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | NORTH AMERICA | | 0. | | 65,235. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | SOUTH ASIA | | 0. | | 64,253. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 63,710. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 60,792. | PHARMACEUTICALS, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SOUTH AMERICA | | 0. | | 57,666. | MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 57,616. | MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 54,538. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | RUSSIA AND NEIGHBORING STATES | | 0. | | 51,846. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | NORTH AMERICA | | 0. | | 50,337. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 49,917. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 48,929. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 47,508. | PHARMACEUTICALS, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 47,343. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 44,527. | MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 42,945. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | NORTH AMERICA | | 0. | | 42,328. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 41,758. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | RUSSIA AND NEIGHBORING STATES | | 0. | | 41,715. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 41,329. | MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 40,484. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 40,169. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 39,828. | PHARMACEUTICALS | PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 38,491. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 37,193. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 37,159. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|-----------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 34,424. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 33,823. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 33,069. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 33,033. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 31,539. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 30,874. | OTHER | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 30,874. | OTHER | ESTIMATED WHOLESAL PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 30,874. | OTHER | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 30,724. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 28,793. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESale PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 27,862. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESale PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 27,033. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESale PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 25,458. | MEDICAL SUPPLIES | ESTIMATED WHOLESale PRICE |
| | | SOUTH AMERICA | | 0. | | 25,180. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESale PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 24,967. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESale PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 24,211. | PHARMACEUTICALS | ESTIMATED WHOLESale PRICE, PURCHASED PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 23,808. | MEDICAL SUPPLIES | ESTIMATED WHOLESale PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 23,402. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESale PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 21,288. | MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | RUSSIA AND NEIGHBORING STATES | | 0. | | 18,313. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 18,061. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | NORTH AMERICA | | 0. | | 17,817. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 17,383. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | NORTH AMERICA | | 0. | | 17,272. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 17,205. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 17,188. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 16,955. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 14,996. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 14,853. | MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | EAST ASIA AND THE PACIFIC | | 0. | | 14,701. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | MIDDLE EAST AND NORTH AFRICA | | 0. | | 14,478. | PHARMACEUTICALS | ESTIMATED WHOLESAL PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 14,103. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | NORTH AMERICA | | 0. | | 13,813. | PHARMACEUTICALS, EQUIPMENT | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 13,384. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 13,159. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE, PURCHASED PRICE |
| | | SOUTH AMERICA | | 0. | | 13,062. | MEDICAL SUPPLIES | ESTIMATED WHOLESAL PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|-----------------------------------|-----------------------------|---------------------------------|--|--|---|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SUB-SAHARAN AFRICA | | 0. | | 12,565. | MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 12,508. | MEDICAL SUPPLIES | PURCHASED PRICE |
| | | NORTH AMERICA | | 0. | | 12,137. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 11,716. | MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 11,476. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 11,087. | MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 9,533. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | NORTH AMERICA | | 0. | | 9,424. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 9,386. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|---|---|--|-----------------------------|---------------------------------|--|--|--|--|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH ASIA | | 0. | | 9,357. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | EUROPE (INCLUDING ICELAND AND GREENLAND) | | 0. | | 9,323. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 8,688. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 8,602. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 8,575. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 8,312. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 8,047. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 7,749. | MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 7,660. | PHARMACEUTICALS | ESTIMATED WHOLESALE PRICE |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) | | | | | | | | |
|--|--|--------------------------------------|----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
| | | SOUTH AMERICA | | 0. | | 7,632. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 7,043. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
| | | SOUTH ASIA | | 0. | | 6,997. | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | PURCHASED PRICE |
| | | CENTRAL AMERICA AND THE CARIBBEAN | | 0. | | 6,593. | PHARMACEUTICALS, MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE |
| | | SUB-SAHARAN AFRICA | | 0. | | 5,891. | MEDICAL SUPPLIES | ESTIMATED WHOLESALE PRICE, PURCHASED PRICE |
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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
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Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2018

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

EXCEPT IN CERTAIN EMERGENCY RESPONSE SITUATIONS WHERE THE TIMELINESS OF
OUR RESPONSE IS PARAMOUNT, GRANT RECIPIENTS SIGN MEMORANDUMS OF
UNDERSTANDING OUTLINING THE RESPONSIBILITIES OF DIRECT RELIEF AND THE
GRANTEE. REPORTING BY THE GRANTEE VARIES BASED ON THE SIZE, SCOPE, AND
TYPE OF PROGRAM, RANGING FROM MONTHLY, QUARTERLY, OR ANNUAL REPORTING,
WITH A FINAL REPORT DUE UPON COMPLETION OF THE PROJECT. DIRECT RELIEF
ALSO HAS THE RIGHT TO AND DOES MAKE SITE VISITS TO GRANTEES TO ENSURE
COMPLIANCE WITH THE PROJECT PROPOSAL; THIS IS ESPECIALLY THE CASE WHEN IT
COMES TO THE MONITORING OF OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE
SITUATIONS.

PART I, LINE 3:

THE ORGANIZATION USED ACCRUAL METHOD FOR ACCOUNTING FOR EXPENDITURES
OUTSIDE THE U.S.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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| Name of the organization <p style="text-align:center">DIRECT RELIEF</p> | Employer identification number <p style="text-align:center">95-1831116</p> |
|--|---|

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
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| Total | | | | | | |

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, ND, NH, NJ, NM, NV, NY
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
|-----------------|--|---|--------------|------------------------|--|
| | | MOTHER'S DAY/MATERNAL CHILD (event type) | (event type) | NONE (total number) | |
| Revenue | 1 | Gross receipts | 86,060. | | 86,060. |
| | 2 | Less: Contributions | 86,060. | | 86,060. |
| | 3 | Gross income (line 1 minus line 2) | | | |
| Direct Expenses | 4 | Cash prizes | | | |
| | 5 | Noncash prizes | | | |
| | 6 | Rent/facility costs | | | |
| | 7 | Food and beverages | | | |
| | 8 | Entertainment | | | |
| | 9 | Other direct expenses | 9,385. | | 9,385. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | 9,385. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | -9,385. | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--|---|---|---|---|
| | | | | | |
| Revenue | 1 | Gross revenue | | | |
| | 2 | Cash prizes | | | |
| Direct Expenses | 3 | Noncash prizes | | | |
| | 4 | Rent/facility costs | | | |
| | 5 | Other direct expenses | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | |

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 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 conducted in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

- 16 Gaming manager information:
 - Name ▶ _____
 - Gaming manager compensation ▶ \$ _____
 - Description of services provided ▶ _____
- 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 retain the state gaming license? Yes No
- b 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 ▶ \$ _____

Part IV Supplemental Information. 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 provide any additional information. See instructions.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 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 noncash assistance | (h) Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| DIRECT RELIEF FOUNDATION 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117 | 20-5983698 | 501C3 | 13,076,235. | 0. | | | AID |
| NATIONAL ASSOC OF FREE CLINICS 1800 DIAGONAL RD #600 ALEXANDRIA, VA 22314 | 56-2273242 | 501C3 | 1,460,018. | 0. | | | HURRICANE HARVEY |
| POR LOS NUESTROS CALLE JACARANDA #91 SAN JUAN, PR 00912 | 66-0776227 | 501C3 | 701,110. | 0. | | | ABBVIE PR ENERGY PROJECTS |
| SANTA BARBARA COUNTY FIRE DEPT 4410 CATHEDRAL OAKS ROAD SANTA BARBARA, CA 93110 | 95-6002833 | GOVERNMENT ENTITY | 623,884. | 0. | | | RETROFIT FIREHAWK HELICOPTER |
| FUNDACION HOSPITAL PEDATRICO PO BOX 10728 SAN JUAN, PR 00922 | 66-0817091 | 501C3 | 500,000. | 0. | | | HURRICANE MARIA PUERTO RICO |
| SALUD INTEGRAL EN LA MONTANA PO BOX 515 NARANJITO, PR 00719 | 66-0329532 | 501C3 | 493,700. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **884.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) (2018)

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) 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HPM FOUNDATION PO BOX 14457 SAN JUAN, PR 00915 | 66-0437924 | 501C3 | 466,910. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| COSSMA, INC PO BOX 1330 CIDRA, PR 00739-1330 | 66-0434923 | 501C3 | 462,743. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| MIGRANT HEALTH CTR WESTERN REGION PO BOX 518 MAYAGUEZ, PR 00680 | 66-0427801 | 501C3 | 462,185. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| CONSEJO DE SALUD DE PUERTO RICO 1034 HOSTOS AVENUE PONCE, PR 00716 | 66-0292961 | 501C3 | 462,000. | 0. | | | BD AWARDS PROGRAM, HURRICANE COMMUNITY HEALTH FUND |
| FOUNDATION FOR PUERTO RICO 1500 CALLE ANTONSANTI, STE K SAN JUAN, PR 00912-3150 | 66-0776227 | 501C3 | 455,000. | 0. | | | HURRICANE MARIA PUERTO RICO |
| FAMILY HEALTH CENTERS OF SW FL PO BOX 1357 FORT MYERS, FL 33901 | 59-1741273 | 501C3 | 421,122. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| NEOMED CENTER, INC PO BOX 1277 GURABO, PR 00778 | 66-0485440 | 501C3 | 420,000. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| COSTA SALUD COMM HEALTH CTR PO BOX 638 RINCON, PR 00677 | 66-0428488 | 501C3 | 411,800. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| CONCILIO DE SALUD INTEGRAL DE LOIZA - CARRETERA 187, INTERSECCION 188 - LOIZA, PR 00772 | 66-0314649 | 501C3 | 395,950. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |

Schedule I (Form 990)

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) 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| PRYMED MEDICAL CARE, INC PO BOX 1427 CIALES, PR 00638 | 66-0428120 | 501C3 | 363,969. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| COMMUNITY HEALTH OF SO FLORIDA, INC - 10300 SW 216 ST - MIAMI, FL 33190 | 59-1372690 | 501C3 | 362,938. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| CENTRO DE SALUD FAMILIAR DR JULIO PALMIERI FERRI, INC - PO BOX 450 - ARROYO, PR 00714 | 66-0496484 | 501C3 | 326,492. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| ATLANTIC MEDICAL CENTER PO BOX 2042 BARCELONETA, PR 00617 | 66-0426667 | 501C3 | 311,492. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| CAMUY HEALTH SERVICES, INC AVE MUNOZ RIVERA #63 CAMUY, PR 00627 | 66-0428652 | 501C3 | 300,000. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| CORPORACION SANOS PO BOX 1025 CAGUAS, PR 00726 | 66-0671421 | 501C3 | 284,060. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| CENTRO INTEGRADOS DE SERV DE SALUD CARRETERA 111 KM 33.2 LARES, PR 00669 | 66-0426506 | 501C3 | 283,634. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| FORT BEND FAMILY HEALTH CTR, INC 400 AUSTIN STREET RICHMOND, TX 77469 | 74-1951476 | 501C3 | 271,305. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| HOSPITAL GENERAL DE CASTANER PO BOX 1003 CASTANER, PR 00631-1003 | 66-0352014 | 501C3 | 250,000. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |

Schedule I (Form 990)

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) 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CENTRO DE SERVICIOS PRIMARIOS 99 GUILLERMO RIEFKOHL STREET PATILLAS, PR 00723 | 66-0430826 | 501C3 | 226,640. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| NAFC 1800 DIAGONAL ROAD, STE 600 ALEXANDRIA, VA 22314 | 56-2273242 | 501C3 | 195,000. | 0. | | | SAFETY NET SUPPORT, NAFC FUNDING PROGRAM |
| AMPLA HEALTH 935 MARKET STREET YUBA CITY, CA 95991 | 94-2210447 | 501C3 | 155,000. | 0. | | | 2018 CALIFORNIA WILDFIRES |
| CALIFORNIA VOCATIONS, INC. 702 MANGROVE AVE PMB#19 CHICO, CA 95926 | 68-0062031 | 501C3 | 150,000. | 0. | | | 2018 CALIFORNIA WILDFIRES |
| PRIM CARE PROV - HEALTHY FELICIANA 11990 JACKSON STREET CLINTON, LA 70722 | 72-1443732 | 501C3 | 105,448. | 0. | | | LOUISIANA FLOODING |
| HILL COUNTRY COMMUNITY CLINIC PO BOX 228 ROUND MOUNTAIN, GA 96084 | 94-2831597 | 501C3 | 100,000. | 0. | | | 2018 CALIFORNIA WILDFIRES |
| COALICION DE VACUNACION PUERTO RICO - STE 67 PMB 290 JUAN C BORBON ST #35 - GUAYNABO, PR 00969 | 66-0798610 | 501C3 | 100,000. | 0. | | | ABBVIE PR MOBILE HEALTH |
| SANTA ROSA COMM HEALTH CENTER 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403 | 68-0365296 | 501C3 | 100,000. | 0. | | | BD AWARDS PROGRAM |
| BALDWIN FAMILY HEALTH CARE 1615 MICHIGAN AVENUE BALDWIN, MI 49304 | 38-2053619 | 501C3 | 100,000. | 0. | | | BD AWARDS PROGRAM |

Schedule I (Form 990)

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) 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| THE DIMOCK CENTER 55 DIMOCK STREET ROXBURY, MA 02119 | 04-3487835 | 501C3 | 100,000. | 0. | | | BD AWARDS PROGRAM |
| QUEENSCARE HEALTH CENTERS 950 SOUTH GRAND AVE LOS ANGELES, CA 90015 | 95-3702136 | 501C3 | 100,000. | 0. | | | BD AWARDS PROGRAM |
| NATIONAL ASSOC OF FREE CLINICS 1800 DIAGONAL RD #600 ALEXANDRIA, VA 22314 | 56-2273242 | 501C3 | 100,000. | 0. | | | CONTINUITY OF CARE GRANT |
| SAN YSIDRO HEALTH 1601 PRECISION PARK LANE SAN DIEGO, CA 92173 | 95-2801772 | 501C3 | 100,000. | 0. | | | GENERAL U.S. EMERGENCY PREP & RESPONSE |
| MOROVIS COMMUNITY HEALTH CENTER PO BOX 518 MOROVIS, PR 00687 | 66-0480948 | 501C3 | 82,000. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| MENDOCINO COMMUNITY HEALTH CLINIC 333 LAWS AVENUE UKIAH, CA 95482 | 68-0259045 | 501C3 | 71,607. | 0. | | | 2018 CALIFORNIA WILDFIRES |
| CENTRO DE SERV PRIMARIOS DE SALUD 3 CALLE ANTONIO ALCAZAR FLORIDA, PR 00650 | 66-0428922 | 501C3 | 70,000. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| PROJECT RESCUE FLIGHT 606 ALAMO PINTADO RD. #3-246 SOLVANG, CA 93463 | 74-3042295 | 501C3 | 66,000. | 0. | | | SOUTHERN CA WILDFIRES 2017 |
| MEDSPIRE HEALTH 15180 TOREY PINE RD MAGALIA, CA 95954 | 83-3483396 | 501C3 | 50,000. | 0. | | | 2018 CALIFORNIA WILDFIRES |

Schedule I (Form 990)

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) 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| TEXAS ASSOC OF COMMUNITY HEALTH CENTERS - 5900 SOUTHWEST PARKWAY #3 - AUSTIN, TX 78735 | 74-2308695 | 501C3 | 50,000. | 0. | | | GENERAL U.S. EMERGENCY PREP & RESPONSE |
| COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380 | 23-2944553 | 501C3 | 50,000. | 0. | | | TEVA U.S. VIM GRANT PROGRAM |
| CAPE FEAR CLINIC, INC. 1605 DOCTORS CIRCLE WILMINGTON, NC 28401 | 56-1984630 | 501C3 | 45,000. | 0. | | | HURRICANE FLORENCE |
| CLINIC BY THE BAY 4877 MISSION STREET SAN FRANCISCO, CA 94112 | 26-2593712 | 501C3 | 42,000. | 0. | | | TEVA U.S. VIM GRANT PROGRAM |
| NEIGHBORHOOD MEDICAL CENTER 438 W. BREVARD STREET TALLAHASSEE, FL 32301 | 23-7422549 | 501C3 | 36,000. | 0. | | | HURRICANE MICHAEL |
| VOCES PMB 290 JUAN C BORBON ST#35, STE 67 GUAYNABO, PR 00969 | 66-0798610 | 501C3 | 35,000. | 0. | | | ABBVIE PR EMERGENCY PREP & RESP |
| SANOS APARTADO1025 CAGUAS, PR 00726 | 66-0671421 | 501C3 | 33,940. | 0. | | | ABBVIE PR MOBILE HEALTH |
| HEALTHREACH COMMUNITY CLINIC 400 E. STATESVILLE AVE SUITE 300 MOORSEVILLE, NC 28115 | 20-1020941 | 501C3 | 30,000. | 0. | | | HURRICANE FLORENCE, HURRICANE MICHAEL |
| GREATER GOODS OJAI 145 W EL ROBLAR OJAI, CA 93023 | 81-4553170 | 501C3 | 30,000. | 0. | | | SOUTHERN CA WILDFIRES 2017 |

Schedule I (Form 990)

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) 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| VOLUNTEERS IN MEDICINE SO NEVADA 1240 N MARTIN L KING BLVD LAS VEGAS, NV 89106 | 39-2072453 | 501C3 | 30,000. | 0. | | | TEVA U.S. VIM GRANT PROGRAM |
| SB COUNTY SEARCH & RESCUE, INC 66 S SAN ANTONIO ROAD SANTA BARBARA, CA 93110 | 95-6193608 | 501C3 | 26,469. | 0. | | | SOUTHERN CA WILDFIRES 2017 |
| CORP DE SERVICIOS MEDICOS PRIMARIOS - AVE. DR. SUSONI #116 - HATILLO, PR 00659 | 66-0427194 | 501C3 | 25,835. | 0. | | | HURRICANE COMMUNITY HEALTH FUND |
| OROVILLE HOPE CENTER 1950 KITRICK AVE STE A OROVILLE, CA 95966 | 47-5315046 | 501C3 | 25,000. | 0. | | | 2018 CALIFORNIA WILDFIRES |
| RIDE ON THERAPEUTIC HORSEMANSHIP 401 RONEL COURT NEWBURY PARK, CA 91320 | 95-4465783 | 501C3 | 25,000. | 0. | | | 2018 CALIFORNIA WILDFIRES |
| JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVE SAN DIEGO, CA 92123 | 95-1644024 | 501C3 | 25,000. | 0. | | | GENERAL U.S. EMERGENCY PREP & RESPONSE |
| LA MAESTRA FAMILY CLINIC INC. 4060 FAIRMONT AVE SAN DIEGO, CA 92105 | 33-0473171 | 501C3 | 25,000. | 0. | | | GENERAL U.S. EMERGENCY PREP & RESPONSE |
| FLORIDA COMMUNITY HEALTH CTRS, INC 2340 HANSEN LANE TALLAHASSEE, FL 32301 | 59-1671640 | 501C3 | 25,000. | 0. | | | HURRICANE MICHAEL |
| PANCARE OF FLORIDA INC 403 EAST 11TH STREET PANAMA CITY, FL 32401 | 91-2189932 | 501C3 | 25,000. | 0. | | | HURRICANE MICHAEL |

Schedule I (Form 990)

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) 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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541 | 26-3811078 | 501C3 | 25,000. | 0. | | | HURRICANE MICHAEL |
| NORTH FLORIDA MEDICAL CENTERS INC. SUITE 2 2804 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308 | 59-1915144 | 501C3 | 25,000. | 0. | | | HURRICANE MICHAEL |
| VOLUNTEERS IN MEDICINE BERKSHIRES 777 MAIN STREET GREAT BARRINGTON, MA 01230 | 90-0140004 | 501C3 | 25,000. | 0. | | | TEVA U.S. VIM GRANT PROGRAM |
| NORTHWEST HEALTH SERVICES INC 2303 VILLAGE DRIVE ST. JOSEPH, MO 64506 | 43-1323669 | 501C3 | 25,000. | 0. | | | U.S. TORNADO AND STORM RESPONSE (CORE) |
| SHASTA COMMUNITY HEALTH CENTER 1035 PLACER ST. REDDING, CA 96001 | 68-0165855 | 501C3 | 24,956. | 0. | | | 2018 CALIFORNIA WILDFIRES |
| BOND COMMUNITY HEALTH CTR, INC 1720 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301 | 59-2426414 | 501C3 | 22,000. | 0. | | | HURRICANE MICHAEL |
| BLACK RIVER HEALTH SERVICES INC 301 S. CAMPBELL STREET BURGAW, NC 28425 | 23-7356223 | 501C3 | 17,908. | 0. | | | HURRICANE FLORENCE |
| POINT WASHINGTON MEDICAL CLINIC 1290 N. CO. HWY 395 SANTA ROSA BEACH, FL 32459 | 83-1125021 | 501C3 | 15,000. | 0. | | | HURRICANE MICHAEL |
| CALIFORNIA PRIMARY CARE ASSOCIATION - 1231 I STREET, #400 - SACRAMENTO, CA 95814 | 94-3215565 | 501C3 | 10,000. | 0. | | | 2018 CALIFORNIA WILDFIRES |

Schedule I (Form 990)

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) 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| TX ASSOC OF COMM HEALTH CTRS, INC. 5900 SOUTHWEST PARKWAY, BLDG 3 AUSTIN, TX 78735 | 74-2308695 | 501C3 | 10,000. | 0. | | | HURRICANE HARVEY |
| PENDER ALLIANCE FOR TEEN HEALTH 5380 NC HWY 53 W BURGAW, NC 28425 | 27-1851728 | GOVERNMENT ENTITY | 6,500. | 0. | | | HURRICANE FLORENCE |
| PUERTO RICO SCIENCE TECH RESEARCH PO BOX 363475 SAN JUAN, PR 00936-3475 | 66-0675963 | 501C3 | 5,000. | 0. | | | HURRICANE MARIA PUERTO RICO, ABBVIE PR GENERAL |
| WELVISTA 121 GREYSTONE BLVD COLUMBIA, SC 29210 | 56-2034627 | 501C3 | 0. | 33,003,717. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NC MEDASSIST 4428 TAGGART CREEK ROAD, SUITE 101 CHARLOTTE, NC 28208 | 56-2018957 | 501C3 | 0. | 16,066,544. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST VINCENT DE PAUL CHARITABLE PHARMACY - 1125 BANK ST. - CINCINNATI, OH 45214 | 30-0272954 | 501C3 | 0. | 3,483,803. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268 | 58-1307597 | 501C3 | 0. | 3,228,860. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246 | 14-1847977 | 501C3 | 0. | 2,827,540. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NO AIDS TASK FORCE DBA CRESCENT CARE - 1631 ELYSIAN FIELDS AVENUE - NEW ORLEANS, LA 70117 | 72-1059635 | 501C3 | 0. | 2,741,051. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| GASTON FAMILY HEALTH SERVICES, INC. - 991 W. HUDSON BLVD - GASTONIA, NC 28052 | 58-1958398 | 501C3 | 0. | 2,684,155. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| IOWA HARM REDUCTION COALITIONS 200 HAWKINS DRIVE IOWA CITY, IA 52242 | 82-1864287 | 501C3 | 0. | 2,682,377. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WHEELING HEALTH RIGHT 61-29TH STREET WHEELING, WV 26003 | 31-1149085 | 501C3 | 0. | 2,641,151. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OMNI FAMILY HEALTH 2101 SEVENTH STREET WASCO, CA 93280 | 95-3218000 | 501C3 | 0. | 1,858,491. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITYHEALTH 2611 W. CHICAGO AVENUE CHICAGO, IL 60622 | 36-3831793 | 501C3 | 0. | 1,648,773. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COVE HOUSE FREE CLINIC 108 EAST HALSTEAD STREET COPPERAS COVE, TX 76522 | 74-2764062 | 501C3 | 0. | 1,499,782. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| JEFFERSON COMPREHENSIVE HEALTH CENTER - 405 MAIN STREET - FAYETTE, MS 39069 | 64-0667610 | 501C3 | 0. | 1,442,977. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PUERTO RICO DEPARTMENT OF HEALTH BO. MONACILLOS SAN JUAN, PR 00921-0619 | 66-0437470 | GOVERNMENT ENTITY | 0. | 1,441,646. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TRUMAN MEDICAL CENTERS 2301 HOLMES STREET KANSAS CITY, MO 64108 | 44-0661018 | 501C3 | 0. | 1,390,883. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CLAIBORNE COUNTY FAMILY HEALTH CENTER - 2045 HIGHWAY 61 NORTH - PORT GIBSON, MS 39150 | 64-0651149 | 501C3 | 0. | 1,372,890. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTHERN NEVADA HOPES CLINIC 580 W. 5TH STREET RENO, NV 89503 | 86-0865357 | 501C3 | 0. | 1,314,249. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MATTHEW 25, INC. 413 EAST JEFFERSON BLVD. FORT WAYNE, IN 46802 | 35-1484951 | 501C3 | 0. | 1,298,720. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MIAMI BEACH COMMUNITY HEALTH CENTER - 710 ALTON ROAD - MIAMI BEACH, FL 33139 | 59-1829984 | 501C3 | 0. | 1,226,615. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH OF EAST TENNESSEE, INC. - 130 INDEPENDENCE LN. - LAFOLLETTE, TN 37766 | 58-1470587 | 501C3 | 0. | 1,123,826. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| UNC HEALTH CARE 4400 EMPEROR BLVD DURHAM, NC 27703 | 56-1118388 | GOVERNMENT ENTITY | 0. | 1,111,986. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CABIN CREEK HEALTH CENTER 5722 CABIN CREEK DRIVE DAWES, WV 25054 | 55-0709223 | 501C3 | 0. | 1,110,600. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| UPPER VALLEY COMMUNITY HEALTH SERVICES - 20 NORTH 3RD EAST - SAINT ANTHONY, ID 83445 | 82-0527562 | 501C3 | 0. | 1,086,081. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BARTZ-ALTADONNA COMMUNITY HEALTH CENTER - 43322 GINGHAM AVE. - LANCASTER, CA 93535 | 27-3261289 | 501C3 | 0. | 1,078,137. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MIAMI RESCUE MISSION CLINIC 2015 N.W. 1ST AVENUE MIAMI, FL 33127 | 45-1481860 | 501C3 | 0. | 1,016,567. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PANACARE OF FLORIDA, INC. CHC BAY COUNTY - 1612 FRANKFORD AVENUE - PANAMA CITY, FL 32401 | 91-2189932 | 501C3 | 0. | 984,538. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GULF COAST HEALTH CENTER 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640 | 76-0289927 | 501C3 | 0. | 934,430. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE GOOD SHEPHERD MEDICAL & DENTAL CLINIC - 207 SOUTH 11TH AVENUE - LAUREL, MS 39440 | 64-0838202 | 501C3 | 0. | 913,627. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CHILDREN AND COMMUNITY HEALTH CENTER DBA COMMUNITY HEALTH CLINIC - 120 S. CENTRAL EXPRESSWAY, SUITE 10 - MCKINNEY, TX 75070 | 20-0637782 | 501C3 | 0. | 907,766. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| RAPIDES PRIMARY HEALTH CARE CENTER 1217 WILLOW GLEN RIVER ROAD ALEXANDRIA, LA 71302 | 72-1252422 | 501C3 | 0. | 904,440. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CORNELL SCOTT-HILL HEALTH CORPORATION - 400-428 COLUMBUS AVENUE - NEW HAVEN, CT 06519 | 06-0870990 | 501C3 | 0. | 880,867. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204 | 57-0779279 | 501C3 | 0. | 858,497. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CHRIST CLINIC 25722 KINGSLAND BLVD., SUITE 101 KATY, TX 77494 | 35-2179708 | 501C3 | 0. | 836,191. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| COMMUNITY HEALTH AND EMERGENCY SERVICES - 13245 KESSLER ROAD - CAIRO, IL 62914 | 37-1100482 | 501C3 | 0. | 815,519. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. GABRIEL EASTSIDE COMMUNITY HEALTH CENTER - 5760 MONTICELLO STREET - ST. GABRIEL, LA 70776 | 72-1241592 | 501C3 | 0. | 802,089. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH SERVICES, INC. RIVER REGIONAL HEALTH CENTER - 1845 CHERRY STREET - MONTGOMERY, AL 36106 | 63-0568762 | 501C3 | 0. | 792,871. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTH CENTRAL NURSING CLINICS DBA FAMILY HEALTH CLINICS OF BULINGTON, CARROLL CO - 901 PRINCE WILLIAM ROAD, SUITE A - DELPHI, | 26-1553382 | 501C3 | 0. | 763,771. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH PARTNERS OF WESTERN OHIO 441 EAST 8TH STREET LIMA, OH 45804 | 56-2330309 | 501C3 | 0. | 763,423. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DBA VIRGINIA B. ANDES VOLUNTEER COMMUNITY CLINIC VOLUNTEERS IN MEDICINE ALLIANCE - 21297 OLEAN BLVD UNIT B - PORT CHARLOTTE, FL | 65-0958642 | 501C3 | 0. | 750,386. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601 | 57-0855205 | 501C3 | 0. | 744,577. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMILIUS HEALTH CONCERN, INC. 336 NW 5TH STREET MIAMI, FL 33128 | 65-0063921 | 501C3 | 0. | 742,653. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SAN JOSE CLINIC 2615 FANNIN STREET HOUSTON, TX 77002 | 76-0373703 | 501C3 | 0. | 722,850. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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| SEMO HEALTH NETWORK SOUTHEAST MISSOURI HEALTH NETWORK - 311 MAIN STREET - NEW MADRID, MO 63869 | 43-1253101 | 501C3 | 0. | 712,060. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AMISTAD COMMUNITY HEALTH CENTER 1533 SOUTH BROWNLEE AVENUE CORPUS CHRISTI, TX 78404 | 20-3008507 | 501C3 | 0. | 701,724. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MOUNTAIN HOME CHRISTIAN CLINIC 421 WEST WADE STREET MOUNTAIN HOME, AR 72653 | 71-0835511 | 501C3 | 0. | 696,533. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MUSLIM COMMUNITY CENTER FOR HUMAN SERVICES - 7600 GLENVIEW DRIVE - RICHLAND HILLS, TX 76180-8341 | 75-2580088 | 501C3 | 0. | 690,650. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE HALEY CENTER 122 WEST CENTRAL AVENUE WINTER HAVEN, FL 33880 | 59-0766974 | 501C3 | 0. | 681,959. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HORIZONS HEALTH COASTAL HORIZONS CENTER, INC. - 613 SHIPYARD BLVD - WILMINGTON, NC 28412 | 56-0950370 | 501C3 | 0. | 677,708. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BEE BUSY WELLNESS CENTER 8785 WEST BELLFORT STREET HOUSTON, TX 77031 | 27-0653014 | 501C3 | 0. | 673,951. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SOUTHEAST COMMUNITY HEALTH SYSTEMS 6351 MAIN STREET ZACHARY, LA 70791 | 72-1212880 | 501C3 | 0. | 659,436. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAPE FEAR CLINIC, INC 1605 DOCTORS CIRCLE WILMINGTON, NC 28401 | 56-1984630 | 501C3 | 0. | 650,424. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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| REAL MEDICINE FOUNDATION VEGA ALTA COMMUNITY HEALTH - CARRETERA #2 KM 31.9 - VEGA ALTA, PR 00646 | 20-2897266 | 501C3 | 0. | 642,010. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515 | 56-2114681 | 501C3 | 0. | 612,918. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HIV ALLIANCE 1195A CITY VIEW STREET EUGENE, OR 97402 | 93-0963546 | 501C3 | 0. | 596,090. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TREASURE COAST COMMUNITY HEALTH PHARMACY - 12196 COUNTY ROAD 512 - FELLSMERE, FL 32948 | 59-3219191 | 501C3 | 0. | 592,652. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY CARE CENTER FOR FORSYTH COUNTY - 2135 NEW WALKERTOWN ROAD - WINSTON SALEM, NC 27101 | 58-1403699 | 501C3 | 0. | 589,902. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SOUTH BROWARD COMMUNITY HEALTH SERVICES MEMORIAL HALLANDALE PHARMACY - 1750 E. HALLANDALE BEACH BLVD - HALLANDALE BEACH, FL | 59-6014973 | 501C3 | 0. | 579,876. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WEST VIRGINIA HEALTH RIGHT 1520 EAST WASHINGTON STREET CHARLESTON, WV 25311 | 31-1066881 | 501C3 | 0. | 573,061. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SULZBACHER HEALTH CENTER 611 EAST ADAMS STREET JACKSONVILLE, FL 32202 | 59-3229898 | 501C3 | 0. | 565,399. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH STREET ARLINGTON, TX 76010 | 75-2354962 | 501C3 | 0. | 564,422. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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| ST. JOSEPH SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503 | 80-0308973 | 501C3 | 0. | 556,919. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTHLAND COMMUNITY HEALTH CENTER ADMINISTRATION - 104 N. MAIN STREET - TURTLE LAKE, ND 58575 | 33-1029318 | 501C3 | 0. | 536,215. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NOVA SCRIPTS CENTRAL INC PHARMACY 6400 ARLINGTON BLVD. #120 FALLS CHURCH, VA 22042 | 65-1275162 | 501C3 | 0. | 529,425. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SANTA CLARA COUNTY BETTER HEALTH PHARMACY - 725 E. SANTA CLARA STREET #202 - SAN JOSE, CA 95112 | 94-6400533 | GOVERNMENT ENTITY | 0. | 524,787. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND - 15 NORTHRIDGE DRIVE - HILTON HEAD, SC 29926 | 57-0959206 | 501C3 | 0. | 522,647. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WOVEN HEALTH ONE MEDICAL PARKWAY FARMERS BRANCH, TX 75234 | 75-2616002 | 501C3 | 0. | 521,769. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OPEN DOOR HEALTH CENTER 151 NW 11 STREET HOMESTEAD, FL 33030 | 83-0375996 | 501C3 | 0. | 516,307. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| RKM PRIMARY CARE 11990 JACKSON STREET CLINTON, LA 70722 | 72-1443732 | 501C3 | 0. | 512,689. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HORIZON HEALTH CARE, INC. ADMINISTRATION - 109 NORTH MAIN STREET - HOWARD, SD 57349 | 46-0341255 | 501C3 | 0. | 512,686. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26505 | 31-1118673 | 501C3 | 0. | 505,468. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DAVID RAINES COMMUNITY HEALTH CENTERS SHREVEPORT PHARMACY - 1625 DAVID RAINES ROAD - SHREVEPORT, LA 71107 | 58-2000630 | 501C3 | 0. | 500,989. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| EXCELTH, INC. 1515 POYDRAS STREET, STE. 1070 NEW ORLEANS, LA 70112 | 72-1193464 | 501C3 | 0. | 494,451. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MERCY CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560 | 56-2034052 | 501C3 | 0. | 488,628. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BUTTE COUNTY FIRE DEPARTMENT 220 GRAND AVENUE OROVILLE, CA 95965 | 94-6000506 | GOVERNMENT ENTITY | 0. | 473,974. | PURCHASED PRICE | EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PORTLAND NEEDLE EXCHANGE PROGRAM 103 INDIA STREET PORTLAND, ME 04101 | 01-6000032 | 501C3 | 0. | 464,079. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CENTER FOR HEALING & HOPE 902 S. MAIN GOSHEN, IN 46526 | 02-0560511 | 501C3 | 0. | 439,973. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CLEARWATER FREE CLINIC 1218 COURT STREET CLEARWATER, FL 33756 | 59-1852871 | 501C3 | 0. | 439,751. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SANTA BARBARA NEIGHBORHOOD CLINICS EASTSIDE NEIGHBORHOOD CLINIC - 915 N. MILPAS STREET - SANTA BARBARA, CA 93103 | 77-0496382 | 501C3 | 0. | 425,672. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS - 229 ST GEORGE - GONZALES, TX 78629 | 74-1548089 | 501C3 | 0. | 420,007. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GREATER HARTFORD HARM REDUCTION COALITION, INC. - 1229 ALBANY AVENUE - HARTFORD, CT 06112 | 47-4312705 | 501C3 | 0. | 403,650. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CENLA MEDICATION ACCESS PROGRAM CMAP - 1101 4TH STREET, SUITE 203 - ALEXANDRIA, LA 71301 | 02-0751416 | 501C3 | 0. | 402,760. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE - 5488 US HWY 49 - HATTIESBURG, MS 39401 | 64-0625076 | 501C3 | 0. | 401,036. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BOND COMMUNITY HEALTH CENTER YOURX PHARMACY @ BONDCHC - 1720 SOUTH GADSDEN STREET - TALLAHASSEE, FL 32301 | 59-2426414 | 501C3 | 0. | 400,364. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792 | 56-2212024 | 501C3 | 0. | 398,698. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH AWARENESS AND GENERAL SUPPORT OF OKLAHOMA, INC. - 1900 N. MACARTHUR BLVD - OKLAHOMA CITY, OK 73107 | 82-0601092 | 501C3 | 0. | 388,705. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. JOSEPH'S/CANDLER HEALTH SYSTEMS, INC. - 11705 MERCY BLVD. - SAVANNAH, GA 31419 | 58-2288758 | 501C3 | 0. | 386,607. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SOCIETY OF ST. VINCENT DE PAUL CHARITABLE PHARMACY OF NORTH TEXAS DBA ST. VINCEN - 5750 PINELAND DRIVE, SUITE 280 - DALLAS, TX | 26-3273175 | 501C3 | 0. | 384,694. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| MERCY HEALTH CENTER 700 OGLETHORPE AVENUE ATHENS, GA 30606 | 58-2603523 | 501C3 | 0. | 383,324. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MOROVIS COMMUNITY HEALTH CENTER, INC. - CALLE PATRON #2 - MOROVIS, PR 00687 | 66-0480948 | 501C3 | 0. | 379,123. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH CENTER OF WEST PALM BEACH - 2100 WEST 45TH STREET, SUITE A8 - WEST PALM BEACH, FL 33407 | 26-3611337 | 501C3 | 0. | 375,397. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GRACE MEDICAL HOME 1417 EAST CONCORD STREET ORLANDO, FL 32803 | 26-1817966 | 501C3 | 0. | 371,443. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ZAREPHATH HEALTH CENTER 595 WESTON CANAL ROAD SOMERSET, NJ 08873 | 31-1812810 | 501C3 | 0. | 370,392. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OPEN ARMS HEALTH CLINIC 3311 LITTLE ROAD ARLINGTON, TX 76016 | 45-0621201 | 501C3 | 0. | 368,214. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PASADENA HEALTH CENTER 908 SOUTHMORE AVE, SUITE 100 PASADENA, TX 77502 | 20-0462905 | 501C3 | 0. | 344,568. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DRUID PARK COMMUNITY HEALTH CLINIC 1127 DRUID PARK AVENUE AUGUSTA, GA 30904 | 58-2358627 | 501C3 | 0. | 342,642. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ROCK SPRINGS CLINIC 211 ROCK SPRINGS ROAD MILNER, GA 30257 | 26-4485460 | 501C3 | 0. | 342,005. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| UNIVERSITY HOSPITAL AND CLINICS INC. - 2390 W CONGRESS STREET - LAFAYETTE, LA 70506 | 46-2605366 | 501C3 | 0. | 338,616. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SOUTH CENTRAL PRIMARY CARE CENTER 406 WEST 5TH STREET OCILLA, GA 31774 | 58-2019024 | 501C3 | 0. | 337,680. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FIRST BAPTIST MEDICAL/DENTAL CLINIC - 1607 CHERRY STREET - VICKSBURG, MS 39181 | 64-0334158 | 501C3 | 0. | 325,266. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LONG ISLAND SELECT HEALTHCARE, INC. - 159 CARLETON AVENUE - CENTRAL ISLIP, NY 11722 | 47-1001464 | 501C3 | 0. | 324,590. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE ARLETA, CA 91331 | 95-2662606 | 501C3 | 0. | 323,523. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CORPORACION SANOS APARTADO 1025 CAGUAS, PR 00726 | 66-0671421 | 501C3 | 0. | 317,857. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE MOORESVILLE, NC 28115 | 20-1020941 | 501C3 | 0. | 317,455. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SANTA BARBARA COUNTY EXECUTIVE OFFICE - 105 EAST ANAPAMU STREET, SUITE 3 - SANTA BARBARA, CA 93103 | 95-6002833 | GOVERNMENT ENTITY | 0. | 313,598. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SOUTHEAST, INC. 16 W. LONG STREET COLUMBUS, OH 43215 | 31-0940189 | 501C3 | 0. | 312,583. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FAYETTE CARE CLINIC 1260 HIGHWAY 54 W FAYETTEVILLE, GA 30214 | 20-0314897 | 501C3 | 0. | 311,331. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| IOWA PRESCRIPTION DRUG CORPORATION DBA SAFENETRX - 11100 AURORA AVENUE - URBANDALE, IA 50322 | 42-1518875 | 501C3 | 0. | 308,005. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BROWNSVILLE COMMUNITY HEALTH CENTER - 191 EAST PRICE ROAD - BROWNSVILLE, TX 78521 | 74-2176836 | 501C3 | 0. | 306,267. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MISSION MEDICAL CLINIC 2125 E. LA SALLE STREET COLORADO SPRINGS, CO 80909 | 68-0506812 | 501C3 | 0. | 302,598. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HAVEN FREE CLINIC 800 HOWARD AVENUE NEW HAVEN, CT 06519 | 03-0646973 | 501C3 | 0. | 302,552. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MISSION OF MERCY ADMINISTRATION MD/PA CLINICS - 22 S. MARKET STREET, SUITE 6D - FREDERICK, MD 21701 | 86-0704883 | 501C3 | 0. | 301,846. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH WEST - LAVA CLINIC 85 SOUTH 5TH WEST LAVA HOT SPRINGS, ID 83246 | 82-0324100 | 501C3 | 0. | 300,294. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD ROAD CONCORD, NC 28025 | 58-2131301 | 501C3 | 0. | 298,208. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAROLINA FAMILY HEALTH CENTERS WILSON COMMUNITY HEALTH CENTER - 303 EAST GREEN STREET - WILSON, NC 27893 | 58-2079819 | 501C3 | 0. | 297,775. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| PRIMARY CARE OF SOUTHWEST GEORGIA 360 COLLEGE ST BLAKELY, GA 39823-2554 | 31-1840668 | 501C3 | 0. | 297,350. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTH JEFFERSON COUNTY CLINIC PHARMACY - 1295 PEARL STREET - BEAUMONT, TX 77701 | 74-6000291 | GOVERNMENT ENTITY | 0. | 295,790. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| URBAN INTER-TRIBAL CENTER OF TEXAS 1261 RECORD CROSSING ROAD DALLAS, TX 75235 | 23-7156945 | 501C3 | 0. | 281,675. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SCHOOL OF MEDICINE CLINICS UNIVERSITY OF PUERTO RICO - 1008 AVE. AMERICO MIRANDA - RIO PIEDRAS, PR 00921 | 66-0433762 | GOVERNMENT ENTITY | 0. | 278,718. | PURCHASED PRICE | EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| KINSTON COMMUNITY HEALTH CENTER 324 N. QUEEN STREET KINSTON, NC 28501 | 56-1833275 | 501C3 | 0. | 273,985. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LOS BARRIOS UNIDOS COMMUNITY CLINIC - 809 SINGLETON BLVD - DALLAS, TX 75212 | 75-1378664 | 501C3 | 0. | 272,239. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VIRGIN ISLANDS DEPARTMENT OF HEALTH - 1303 HOSPITAL GROUND, SUITE 10 - ST. THOMAS, VI 00802 | 66-0772827 | GOVERNMENT ENTITY | 0. | 270,227. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTHCARE FOR THE HOMELESS CAROLINE CLINIC - 1934 CAROLINE STREET - HOUSTON, TX 77002 | 76-0647934 | 501C3 | 0. | 267,901. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HARM REDUCTION COALITION 1111 BROADWAY OAKLAND, CA 94607 | 94-3204958 | 501C3 | 0. | 267,330. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301 | 72-1444312 | 501C3 | 0. | 264,357. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH CARE CLINIC 900 N FRANKLIN AVENUE NORMAL, IL 61761 | 37-1316328 | 501C3 | 0. | 260,587. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. VINCENT DE PAUL CLINIC 420 W. WATKINS PHOENIX, AZ 85003 | 86-0096789 | 501C3 | 0. | 257,781. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY COMMUNITY HEALTH CENTER - 31 1ST AVENUE SE - HICKORY, NC 28602 | 56-0934855 | 501C3 | 0. | 257,687. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH SERVICES OF NORTH TEXAS 4401 N I-35, SUITE 312 DENTON, TX 76207 | 75-2252866 | 501C3 | 0. | 257,137. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CARE SOUTH 3140 FLORIDA BLVD. BATON ROUGE, LA 70806 | 72-1395500 | 501C3 | 0. | 256,009. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620 | 62-1677000 | 501C3 | 0. | 248,843. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO DRIVE COLORADO SPRINGS, CO 80918 | 27-4876080 | 501C3 | 0. | 248,577. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH CENTERS, INC. MARY MAHONEY MEMORIAL HEALTH CENTER - 12716 NE 36TH STREET - SPENCER, OK 73084 | 73-0930123 | 501C3 | 0. | 246,339. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| JUNIPER HEALTH, INC. BREATHITT COUNTY FAMILY HEALTH CENTER - 265 HWY 15 SOUTH, SUITE 3 - JACKSON, KY 41339 | 04-3779582 | 501C3 | 0. | 246,006. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N NAPLES, FL 34102 | 59-3546884 | 501C3 | 0. | 244,667. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FOUR RIVERS HEALTH CARE 932 WEST IDAHO AVENUE ONTARIO, OR 97914 | 93-1304536 | 501C3 | 0. | 240,637. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| JOHNSON CITY COMMUNITY HEALTH CENTER EAST TENNESSEE STATE UNIVERSITY - 2151 CENTURY LANE - JOHNSON CITY, TN 37604 | 62-6021046 | 501C3 | 0. | 238,983. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMONWEALTH HEALTHCARE CORPORATION - 1 LOWER NAVY HILL ROAD - SAIPAN, MP 96950 | 66-0774364 | GOVERNMENT ENTITY | 0. | 238,734. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| RAPHA CLINIC OF WEST GEORGIA 253 HIGHWAY 78 TEMPLE, GA 30179 | 27-1188932 | 501C3 | 0. | 238,508. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BREAD OF HEALING CLINIC 1821 NORTH 16TH STREET MILWAUKEE, WI 53205 | 81-0669867 | 501C3 | 0. | 237,172. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291 | 95-2769432 | 501C3 | 0. | 237,157. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTHWEST HEALTH SERVICES, INC. 2303 VILLAGE DRIVE ST. JOSEPH, MO 64506 | 43-1323669 | 501C3 | 0. | 236,613. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FIRST REFUGE MINISTRIES MEDICAL CLINIC FIRST BAPTIST DENTON MINISTRY CENTER - 1701 BROADWAY STREET - DENTON, TX 76201 | 45-5606427 | 501C3 | 0. | 235,517. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTH EAST MEDICAL SERVICES 1520 STOCKTON STREET SAN FRANCISCO, CA 94133 | 94-1722562 | 501C3 | 0. | 233,800. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP JOSLIN CLARA BARTON CAMP 150 RICHARDSONS CORNER RD. CHARLTON, MA 01507 | 22-2701822 | 501C3 | 0. | 233,190. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FUNDACION MANOS JUNTAS 1330 N. CLASSEN BLVD. SUITE 105 OKLAHOMA CITY, OK 73106 | 73-1523135 | 501C3 | 0. | 231,684. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ASIAN PACIFIC HEALTH CARE VENTURES 1530 HILLHURST AVENUE LOS ANGELES, CA 90027 | 95-4177752 | 501C3 | 0. | 231,637. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CLEAVER FAMILY WELLNESS CLINIC 4368 SANTA ANITA AVENUE EL MONTE, CA 91731 | 95-1765149 | 501C3 | 0. | 230,952. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BROWARD COMMUNITY & FAMILY HEALTH CENTER - 5010 HOLLYWOOD BLVD - HOLLYWOOD, FL 33021 | 59-3489664 | 501C3 | 0. | 230,749. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| RURAL MEDICAL SERVICE, INC. NEWPORT - 207 MURRAY DRIVE - NEWPORT, TN 37821 | 62-1102683 | 501C3 | 0. | 229,898. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MARY'S CENTER FOR MATERNAL AND CHILD CARE - 2333 ONTARIO ROAD NW - WASHINGTON, DC 20009 | 52-1594116 | 501C3 | 0. | 228,841. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COMMUNITY HEALTH ALLIANCE 1055 S. WELLS AVENUE RENO, NV 89502 | 88-0293149 | 501C3 | 0. | 228,646. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541 | 26-3811078 | 501C3 | 0. | 228,395. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SOUTHWEST BOULEVARD FAMILY HEALTH CARE - 300 SOUTHWEST BLVD. - KANSAS CITY, KS 66103 | 48-1067752 | 501C3 | 0. | 227,263. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FETTER HEALTH CARE NETWORK 51 NASSAU STREET CHARLESTON, SC 29403 | 57-0604703 | 501C3 | 0. | 227,127. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LUKE'S HOUSE A CLINIC FOR HEALING AND HOPE - 2222 SIMON BOLIVAR AVENUE - NEW ORLEANS, LA 70113 | 26-0332262 | 501C3 | 0. | 224,321. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213 | 42-1571876 | 501C3 | 0. | 218,571. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD, STE. E EUNICE, LA 70535 | 27-0213992 | 501C3 | 0. | 217,302. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GREENE COUNTY HEALTH CARE 7 PROFESSIONAL DRIVE SNOW HILL, NC 28580 | 56-0992353 | 501C3 | 0. | 216,627. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH CARE CENTER FOR THE HOMELESS DBA ORANGE BLOSSOM FAMILY HEALTH CENTER - 232 NORTH ORANGE BLOSSOM TRAIL - ORLANDO, FL 32805 | 59-3185020 | 501C3 | 0. | 211,149. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CHARITABLE PHARMACY OF CENTRAL OHIO - 200 EAST LIVINGSTON AVENUE - COLUMBUS, OH 43215 | 27-0147099 | 501C3 | 0. | 209,648. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104 | 72-1079721 | 501C3 | 0. | 207,100. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GUADALUPE CLINIC 940 S. ST. FRANCIS WICHITA, KS 67211 | 20-1285208 | 501C3 | 0. | 206,784. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOLUNTEERS IN MEDICINE CLINIC OF THE CASCADES - 2300 NE NEFF ROAD - BEND, OR 97701 | 93-1327847 | 501C3 | 0. | 205,528. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BROTHER BILL'S HELPING HAND COMMUNITY CLINIC - 3906 N. WESTMORELAND RD. - DALLAS, TX 75212 | 75-6027740 | 501C3 | 0. | 201,166. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ICNA RELIEF USA PROGRAMS INC DBA SHIFA FREE CLINIC - 1092 JOHNNIE DODDS BLVD, SUITE 108 - MOUNT PLEASANT, SC 29464 | 04-3810161 | 501C3 | 0. | 200,206. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| 1ST CHOICE HEALTHCARE 1300 CREASON ROAD CORNING, AR 72422 | 71-0715998 | 501C3 | 0. | 198,653. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTHEASTERN OKLAHOMA COMMUNITY HEALTH CENTERS, INC ADMINISTRATION - 116 E. MAIN STREET - HULBERT, OK 74441 | 73-1622831 | 501C3 | 0. | 196,250. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PHOENIX CHILDREN'S HOSPITAL/CAMP HONOR HEMOPHILIA TREATMENT CENTER - 1919 E THOMAS RD, AMBULATORY BUILDI - PHOENIX, AZ 85016 | 86-0422559 | 501C3 | 0. | 195,725. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SABAN COMMUNITY CLINIC 8405 BEVERLY BLVD. LOS ANGELES, CA 90048 | 95-2539105 | 501C3 | 0. | 195,615. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CENTRO SAN VICENTE 8061 ALAMEDA AVENUE EL PASO, TX 79915 | 74-2505561 | 501C3 | 0. | 193,575. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FORT BEND FAMILY HEALTH CENTER ACCESHEALTH - 400 AUSTIN STREET - RICHMOND, TX 77469 | 74-1951476 | 501C3 | 0. | 191,832. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WESTMINSTER FREE CLINIC 2103 MONTROSE AVENUE, STE. E MONTROSE, CA 91020 | 77-0563241 | 501C3 | 0. | 191,241. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OZANAM CHARITABLE PHARMACY 109 S. CEDAR STREET MOBILE, AL 36602 | 72-1386236 | 501C3 | 0. | 189,624. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BIG SPRINGS MEDICAL ASSOCIATION DBA MISSOURI HIGHLANDS HEALTH CARE - 110 SOUTH SECOND STREET - ELLINGTON, MO 63638 | 43-1068291 | 501C3 | 0. | 189,612. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOLUNTEERS IN MEDICINE OF SOUTH JERSEY - 423 N ROUTE 9 - CAPE MAY COURT HOUSE, NJ 08210 | 52-2257585 | 501C3 | 0. | 188,857. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTHPROMED FOUNDATION AVE. BORINQUEN #2020 SANTURCE, PR 00915 | 66-0437924 | 501C3 | 0. | 186,674. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BUTTE COUNTY DEPARTMENT OF PUBLIC HEALTH - 202 MIRA LOMA DRIVE - OROVILLE, CA 95965 | 11-1111111 | GOVERNMENT ENTITY | 0. | 185,033. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FREE CLINIC OF SIMI VALLEY 2060 TAPO STREET SIMI VALLEY, CA 93063 | 23-7108154 | 501C3 | 0. | 183,592. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS - 3011 N. MICHIGAN - PITTSBURG, KS 66762 | 75-3002264 | 501C3 | 0. | 182,718. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SAMARITAN HOUSE 114 FIFTH AVENUE REDWOOD CITY, CA 94063 | 23-7416272 | 501C3 | 0. | 180,696. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MISSOURI INSTITUTE OF MENTAL HEALTH - 4633 WORLD PARKWAY CIRCLE - ST. LOUIS, MO 63134 | 43-6003859 | 501C3 | 0. | 180,628. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH, AR 72901 | 71-0863639 | 501C3 | 0. | 179,986. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COSSMA, INC. - CIDRA 600 AVE. EL JBARO CARR. 172 KM.13. CIDRA, PR 00739-1330 | 66-0434923 | 501C3 | 0. | 178,235. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GREATER KILLEEN FREE CLINIC 718 N. 2ND STREET, STE. A KILLEEN, TX 76541 | 74-2724725 | 501C3 | 0. | 178,197. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111 | 43-0967292 | 501C3 | 0. | 177,981. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| UPHAM'S CORNER HEALTH CENTER 415 COLUMBIA ROAD DORCHESTER, MA 02125 | 23-7211732 | 501C3 | 0. | 177,827. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MORTON COMPREHENSIVE HEALTH SERVICES - 1334 N LANSING AVE - TULSA, OK 74106 | 73-1177858 | 501C3 | 0. | 177,004. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CROSS OVER HEALTH CENTER PHARMACY 108 COWARDIN AVENUE RICHMOND, VA 23224 | 54-1371067 | 501C3 | 0. | 176,034. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ANDERSON FREE CLINIC 414 NORTH FANT STREET ANDERSON, SC 29621 | 57-0787584 | 501C3 | 0. | 175,687. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP SWEENEY 10687 FM 678 WHITESBORO, TX 76273 | 75-6002547 | 501C3 | 0. | 174,466. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTHERN NECK FREE HEALTH CLINIC PHARMACY - 51 WILLIAM B. GRAHAM COURT - KILMARNOCK, VA 22482 | 54-1679279 | 501C3 | 0. | 172,869. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ALBEMARLE HOSPITAL FOUNDATION DBA COMMUNITY CARE CLINIC - 918 GREENLEAF STREET - ELIZABETH CITY, NC 27909 | 43-2031990 | 501C3 | 0. | 170,324. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HELPING HANDS CLINIC 34C COURTHOUSE SQUARE CLEVELAND, GA 30528 | 64-0950194 | 501C3 | 0. | 169,164. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WHITE BIRD CLINIC 341 E. 12TH AVENUE EUGENE, OR 97401 | 93-0585814 | 501C3 | 0. | 165,535. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SHEPHERDS CARE MEDICAL CLINIC 304 PONY ROAD ZEBULON, NC 27597 | 26-2757593 | 501C3 | 0. | 165,496. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|---|---|
| ICL HEALTHCARE CHOICES, INC. 6209 16TH AVENUE BROOKLYN, NY 11204 | 11-3488520 | 501C3 | 0. | 164,389. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOCES COALICION DE VACUNACION DE PUERTO RICO - PBM 290 JUAN C BORBON STREET 37 - GUAYNABO, PR 00969 | 66-0798610 | 501C3 | 0. | 162,423. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CLINICA MSR. OSCAR A ROMERO 123 S ALVARADO STREET LOS ANGELES, CA 90057 | 95-3881333 | 501C3 | 0. | 161,296. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOLUNTEERS IN MEDICINE 41 EAST DUVAL STREET JACKSONVILLE, FL 32202 | 75-3002172 | 501C3 | 0. | 159,388. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTHWORKS 2508 E. FOX FARM ROAD CHEYENNE, WY 82007 | 87-0718984 | 501C3 | 0. | 157,745. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTHCARE NETWORK OF SOUTHWEST FLORIDA COLLIER HEALTH SERVICES - 1454 MADISON AVENUE - IMMOKALEE, FL 34142 | 59-1741277 | 501C3 | 0. | 157,095. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HOPELIGHT MEDICAL CLINIC 1351 COLLYER STREET LONGMONT, CO 80501 | 46-4657471 | 501C3 | 0. | 156,572. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TROUP CARES CLINIC 301 MEDICAL DR., SUITE 501 LAGRANGE, GA 30240-4144 | 20-8176300 | 501C3 | 0. | 154,009. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BALTIMORE CITY HEALTH DEPARTMENT 1001 E. FAYETTE STREET BALTIMORE, MD 21202 | 52-6000769 | GOVERNMENT ENTITY | 0. | 152,102. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| PROTOTYPE HEALTH, INC. 205 E. SOUTHERN AVE, SUITE 103 MESA, AZ 85210 | 86-0975231 | 501C3 | 0. | 149,425. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH CENTERS 13275 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787 | 59-1480970 | 501C3 | 0. | 149,181. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PRIMARY CARE MEDICAL PRACTICE OF NY VIDA SANA MEDICAL CARE - 82-11 37TH AVENUE, 7TH FLOOR - JACKSON HEIGHTS, NY 11372 | 46-3181224 | 501C3 | 0. | 148,909. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. CLARE MEDICAL OUTREACH 1407 YORK ROAD LUTHERVILLE, MD 21093 | 46-2097818 | 501C3 | 0. | 148,406. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SOUTH PLAINS RURAL HEALTH 1000 FM 300, UNIT A LEVELLAND, TX 79336 | 75-2123252 | 501C3 | 0. | 146,940. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HOPE CLINIC 609 WEST E AVENUE ELK CITY, OK 73644 | 26-1284785 | 501C3 | 0. | 146,620. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WELLNESS POINTE 1107 E. MARSHALL AVENUE LONGVIEW, TX 75601 | 75-2723993 | 501C3 | 0. | 146,597. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BLACK RIVER HEALTH SERVICES, INC. DBA BLACK RIVER FAMILY PRACTICE - 301 S. CAMPBELL STREET - BURGAW, NC 28425 | 23-7356223 | 501C3 | 0. | 146,293. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD NEWS CARE CENTER 7855 SW 104TH STREET MIAMI, FL 33156 | 59-0914210 | 501C3 | 0. | 145,879. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| LAGUNA BEACH COMMUNITY CLINIC 362 THIRD STREET LAGUNA BEACH, CA 92651 | 95-2637633 | 501C3 | 0. | 145,401. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTH TEXAS AREA COMMUNITY HEALTH CENTERS, INC. - 2100 NORTH MAIN STREET - FORT WORTH, TX 76164 | 54-2117989 | 501C3 | 0. | 144,361. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMPASSIONATE CARE OF SHELBY COUNTY - 124 NORTH OHIO AVENUE - SIDNEY, OH 45365 | 20-8479583 | 501C3 | 0. | 140,943. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FREE CLINIC OF FRANKLIN COUNTY BERNARD HEALTHCARE CLINIC PHARMACY - 1171 FRANKLIN STREET - ROCKY MOUNT, VA 24151 | 54-1634138 | 501C3 | 0. | 140,262. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994 | 65-1115793 | 501C3 | 0. | 139,690. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CURTIS V. COOPER PRIMARY HEALTH WESTSIDE URBAN HEALTH CENTER - 106 E BROAD ST - SAVANNAH, GA 31401-2917 | 58-1136296 | 501C3 | 0. | 138,580. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| REACH OUT MONTGOMERY COUNTY 25 E. FORAKER STREET DAYTON, OH 45409 | 31-1434282 | 501C3 | 0. | 138,366. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMWELL HEALTH TRI-COUNTY COMMUNITY HEALTH CENTER - PO BOX 227 - NEWTON GROVE, NC 28366-0227 | 58-1319204 | 501C3 | 0. | 137,935. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH AND HOPE CLINIC, INC. 1718 EAST OLIVE ROAD PENSACOLA, FL 32514 | 26-4336638 | 501C3 | 0. | 137,827. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| DIVERSITY HEALTH CENTER, INC. 213 NORTH MCDONALD STREET LUDOWICI, GA 31316 | 20-5746618 | 501C3 | 0. | 137,360. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HIGHLANDS HEALTH LAUREL HIGHLANDS FREE & CHARITABLE CLINIC - 340 MAIN STREET - JOHNSTOWN, PA 15901 | 23-2922409 | 501C3 | 0. | 137,089. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LA COMUNIDAD HISPANA 731 W. CYPRESS STREET KENNETT SQUARE, PA 19348 | 23-2041915 | 501C3 | 0. | 135,417. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD SAMARITAN HEALTH SERVICES 1422 B EAST 71ST STREET TULSA, OK 74136 | 73-1559561 | 501C3 | 0. | 135,057. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| POINT WASHINGTON MEDICAL CLINIC 1290 N. CO. HWY 395 SANTA ROSA BEACH, FL 32459 | 83-1125021 | 501C3 | 0. | 133,597. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GRANT PARK CLINIC 1340 BOULEVARD SE ATLANTA, GA 30315 | 58-1577640 | 501C3 | 0. | 131,354. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BETHESDA HEALTH CLINIC 409 W. FERGUSON TYLER, TX 75702 | 26-0036674 | 501C3 | 0. | 130,963. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LESTONNAC FREE CLINIC 1215 E. CHAPMAN AVENUE ORANGE, CA 92866 | 95-3499011 | 501C3 | 0. | 130,530. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP HEMOTION/CAMP OAKHURST HEMOPHILIA FOUNDATION OF NORTHERN CALIFORNIA - 36611 MUDGE RANCH RD. - COARSEGOLD, CA 93614 | 94-1638703 | 501C3 | 0. | 129,223. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| C.W. WILLIAMS COMMUNITY HEALTH CENTER PHARMACY - 3333 WILKINSON BLVD - CHARLOTTE, NC 28208 | 56-1262478 | 501C3 | 0. | 129,119. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| G. A. CARMICHAEL FAMILY HEALTH CENTER - 1668 WEST PEACE STREET - CANTON, MS 39046 | 64-0580940 | 501C3 | 0. | 128,222. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FREE CLINIC OF CENTRAL VIRGINIA INC PHARMACY - 1016 MAIN STREET - LYNCHBURG, VA 24505 | 54-1420756 | 501C3 | 0. | 127,996. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTH HUDSON COMMUNITY ACTION CORPORATION - ADMINISTRATION - 800 31ST STREET - UNION CITY, NJ 07087 | 22-1818699 | 501C3 | 0. | 127,457. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA IL DAY CAMPS AMERICAN DIABETES ASSOCIATION - 55 E. MONROE ST., SUITE 3420 - CHICAGO, IL 60603 | 13-1623888 | 501C3 | 0. | 127,221. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CORPORACION DE SERVICIOS MEDICOS PRIMARIOS Y PREVENTATIVOS DE HATILLO - AVE. DR. SUSONI #116 - HATILLO, PR 00659 | 66-0427194 | 501C3 | 0. | 126,698. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD SAMARITAN HEALTH CLINIC OF PASCO - 5334 ASPEN STREET - NEW PORT RICHEY, FL 34652 | 59-3072334 | 501C3 | 0. | 126,657. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PARTNERS FOR HEALING 109 W. BLACKWELL STREET TULLAHOMA, TN 37388 | 62-1834800 | 501C3 | 0. | 126,329. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOLUNTEERS IN MEDICINE OF SOUTHERN NEVADA RUFFIN FAMILY CLINIC - 1240 NORTH MARTIN LUTHER KING BLVD - LAS VEGAS, NV 89106 | 39-2072453 | 501C3 | 0. | 124,818. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD. LAURINBURG, NC 28352 | 20-2841940 | 501C3 | 0. | 124,224. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE MARIE BLANCHARD FRIENDSHIP CLINIC - 704 S. LATAH STREET - BOISE, ID 83705 | 20-0184266 | 501C3 | 0. | 123,054. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CARING COMMUNITY CLINIC 200 DOCTORS DRIVE, STE L JACKSONVILLE, NC 28546 | 56-1705813 | 501C3 | 0. | 122,978. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PROHEALTH RURAL HEALTH SERVICES, INC. - 1325 WEST MAIN STREET - FRANKLIN, TN 37064 | 62-1779945 | 501C3 | 0. | 122,427. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE FLOATING HOSPITAL 41-40 27TH STREET LONG ISLAND CITY, NY 11101 | 13-1624169 | 501C3 | 0. | 122,198. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ITHACA HEALTH ALLIANCE 521 WEST SENECA STREET ITHACA, NY 14850 | 90-0192978 | 501C3 | 0. | 120,902. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OASIS FREE CLINICS 66 BARIBEAU DRIVE, STE. 5B BRUNSWICK, ME 04011 | 01-0497587 | 501C3 | 0. | 118,270. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OUTREACH COMMUNITY HEALTH CENTERS 711 W. CAPITOL DRIVE MILWAUKEE, WI 53206 | 39-1353282 | 501C3 | 0. | 117,387. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ACCESS CARROLL 10 DISTILLERY DRIVE, STE 200 WESTMINISTER, MD 21157 | 20-2146701 | 501C3 | 0. | 116,247. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HEAL THE CITY FREE CLINIC 609 S CAROLINA AMARILLO, TX 79106 | 46-5694050 | 501C3 | 0. | 116,125. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH & WELLNESS CENTER 1505 E. MAIN, SUITE A STIGLER, OK 74462 | 20-0368759 | 501C3 | 0. | 115,389. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NEW HORIZON FAMILY HEALTH SERVICES 975 W. FARIS ROAD GREENVILLE, SC 29605 | 57-0932597 | 501C3 | 0. | 113,169. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LLOYD F. MOSS FREE CLINIC PHARMACY 1301 SAM PERRY BLVD. STE 100 FREDERICKSBURG, VA 22401 | 54-1677934 | 501C3 | 0. | 113,079. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501 | 58-2058853 | 501C3 | 0. | 112,588. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ANTELOPE VALLEY COMMUNITY CLINIC & CORPORATE OFFICE - 45074 10TH STREET WEST, SUITE 109 - LANCASTER, CA 93534 | 26-0574826 | 501C3 | 0. | 112,017. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC. - 99 CALLE GUILLERMO RIEFKOHL STREET - PATILLAS, PR 00723 | 66-0430826 | 501C3 | 0. | 111,509. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FREE CLINIC OF MERIDIAN, INC. 4707 POPLAR SPRINGS DRIVE MERIDIAN, MS 39305 | 45-5309446 | 501C3 | 0. | 111,103. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PROJECT H.O.P.E., INC. 519-525 WEST STREET CAMDEN, NJ 08103 | 20-4133180 | 501C3 | 0. | 109,672. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CENTRO DE SALUD FAMILIAR DR. JULIO PALMIERI FERRI, INC. - CALLE MORSE #46, ESQUINA VALENTINA - ARROYO, PR 00714 | 66-0496484 | 501C3 | 0. | 109,120. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, OTHER, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BROAD STREET CLINIC FOUNDATION 534 NORTH 35TH STREET MOREHEAD CITY, NC 28557 | 56-1853604 | 501C3 | 0. | 109,023. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LA CLINICA CRISTIANA 380 WILSON LAKE SHORES MUSCLE SHOALS, AL 35661 | 20-1624284 | 501C3 | 0. | 108,969. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. VINCENT DE PAUL CHARITABLE PHARMACY - 2033 FISH HATCHERY ROAD - MADISON, WI 53725 | 39-0824876 | 501C3 | 0. | 104,573. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTHQUEST OF UNION COUNTY 415 EAST FRANKLIN STREET MONROE, NC 28112 | 56-2117596 | 501C3 | 0. | 104,395. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ORANGE COUNTY FREE CLINIC 101 C WOODWARK STREET ORANGE, VA 22960 | 25-1922019 | 501C3 | 0. | 104,225. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LIFESPRING, INC. 460 SPRING STREET JEFFERSONVILLE, IN 47130 | 35-1097350 | 501C3 | 0. | 104,091. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| J.C. LEWIS HEALTH CARE CENTER 125 FAHM STREET SAVANNAH, GA 31401 | 58-0827524 | 501C3 | 0. | 103,692. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD SHEPHERD MEDICATION MANAGEMENT - 1256 UNION AVENUE - MEMPHIS, TN 38104 | 46-3313048 | 501C3 | 0. | 103,624. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| QUEENSCARE FAMILY CLINICS 950 SOUTH GRAND AVENUE LOS ANGELES, CA 90015 | 95-3702136 | 501C3 | 0. | 103,345. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CITRUS HEALTH NETWORK, INC. 4175 W 20TH AVE HIALEAH, FL 33012-5874 | 59-1865751 | 501C3 | 0. | 103,116. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| JACKSON-HINDS COMPREHENSIVE HEALTH CENTER CENTRAL MISSISSIPPI CIVIC IMPROVEMENT - 3502 WEST NORTHSIDE DRIVE - JACKSON, MS 39213 | 64-0506107 | 501C3 | 0. | 103,068. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PROFAMILIAS CELESTINA ZALDUONDO CLINIC - CALLE PADRE LAS CASAS #117 - SAN JUAN, PR 00919 | 23-7034732 | 501C3 | 0. | 102,750. | PURCHASED PRICE | EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. FRANCIS MEDICAL CENTER 530 NE GLEN OAK AVENUE PEORIA, IL 61637 | 37-0813229 | 501C3 | 0. | 102,500. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SAMUEL DIXON FAMILY HEALTH CENTER 25115 AVENUE STANFORD, SUITE A-104 VALENCIA, CA 91355 | 95-4278726 | 501C3 | 0. | 102,017. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CLARKSTON COMMUNITY HEALTH CENTER, INC. - 3700 MARKET STREET - CLARKSTON, GA 30021 | 46-1402143 | 501C3 | 0. | 101,970. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OHIO VALLEY HEALTH CENTER 423 SOUTH STREET STEBENVILLE, OH 43952 | 20-3924355 | 501C3 | 0. | 101,282. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. VINCENT DE PAUL COMMUNITY PHARMACY - 502 GRAMMONT STREET - MONROE, LA 71201 | 90-0014479 | 501C3 | 0. | 100,649. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| GOSHEN MEDICAL CENTER, INC. 412 SW CENTER STREET FAISON, NC 28341 | 56-1209062 | 501C3 | 0. | 100,294. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701 | 83-0427544 | 501C3 | 0. | 99,597. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VENTURA CITY FIRE DEPARTMENT 1425 DOWELL DRIVE VENTURA, CA 93003 | 95-6000807 | GOVERNMENT ENTITY | 0. | 99,375. | PURCHASED PRICE | EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MANGROVE MEDICAL GROUP 1040 MANGROVE AVE CHICO, CA 95926 | 94-6195952 | OTHER | 0. | 98,707. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CLINICA COMUNITARIA MAMEYES PR-140 KM 39.6 UTUADO, PR 00641 | 66-0812599 | 501C3 | 0. | 98,084. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SANTA MARIA'S CHILDREN AND FAMILY CENTER - 9209 COLIMA ROAD - WHITTIER, CA 90605 | 27-1879748 | 501C3 | 0. | 97,008. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PHOENIX ALLIES FOR COMMUNITY HEALTH - 2902 W. CLARENDON AVENUE - PHOENIX, AZ 85017 | 46-0650798 | 501C3 | 0. | 95,910. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CYN AVENUE NORTH HOLLYWOOD, CA 91605 | 23-7050082 | 501C3 | 0. | 95,220. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BAPTIST COMMUNITY HEALTH SERVICES 4960 ST. CLAUDE AVENUE NEW ORLEANS, LA 70117 | 45-3792193 | 501C3 | 0. | 95,151. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SHACKELFORD COUNTY COMMUNITY RESOURCE CENTER - 725 PATE STREET - ALBANY, TX 76430 | 75-2541970 | 501C3 | 0. | 94,923. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ANTLERS FIRST BAPTIST CHURCH FREE CLINIC - 208 NE B STREET - ANTLERS, OK 74523 | 73-1092316 | 501C3 | 0. | 94,592. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CLINICA ESPERANZA HOPE CLINIC 60 VALLEY STREET PROVIDENCE, RI 02909 | 26-1714340 | 501C3 | 0. | 94,589. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY RD SCOTTSVILLE, KY 42164 | 20-1789905 | 501C3 | 0. | 94,540. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SMITH MEDICAL CLINIC 99 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585 | 57-0786699 | 501C3 | 0. | 94,199. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTHREACH COMMUNITY HEALTH CENTERS - ADMINISTRATION - 10 WATER STREET, SUITE 305 - WATERVILLE, ME 04901 | 01-6023664 | 501C3 | 0. | 93,316. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTHSHORE HEALTH CENTERS 3564 SCOTTSDALE STREET PORTAGE, IN 46368 | 35-2028588 | 501C3 | 0. | 92,370. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SINCLAIR HEALTH CLINIC PHARMACY 301 N. CAMERON STREET, STE. #100 WINCHESTER, VA 22601 | 54-1373296 | 501C3 | 0. | 92,320. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FLORIDA DIABETES CAMP CMS BUILDING A GAINESVILLE, FL 32608 | 23-7098099 | 501C3 | 0. | 92,144. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CAMUY HEALTH SERVICES, INC. AVENUE MUNOZ RIVERA #63 CAMUY, PR 00627 | 66-0428652 | 501C3 | 0. | 90,189. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LONE STAR COMMUNITY HEALTH CENTER 605 S. CONROE MEDICAL DR. CONROE, TX 77304 | 30-0038860 | 501C3 | 0. | 90,091. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP HAMWI CENTRAL OHIO DIABETES ASSOCIATION - 1100 DENNISON AVE - COLUMBUS, OH 43201 | 31-6054100 | 501C3 | 0. | 89,788. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| UNITED HEALTH PARTNERS (UHP) 12605 EAST FREEWAY HOUSTON, TX 77015 | 61-1757254 | 501C3 | 0. | 89,591. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COUNTY OF SANTA CRUZ HOMELESS PERSONS HEALTH PROJECT - 115A CORAL STREET - SANTA CRUZ, CA 95060 | 94-6000534 | GOVERNMENT ENTITY | 0. | 88,275. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ARLINGTON FREE CLINIC PHARMACY 2921 S. 11TH STREET ARLINGTON, VA 22204 | 54-1671883 | 501C3 | 0. | 87,951. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MIGRANT HEALTH CENTER WESTERN REGION, INC. - CALLE RAMN E. BETANCES #491 SUR - MAYAGEZ, PR 00680 | 66-0427801 | 501C3 | 0. | 87,335. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MAMOU HEALTH RESOURCES 300 SOUTH STREET MAMOU, LA 70554 | 72-0949444 | 501C3 | 0. | 86,841. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD SHEPHERD MINISTRIES OF OKLAHOMA INC. - 222 NW 12TH STREET - OKLAHOMA CITY, OK 73103 | 20-0526892 | 501C3 | 0. | 86,301. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CAMP CONRAD-CHINNOCK 4700 JENKS LAKE ROAD, EAST ANGELUS OAKS, CA 92305 | 95-3897543 | 501C3 | 0. | 86,060. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FREE CLINIC OF NEWTON ONE WILSON DRIVE SPARTA, NJ 07871 | 45-4224214 | 501C3 | 0. | 85,439. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET #3 BANDERA, TX 78003 | 77-0697361 | 501C3 | 0. | 84,946. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MEND MEDICAL CLINIC 10641 N SAN FERNANDO RD PACOIMA, CA 91331 | 23-7306337 | 501C3 | 0. | 84,469. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NEIGHBORHOOD MEDICAL CENTER, INC. 438 WEST BREVARD STREET TALLAHASSEE, FL 32301 | 23-7422549 | 501C3 | 0. | 84,019. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009 | 86-0839580 | 501C3 | 0. | 83,068. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HOMELESS HEALTH CARE CENTER CHATTANOOGA - 730 EAST 11TH STREET - CHATTANOOGA, TN 37403 | 62-6000636 | 501C3 | 0. | 81,791. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP CAREFREE 6340 QUADRANGLE DRIVE CHAPEL HILL, NC 27517 | 56-1479260 | 501C3 | 0. | 81,528. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051 | 39-1743056 | 501C3 | 0. | 81,516. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NEOMED CENTER, INC. GURABO CARR. 941 SALIDA BO. JAGUAS GURABO, PR 00778 | 66-0485440 | 501C3 | 0. | 81,405. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. PETERSBURG FREE CLINIC 5501 4TH STREET NORTH ST. PETERSBURG, FL 33703 | 23-7208280 | 501C3 | 0. | 81,209. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH CLINIC OF BUTLER COUNTY - 103 BONNIE DRIVE - BUTLER, PA 16002 | 20-4852135 | 501C3 | 0. | 81,189. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PIEDMONT HEALTH SERVICES 299 LLOYD STREET CARRBORO, NC 27510 | 56-0952737 | 501C3 | 0. | 81,002. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA, GA 30577 | 20-3296577 | 501C3 | 0. | 80,219. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MED CENTRO, INC. 1034 HOSTOS AVENUE PONCE, PR 00716 | 66-0292961 | 501C3 | 0. | 79,822. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TAMPA FAMILY HEALTH CENTER PHARMACY/ADMINISTRATION - 1502 EAST FOWLER AVENUE - TAMPA, FL 33612 | 59-2420282 | 501C3 | 0. | 79,685. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OPEN DOOR URBAN MINISTRIES OF WAKE COUNTY - 1390 CAPITAL BLVD - RALEIGH, NC 27603 | 58-1422700 | 501C3 | 0. | 79,557. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SHERIDAN HEALTH CENTER 31 E. WHITNEY STREET SHERIDAN, WY 82801 | 20-1389307 | 501C3 | 0. | 79,099. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ROANOKE CHOWAN COMMUNITY HEALTH CENTER - 120 HEALTH CENTER ROAD - AHOSKIE, NC 27910 | 42-1638714 | 501C3 | 0. | 78,038. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH ALLIANCE OF PASADENA PHARMACY - 1855 N. FAIR OAKS AVENUE - PASADENA, CA 91103 | 95-4536824 | 501C3 | 0. | 77,992. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PRIMARY HEALTHCARE CENTERS OF DADE, INC. - 13570 NORTH MAIN STREET - TRENTON, GA 30752 | 58-1410404 | 501C3 | 0. | 77,590. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BATON ROUGE PRIMARY CARE COLLABORATIVE JEWEL NEWMAN COMMUNITY CENTER - 2013 CENTRAL ROAD, SUITE B - BATON ROUGE, LA | 41-2114148 | 501C3 | 0. | 77,473. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP KUDZU 5885 GLENRIDGE DR. SUITE 160 ATLANTA, GA 30328 | 58-2449646 | 501C3 | 0. | 76,960. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST, SUITE A GREENWOOD, MS 38930 | 20-0069223 | 501C3 | 0. | 76,498. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SIERRA HEALTH CENTER - FULLERTON 501 S. BROOKHURST ROAD FULLERTON, CA 92833 | 95-3447973 | 501C3 | 0. | 76,476. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SNAKE RIVER COMMUNITY CLINIC 215 TENTH STREET LEWISTON, ID 83501 | 31-1726460 | 501C3 | 0. | 75,927. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HIGHLAND MEDICAL CENTER PHARMACY 120 JACKSON RIVER ROAD MONTEREY, VA 24465 | 54-1652356 | 501C3 | 0. | 74,607. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| OPEN DOOR COMMUNITY HEALTH CENTERS - ADMINISTRATION - 670 NINTH ST., SUITE 203 - ARCATA, CA 95521 | 95-2671433 | 501C3 | 0. | 74,253. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HARMONY HEALTH CLINIC VOLUNTEERS IN MEDICINE - 201 EAST ROOSEVELT ROAD - LITTLE ROCK, AR 72206 | 20-5691313 | 501C3 | 0. | 74,233. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NATIONAL ASSOCIATION OF CHRISTIAN CHURCHES - 7025 WEST TIDWELL ROAD, SUITE H108 - HOUSTON, TX 77092 | 20-5077098 | 501C3 | 0. | 74,199. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LAWTON COMMUNITY HEALTH CENTER 5404 SW LEE BOULEVARD LAWTON, OK 73505 | 26-0187688 | 501C3 | 0. | 73,419. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP SEALE HARRIS SOUTHEASTERN DIABETES EDUCATION SERVICES - 500 CHASE PARK SOUTH, SUITE 104 - BIRMINGHAM, AL 35244 | 63-1091899 | 501C3 | 0. | 73,248. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH ASSN. OF SPOKANE CHAS - 203 NORTH WASHINGTON SUITE 300 - SPOKANE, WA 99201 | 91-1641797 | 501C3 | 0. | 73,018. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PEOPLE'S HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84068 | 87-0638042 | 501C3 | 0. | 72,801. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ZUFALL HEALTH CENTER DOVER 18 WEST BLACKWELL DOVER, NJ 07801 | 22-3125397 | 501C3 | 0. | 72,388. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118 | 94-3186248 | 501C3 | 0. | 72,336. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| REDWOODS RURAL HEALTH CENTER INC. 101 WEST COAST ROAD REDWAY, CA 95560 | 94-2337367 | 501C3 | 0. | 72,120. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PENOBSCOT COMMUNITY HEALTH CARE 103 MAINE AVENUE BANGOR, ME 04401 | 01-0514750 | 501C3 | 0. | 71,300. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LACKEY CLINIC PHARMACY 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690 | 54-1850915 | 501C3 | 0. | 70,998. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COASTAL MEDICAL ACCESS PROJECT 2605 PARKWOOD DRIVE BRUNSWICK, GA 31520 | 01-0576945 | 501C3 | 0. | 70,475. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH OF SOUTH FLORIDA 10300 SW 216TH STREET MIAMI, FL 33190 | 59-1372690 | 501C3 | 0. | 69,967. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SOUTHLAND INTEGRATED SERVICES, INC. DBA SOUTHLAND HEALTH CENTER - 9862 CHAPMAN AVENUE, SUITE B - GARDEN GROVE, CA 92841 | 95-3403526 | 501C3 | 0. | 69,817. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740 | 52-1772594 | 501C3 | 0. | 69,334. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE HEARTS AND HANDS CLINIC, INC. 127 NORTH COLLEGE STREET STATESBORO, GA 30458 | 26-4597700 | 501C3 | 0. | 69,297. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH CENTERS OF PINELLAS INC. - JOHNNIE RUTH CLARK CENTER ADMINISTRA - 1344 22ND ST. SOUTH - ST. PETERSBURG, FL 33712 | 59-2097521 | 501C3 | 0. | 69,214. | ESTIMATED WHOLESALE PRICE, PURCHASED | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ADA CAMP CAREFREE AMERICAN DIABETES ASSOCIATION - 154 LIONS CAMP PRIDE WAY - NEW DURHAM, NH 03855 | 13-1623888 | 501C3 | 0. | 68,802. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LIFELONG MEDICAL CARE ADMINISTRATION - 2344 SIXTH STREET - BERKELEY, CA 94710 | 94-2502308 | 501C3 | 0. | 68,024. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MISSOULA URBAN INDIAN HEALTH CENTER - 830 WEST CENTRAL AVENUE - MISSOULA, MT 59801 | 81-0330646 | 501C3 | 0. | 67,931. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SALUD INTEGRAL EN LA MONTAA CSI EN NARANJITO - CARR 164 KM 0.2 - NARANJITO, PR 00719 | 66-0329532 | 501C3 | 0. | 67,921. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PRYMED MEDICAL CARE, INC. CARRETERA 149, KM. 13.0 CIALES, PR 00638 | 66-0428120 | 501C3 | 0. | 67,800. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HUMBOLDT COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES PUBLIC HEALTH, COMMUNITY W - 908 7TH STREET - EUREKA, CA 95501 | 94-6000513 | GOVERNMENT ENTITY | 0. | 67,482. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD SHEPHERD FREE MEDICAL CLINIC 307 NORTH BROAD STREET CLINTON, SC 29325 | 57-0996466 | 501C3 | 0. | 67,401. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COVENANT COMMUNITY CARE ADMINISTRATION - 559 WEST GRAND BLVD - DETROIT, MI 48216 | 38-3533998 | 501C3 | 0. | 67,287. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COLUMBIA COUNTY VOLUNTEERS IN MEDICINE CLINIC, INC. - 310 EAST THIRD STREET - MIFFLINVILLE, PA 18631 | 20-5695518 | 501C3 | 0. | 67,266. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204 | 58-1867940 | 501C3 | 0. | 67,054. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HELPING HANDS CLINIC 810 HARPER AVENUE LENOIR, NC 28645 | 56-2076541 | 501C3 | 0. | 67,051. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ALAMEDA COUNTY HEALTH CARE FOR HOMELESS PROGRAM - 384 14TH STREET - OAKLAND, CA 94612 | 94-6000501 | 501C3 | 0. | 66,514. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FREDERIKSTED HEALTH CARE, INC. 516 STRAND STREET ST. CROIX, VI 00840 | 66-0586667 | 501C3 | 0. | 66,310. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH CENTER OF SOUTHEAST TEXAS 307 N. WILLIAM BARNETT AVE CLEVELAND, TX 77327 | 56-2508501 | 501C3 | 0. | 65,946. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HANDS OF HOPE CLINIC 1010 HOSPITAL DRIVE, BLDG B STOCKBRIDGE, GA 30281 | 42-1591970 | 501C3 | 0. | 64,974. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM MEDICAL CLINIC - 101 AVENUE F NORTH - BAY CITY, TX 77414 | 20-0537948 | 501C3 | 0. | 64,705. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COWLITZ FAMILY HEALTH CENTER 1057 12TH AVENUE LONGVIEW, WA 98636 | 91-0896241 | 501C3 | 0. | 64,659. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD NEIGHBOR COMMUNITY HEALTH CENTER - 4321 41ST AVENUE - COLUMBUS, NE 68601 | 13-4249732 | 501C3 | 0. | 64,373. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| GET UP PROJECT DBA HOPE MEDICAL CLINIC - 12221 RENFERT WAY, SUITE 200 - AUSTIN, TX 78758 | 45-4931906 | 501C3 | 0. | 64,122. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WELLSPACE HEALTH 5321 STOCKTON BLVD SACRAMENTO, CA 95820 | 94-1713704 | 501C3 | 0. | 64,061. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247 | 75-6003612 | 501C3 | 0. | 63,000. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTHNET OF ROCK COUNTY, INC. 23 WEST MILWAUKEE STREET JANESVILLE, WI 53548 | 39-1778804 | 501C3 | 0. | 62,982. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COSTA SALUD COMMUNITY HEALTH CENTERS RINCEN - CALLE MUOZ RIVERA #28 - RINCEN, PR 00677 | 66-0428488 | 501C3 | 0. | 62,832. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| STEDMAN WADE HEALTH SERVICES 7118 MAIN STREET WADE, NC 28395 | 56-1214119 | 501C3 | 0. | 62,738. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP MIDICHA AMERICAN DIABETES ASSOCIATION YMCA CAMP COPNECONIC - 10407 NORTH FENTON ROAD - FENTON, MI 48430 | 13-1623888 | 501C3 | 0. | 62,334. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FIRST CHOICE PRIMARY CARE 770 WALNUT STREET MACON, GA 31201 | 20-4391090 | 501C3 | 0. | 62,155. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| POMONA COMMUNITY HEALTH CENTER 1450 E. HOLT AVENUE POMONA, CA 91767 | 22-3914738 | 501C3 | 0. | 62,075. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CONCILIO DE SALUD INTEGRAL DE LOIZA - CARR. 187, INTERSECCION 188 - LOIZA, PR 00772 | 23-7259899 | 501C3 | 0. | 62,011. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY ACTION CORPORATION OF SOUTH TEXAS ALICE HEALTH CENTER - 700 FLOURNEY ROAD, SUITE 2A - ALICE, TX 78332 | 74-1679824 | 501C3 | 0. | 61,785. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP WANNAKLOT HEMOPHILIA OF GEORGIA - 8800 ROSWELL ROAD - ATLANTA, GA 30350 | 58-1175625 | 501C3 | 0. | 61,330. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AMPLA HEALTH DEL NORTE CLINICS, INC - 935 MARKET STREET - YUBA CITY, CA 95991-4210 | 94-2210447 | 501C3 | 0. | 61,304. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH ACCESS, INCORPORATED 489 WASHINGTON AVENUE CLARKSBURG, WV 26301 | 55-0715066 | 501C3 | 0. | 61,119. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FAMILY HEALTH SERVICES ADMINISTRATION - 794 EASTLAND DR - TWIN FALLS, ID 83301 | 82-0371093 | 501C3 | 0. | 61,065. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BRIDGES TO HEALTH 1251 WEST KEM ROAD MARION, IN 46952 | 20-5405181 | 501C3 | 0. | 60,680. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SUMTER FAMILY HEALTH CENTER PHARMACY - 1278 N. LAFAYETTE DRIVE - SUMTER, SC 29150 | 57-1095992 | 501C3 | 0. | 60,503. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ALCORN STATE UNIVERSITY FAMILY CLINIC - 15 CAMPUS DRIVE - NATCHEZ, MS 39120 | 64-6000013 | 501C3 | 0. | 59,679. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CHI - ST. VINCENT INTERFAITH CLINIC - 830 NORTH CREEK DRIVE - CONWAY, AR 72032 | 71-0830696 | 501C3 | 0. | 59,650. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GAIN, INC GREATER ACCESS TO THOSE IN NEED - 712 W 3RD STREET - LITTLE ROCK, AR 72201 | 71-0763418 | 501C3 | 0. | 59,204. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALING HANDS MINISTRIES 8515 GREENVILLE AVENUE, SUITE #N-10 DALLAS, TX 75243 | 65-1259379 | 501C3 | 0. | 57,901. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OPEN ARMS CLINIC 5252 N. MERIDIAN AVE., STE 101 OKLAHOMA CITY, OK 73112 | 73-1448149 | 501C3 | 0. | 57,896. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741 | 65-1251915 | 501C3 | 0. | 57,842. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COASTAL FAMILY HEALTH CENTER 1025 A DIVISION STREET BILOXI, MS 39530 | 64-0592416 | 501C3 | 0. | 57,792. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AGHABY COMPREHENSIVE COMMUNITY HEALTH CENTER - 349 W. COMPTON BLVD - COMPTON, CA 90220 | 46-2637814 | 501C3 | 0. | 57,630. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD STREET CORPUS CHRISTI, TX 78408 | 74-2642761 | 501C3 | 0. | 57,164. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| RUTH'S PLACE CLINIC 1411 CRAWFORD AVENUE GRANBURY, TX 76048 | 20-4594680 | 501C3 | 0. | 56,736. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| FAMILY HEALTH CARE OF NORTHWEST OHIO - 1191 WESTWOOD DRIVE - VAN WERT, OH 45891 | 34-1977316 | 501C3 | 0. | 56,286. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SANTA BARBARA COUNTY SEARCH & RESCUE, INC. - 66 S. SAN ANTONIO ROAD - SANTA BARBARA, CA 93110 | 95-6193608 | 501C3 | 0. | 55,000. | PURCHASED PRICE | EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405 | 95-2931931 | 501C3 | 0. | 54,830. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LOS ANGELES COMMUNITY CLINIC, INC. 1830 W. OLYMPIC BLVD. #124 LOS ANGELES, CA 90006 | 46-3963600 | 501C3 | 0. | 54,653. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| UNIVERSITY OF COLORADO HEMOPHILIA AND THROMBOSIS CENTER MILE HIGH HEMOPHILIA SUM - 13199 EAST MONTVIEW BLVD - AURORA, CO 80045 | 84-6000555 | 501C3 | 0. | 54,600. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH FOUNDATION OF PUERTO RICO, INC. - MARGINAL SANTA CRUZ C-17 - BAYAMON, PR 00961 | 66-0749601 | 501C3 | 0. | 54,515. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OLYMPIC PENINSULA COMMUNITY CLINIC 819 GEORGIANA STREET PORT ANGELES, WA 98362 | 01-0590704 | 501C3 | 0. | 54,398. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP POSSIBILITIES C/O GEORGETOWN MEDICAL ASSOCIATES - 20930 DUPONT BLVD - GEORGETOWN, DE 19970 | 51-0412903 | 501C3 | 0. | 54,292. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702-1516 | 22-3160873 | 501C3 | 0. | 54,107. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| ADA CAMP NEEDLEPOINT AND DAYPOINT AMERICAN DIABETES ASSOCIATION - ADA, 8000 WEST 78TH ST, SUITE 175 - EDINA, MN 55439 | 13-1623888 | 501C3 | 0. | 54,066. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOLUNTEERS IN MEDICINE SAN FRANCISCO DBA CLINIC BY THE BAY - 4877 MISSION STREET - SAN FRANCISCO, CA 94112 | 26-2593712 | 501C3 | 0. | 53,572. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY MEDICINE PHARMACY 1131 SALUDA STREET ROCK HILL, SC 29730 | 57-0891008 | 501C3 | 0. | 53,489. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DESTINY OUTREACH CENTER 141 S BLACK HORSE PIKE BLACKWOOD, NJ 08012 | 46-4415529 | 501C3 | 0. | 53,374. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CARE BEYOND THE BOULEVARD, INC. 636 TAUROMEE AVENUE KANSAS CITY, KS 66101 | 83-1122028 | 501C3 | 0. | 52,268. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LEBANON VALLEY VOLUNTEERS IN MEDICINE - 711 SOUTH 8TH STREET - LEBANON, PA 17042 | 26-3915958 | 501C3 | 0. | 52,091. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE GREAT PHYSICIAN'S PHARMACY CLINIC - 1914 E US HWY 70 - DURANT, OK 74701 | 73-0768828 | 501C3 | 0. | 52,058. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PLANNED PARENTHOOD OF THE GULF COAST SPRING HEALTH CENTER - 4747 LOUETTA ROAD - SPRING, TX 77388 | 74-1100163 | 501C3 | 0. | 52,013. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE ATHENS NURSES CLINIC 240 NORTH AVENUE ATHENS, GA 30601 | 58-2490925 | 501C3 | 0. | 51,924. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| FIVE RIVERS HEALTH CENTERS SAMARITAN HOMELESS CLINIC - 921 S EDWIN C. MOSES BLVD. - DAYTON, OH 45417 | 45-0914398 | 501C3 | 0. | 51,454. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| EL DORADO COUNTY COMMUNITY HEALTH CENTER - 4327 GOLDEN CENTER DRIVE - PLACERVILLE, CA 95667 | 42-1533531 | 501C3 | 0. | 51,204. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TEMPLE COMMUNITY FREE CLINIC, INC. 1905 CURTIS B ELLIOTT DRIVE TEMPLE, TX 76501 | 74-2634500 | 501C3 | 0. | 51,123. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SALUD FAMILY HEALTH CENTERS ADMINISTRATION - 203 SOUTH ROLLIE AVE - FORT LUPTON, CO 80621 | 84-0613540 | 501C3 | 0. | 50,847. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LAKE AREA FREE CLINIC 856 ARMOUR ROAD OCONOMOWOC, WI 53066 | 39-2006388 | 501C3 | 0. | 50,822. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GRACE HEALTHCARE SERVICES CORP DBA GRACE PHARMACY - 1329 SW 16TH STREET - GAINESVILLE, FL 32610 | 81-4300044 | 501C3 | 0. | 50,795. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ACCESS HEALTH LOUISIANA ST. CHARLES COMMUNITY HEALTH CENTER - 843 MILLING AVENUE - LULING, LA 70070 | 47-0852944 | 501C3 | 0. | 50,714. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| N.E.W. COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301 | 39-1200636 | 501C3 | 0. | 50,295. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HOPE CLINIC OF MCKINNEY 501 1/2 N. KENTUCKY STREET MCKINNEY, TX 75069 | 81-3813928 | 501C3 | 0. | 50,202. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CAMP FREEDOM TENNESSEE HEMOPHILIA & BLEEDING DISORDER FOUNDATION - 1819 WARD DRIVE, SUITE 102 - MURFREESBORO, TN 37129 | 62-1662856 | 501C3 | 0. | 50,100. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD SAMARITAN CLINIC 4435 GULF BREEZE PARKWAY GULF BREEZE, FL 32563 | 59-3690750 | 501C3 | 0. | 49,906. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071 | 62-1777249 | 501C3 | 0. | 49,818. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| EL HOGAR GUEST HOUSE CLINIC 600 BERECUT DRIVE SACRAMENTO, CA 95811 | 68-0032730 | 501C3 | 0. | 49,660. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LIGHTHOUSE MEDICAL MINISTRIES 2801 S. ROBINSON AVENUE OKLAHOMA CITY, OK 73109 | 20-0503733 | 501C3 | 0. | 49,485. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OUTREACH HEALTH SERVICES, INC. 130 NORTH HIGH STREET SHUBUTA, MS 39360 | 64-0736857 | 501C3 | 0. | 49,350. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE - P.O. BOX 720 - WICHITA FALLS, TX 76307 | 75-2429644 | 501C3 | 0. | 48,599. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MID DELTA HEALTH SYSTEMS 245 MADISON STREET CLARENDON, AR 72029 | 71-0638760 | 501C3 | 0. | 48,507. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP NEJEDA 910 SADDLEBACK ROAD STILLWATER, NJ 07875 | 22-0019138 | 501C3 | 0. | 48,498. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NCADA 9355 OLIVE BLVD ST. LOUIS, MO 63132 | 43-0827852 | 501C3 | 0. | 48,447. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LANAI COMMUNITY HEALTH CENTER ADMINISTRATION - 333 SIXTH STREET - LANAI CITY, HI 96763 | 20-2509287 | 501C3 | 0. | 48,021. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP HO MITA KODA FOUNDATION 14040 AUBURN ROAD NEWBURY, OH 44065 | 82-1212824 | 501C3 | 0. | 47,894. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TEXAS LIONS CAMP 4100 SAN ANTONIO HWY KERVILLE, TX 78028 | 74-1189679 | 501C3 | 0. | 47,405. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FAMILY CARE HEALTH CENTER 401 HOLLY HILLS AVENUE ST. LOUIS, MO 63111 | 23-7076112 | 501C3 | 0. | 47,305. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WAKE HEALTH SERVICES DBA ADVANCE COMMUNITY HEALTH - 1001 ROCK QUARRY ROAD - RALEIGH, NC 27610 | 56-1004791 | 501C3 | 0. | 47,043. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP WANA KURA AMERICAN DIABETES ASSOCIATION - 6065 COZZENS STREET - SAN DIEGO, CA 92122 | 13-1623888 | 501C3 | 0. | 46,344. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PRINCE WILLIAM AREA FREE CLINIC PHARMACY - 13900 CHURCH HILL DRIVE - WOODBRIDGE, VA 22191 | 54-1619202 | 501C3 | 0. | 46,236. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE COMMUNITY FREE CLINIC OF NEWPORT NEWS PHARMACY - 727 25TH STREET - NEWPORT NEWS, VA 23607 | 27-3510814 | 501C3 | 0. | 46,216. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CHATHAM CARES COMMUNITY PHARMACY 127 EAST RALEIGH STREET SILER CITY, NC 27344 | 41-2170926 | 501C3 | 0. | 46,078. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR. WAY S SEATTLE, WA 98118 | 91-1546525 | 501C3 | 0. | 45,801. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MANNA MEDICAL CLINIC 120 STREET A, SUITE A PICAYUNE, MS 39466 | 20-1788094 | 501C3 | 0. | 45,632. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DYF - DIABETES YOUTH FAMILIES 5167 CLAYTON ROAD CONCORD, CA 94521 | 94-6003673 | 501C3 | 0. | 45,400. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DR. GARY BURNSTEIN COMMUNITY HEALTH CLINIC - 45580 WOODWARD AVENUE - PONTIAC, MI 48341 | 32-0015321 | 501C3 | 0. | 44,843. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BETHESDA FREE HEALTH CLINIC OF D'IBERVILLE - 6912 NORTH WASHINGTON AVENUE - OCEAN SPRINGS, MS 39564 | 27-3534168 | 501C3 | 0. | 44,526. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PROJECT LAZARUS 5368 NC HWY 16 S MORAVIAN FALLS, NC 28654 | 56-2087110 | 501C3 | 0. | 44,495. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FAITH COMMUNITY HEALTH CENTER 610 S. 6TH STREET BRANSON, MO 65616 | 94-3467834 | 501C3 | 0. | 43,765. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| APT FOUNDATION 1 LONG WHARF DRIVE NEW HAVEN, CT 06511 | 23-7061218 | 501C3 | 0. | 43,298. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| TECHE ACTION CLINIC 1115 WEBER STREET FRANKLIN, LA 70538 | 72-6073441 | 501C3 | 0. | 43,171. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, MEDICAL SUPPLIES, | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PEDIPLACE 502 S. OLD ORCHARD, STE. 126 LEWISVILLE, TX 75067 | 75-2512752 | 501C3 | 0. | 43,012. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SETEBAID SERVICES, INC. 1157 WESTBRANCH HIGHWAY WINFIELD, PA 17889 | 23-2979076 | 501C3 | 0. | 42,951. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. JOHN'S WELL CHILD AND FAMILY CENTERS - 808 WEST 58TH STREET - LOS ANGELES, CA 90037 | 95-4067758 | 501C3 | 0. | 42,366. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKES BARRE, PA 18702 | 20-3531527 | 501C3 | 0. | 42,056. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CROSS AND CROWN CLINIC 1008 NORTH MCKINLEY STREET OKLAHOMA CITY, OK 73106 | 73-1608071 | 501C3 | 0. | 41,961. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HYNDMAN AREA HEALTH CENTER 144 FIFTH AVENUE HYNDMAN, PA 15545 | 25-1343824 | 501C3 | 0. | 41,618. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP COURAGE CAMP SWEET LIFE 8046 83RD STREET NW MAPLE LAKE, MN 55358 | 27-3206536 | 501C3 | 0. | 41,566. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD SHEPHERD MEDICAL AND DENTAL FOUNDATION - 20 12TH AVE. NW - ARDMORE, OK 73401 | 73-1509801 | 501C3 | 0. | 41,446. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ASOCIACION DE SALUD PRIMARIA DE PUERTO RICO, INC. - EDIFICIO ALIANZA #400 - RO PIEDRAS, PR 00927 | 66-0419912 | 501C3 | 0. | 41,340. | PURCHASED PRICE | EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP HERTKO HOLLOW 501 GRAND AVE DES MOINES, IA 50309 | 76-0717999 | 501C3 | 0. | 41,238. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG DENISON, TX 75020 | 81-0584983 | 501C3 | 0. | 41,237. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LAKE COUNTY FREE CLINIC 54 S. STATE STREET, SUITE 302 PAINESVILLE, OH 44077 | 34-1081191 | 501C3 | 0. | 40,960. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NEW HEIGHTS CLINIC 8000 NE 58TH AVENUE VANCOUVER, WA 98665 | 91-2009672 | 501C3 | 0. | 40,846. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY CLINIC OF SHELBYVILLE AND BEDFORD COUNTY - 200 DOVER STREET, SUITE 202 - SHELBYVILLE, TN 37160 | 34-1974609 | 501C3 | 0. | 40,748. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PRESENTATION MEDICAL CENTER 213 2ND AVE NE ROLLA, ND 58367 | 45-0227391 | 501C3 | 0. | 40,624. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| KOREAN COMMUNITY SERVICES DBA KCS HEALTH CENTER - 7212 ORANGETHORPE AVE. SUITE 9A - BUENA PARK, CA 90621 | 95-3245254 | 501C3 | 0. | 40,307. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LORAIN COUNTY FREE CLINIC 5040 OBERLIN AVENUE LORAIN, OH 44053 | 34-1506180 | 501C3 | 0. | 40,085. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CATAHOULA PARISH HOSPITAL DISTRICT NO. 2 - 307 CHISUM STREET - SICILY ISLAND, LA 71368 | 72-0838896 | 501C3 | 0. | 40,083. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP COLORADO AMERICAN DIABETES ASSOCIATION - 2460 WEST 26TH AVE. SUITE 500C - DENVER, CO 80211 | 13-1623888 | 501C3 | 0. | 39,931. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BERGEN VOLUNTEER MEDICAL INITIATIVE, INC. - 75 ESSEX STREET - HACKENSACK, NJ 07601 | 20-2633437 | 501C3 | 0. | 39,231. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MOORE FREE CARE CLINIC 211 TRIMBLE PLANT ROAD #C SOUTHERN PINES, NC 28387 | 01-0781234 | 501C3 | 0. | 39,093. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COWETA SAMARITAN CLINIC 137 JACKSON STREET NEWMAN, GA 30263 | 80-0518912 | 501C3 | 0. | 39,046. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GENERATIONS FAMILY HEALTH CENTER 40 MANSFIELD AVENUE WILLIMANTIC, CT 06226 | 22-3158253 | 501C3 | 0. | 38,992. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FEED MY SHEEP FREE CHILDREN'S CLINIC - 613 S. 3RD STREET - TEMPLE, TX 76504 | 46-3436384 | 501C3 | 0. | 38,978. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BOONE FREE MEDICAL CLINIC 703 ARDEN STREET BOONE, IA 50036 | 42-1428706 | 501C3 | 0. | 38,977. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST LUKE COMMUNITY CLINIC 316 N ROYAL AVENUE FRONT ROYAL, VA 22630 | 54-1801220 | 501C3 | 0. | 38,675. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CAPITAL CITY RESCUE MISSION FREE CLINIC - 259 SOUTH PEARL STREET - ALBANY, NY 12202 | 56-2663290 | 501C3 | 0. | 38,608. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP BRAVE EAGLE INDIANA HEMOPHILIA AND THROMBOSIS CENTER - 8326 NAAB ROAD - INDIANAPOLIS, IN 46260 | 35-2047838 | 501C3 | 0. | 38,218. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MONMOUTH FAMILY HEALTH CENTER 270 BROADWAY LONG BRANCH, NJ 07740 | 20-0547132 | 501C3 | 0. | 37,928. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MARTIN LUTHER KING JR. FAMILY CLINIC - 2922 - B MARTIN LUTHER KING BLVD - DALLAS, TX 75215 | 75-2098992 | 501C3 | 0. | 37,642. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PARTNERSHIP HEALTH CENTER 520 GRIFFIN AVENUE VALDOSTA, GA 31601 | 58-2405825 | 501C3 | 0. | 37,562. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE JACK RUA CAMP FOR CHILDREN WITH DIABETES - 4 SOUTH MAIN STREET - FALL RIVER, MA 02721 | 04-2665107 | 501C3 | 0. | 37,484. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FAMILY HEALTHCARE 25 NORTH 100 EAST ST. GEORGE, UT 84770 | 35-2163112 | 501C3 | 0. | 37,134. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE STATE COLLEGE, PA 16803 | 25-1897969 | 501C3 | 0. | 37,125. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BLAND COUNTY MEDICAL CLINIC 12301 GRAPEFIELD ROAD BASTIAN, VA 24314 | 54-1074890 | 501C3 | 0. | 37,102. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SAMARITAN REGIONAL HEALTH CLINIC 937 BROADWAY CAPE GIRARDEAU, MO 63701 | 27-5427837 | 501C3 | 0. | 37,022. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SAN JOSE FOOTHILL FAMILY COMMUNITY CLINIC - ADMINISTRATION - 2680 SOUTH WHITE RD., SUITE 170 - SAN JOSE, CA 95148 | 77-0440944 | 501C3 | 0. | 36,880. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY MEDICAL WELLNESS CENTERS USA - 1360 E. ANAHEIM STREET - LONG BEACH, CA 90813 | 45-2424322 | 501C3 | 0. | 36,656. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PACIFIC GARDEN MISSION 1458 S. CANAL STREET CHICAGO, IL 60607 | 36-2445391 | 501C3 | 0. | 36,616. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WILL-GRUNDY MEDICAL CLINIC 213 CASS STREET JOLIET, IL 60432 | 36-3492306 | 501C3 | 0. | 36,482. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CABARRUS HEALTH ALLIANCE 300 MOORESVILLE ROAD KANNAPOLIS, NC 28081 | 56-2016594 | GOVERNMENT ENTITY | 0. | 36,378. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP LAKOTA AMERICAN DIABETES ASSOCIATION WISCONSIN LIONS CAMP - 3834 COUNTY ROAD A - ROSHOLT, WI 54473 | 13-1623888 | 501C3 | 0. | 36,205. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| RITTER CENTER 16 RITTER STREET SAN RAFAEL, CA 94901 | 94-2675517 | 501C3 | 0. | 35,997. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BEAUREGARD AGAPE COMMUNITY CLINIC 213 WEST 2ND STREET DERIDDER, LA 70634 | 06-1822290 | 501C3 | 0. | 35,795. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HOPKINS COUNTY COMMUNITY CLINIC 638 N. FRANKLIN STREET MADISONVILLE, KY 42431 | 06-1710391 | 501C3 | 0. | 35,703. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AMERICAN YOUTH UNDERSTANDING DIABETES ABROAD INC AYUDA - 1700 N MOORE ST., SUITE 2000 - ARLINGTON, VA 22209 | 52-2006333 | 501C3 | 0. | 35,683. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OLDE TOWNE MEDICAL AND DENTAL CENTER - 5249 OLDE TOWNE ROAD - WILLIAMSBURG, VA 23188 | 54-1663905 | 501C3 | 0. | 35,677. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WORLDWIDE HEALING HANDS 5685 MAIN STREET KELSEYVILLE, CA 95451 | 90-0758374 | 501C3 | 0. | 35,156. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ISLANDS COMMUNITY MEDICAL SERVICES 15 MEDICAL CENTER LOOP VINALHAVEN, ME 04863 | 01-6012835 | 501C3 | 0. | 34,828. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CSUSM SCHOOL OF NURSING STUDENT HEALTHCARE PROJECT - 1249 E. OHIO AVENUE - ESCONDIDO, CA 92027 | 80-0390564 | 501C3 | 0. | 34,724. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. MARTIN'S HEALTHCARE SERVICES 1359 SOUTH RANDOLPH STREET GARRETT, IN 46738 | 20-8609620 | 501C3 | 0. | 34,537. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BROCK HUGHES FREE CLINIC PHARMACY 450 WEST MONROE STREET WYTHEVILLE, VA 24382 | 20-2353144 | 501C3 | 0. | 34,513. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PROGRAM FOR HEALTH CARE TO UNDERSERVED POPULATIONS BIRMINGHAM FREE CLINIC - UPMC MONTEFIORE HOSPITAL - PITTSBURGH, PA 15213 | 23-2919472 | 501C3 | 0. | 34,451. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PROJECT HEALTH, INC. DBA LANGLEY HEALTH SERVICES - 1425 SOUTH US HWY 301 - SUMTERVILLE, FL 33585 | 59-1664577 | 501C3 | 0. | 34,166. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ALBRECHT FREE CLINIC 908 WASHINGTON STREET WEST BEND, WI 53095 | 39-1839654 | 501C3 | 0. | 33,303. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CENTRAL FLORIDA FAMILY HEALTH CENTER - TRUE HEALTH - 4930 EAST LAKE MARY BLVD. - SANFORD, FL 32771 | 59-1741286 | 501C3 | 0. | 33,295. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD SAMARITAN PHARMACY AND HEALTH SERVICES, INC. - 2502 NO. TAMIAMI TRAIL - NOKOMIS, FL 34275 | 26-2295558 | 501C3 | 0. | 33,293. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CASA EL BUEN SAMARITANO 14060 DUBLIN STREET HOUSTON, TX 77085 | 37-1546805 | 501C3 | 0. | 33,206. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MOBILE COUNTY HEALTH DEPARTMENT 251 NORTH BAYOU STREET MOBILE, AL 36603 | 63-6001641 | GOVERNMENT ENTITY | 0. | 32,626. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP AZDA AMERICAN DIABETES ASSOCIATION - 5333 N. 7TH STREET, SUITE B-212 - PHOENIX, AZ 85014 | 13-1623888 | 501C3 | 0. | 32,490. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BETANCES HEALTH 280 HENRY STREET NEW YORK, NY 10002-4618 | 13-2697725 | 501C3 | 0. | 32,340. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SAFER ALTERNATIVES THROUGH NETWORKING & EDUCATION (SANE) - 8015 FREEPORT BLVD. - SACRAMENTO, CA 95832 | 94-3390723 | 501C3 | 0. | 31,639. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CAMP NEEDLES IN THE PINES ECU PEDIATRIC SPECIALTY CARE - 2150 HERBERT COURT - GREENVILLE, NC 27834 | 23-7138921 | 501C3 | 0. | 31,066. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP NOLOHI AMERICAN DIABETES ASSOCIATION - 8008 SLIDE ROAD, #12A - LUBBOCK, TX 79424 | 13-1623888 | 501C3 | 0. | 31,047. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CITY OF NEW ORLEANS 1300 PERDIDO STREET NEW ORLEANS, LA 70112 | 72-6000969 | 501C3 | 0. | 30,994. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP TRIOS TRIOS HEALTH 203 W. 8TH AVE. KENNEWICK, WA 99336 | 94-3046326 | 501C3 | 0. | 30,882. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DIABETES YOUTH FOUNDATION OF INDIANA THERMOKING OF INDIANA - 817 S. TIBBS AVE. - INDIANAPOLIS, IN 46241 | 35-1783933 | 501C3 | 0. | 30,444. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| JDRF FAMILY DIABETES CAMP AT CAMP WAR EAGLE - 14323 CAMP WAR EAGLE ROAD - ROGERS, AR 72756 | 23-1907729 | 501C3 | 0. | 30,427. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LIMITLESS EXPEDITIONS 6325 FALLS OF NEUSE ROAD RALEIGH, NC 27615 | 82-1486145 | 501C3 | 0. | 30,376. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET SUITE 30 TOMBALL, TX 77375 | 76-0280324 | 501C3 | 0. | 30,350. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH FOR ALL 3030 EAST 29TH STREET, SUITE 111 BRYAN, TX 77802 | 74-2624477 | 501C3 | 0. | 30,271. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CAMP SWEET ESCAPE 1120 15TH ST., BLDG. 1014 (DUGAS) AUGUSTA, GA 30912 | 47-1776514 | 501C3 | 0. | 30,019. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| JDRF 4343 E. CAMELBACK ROAD, SUITE 230 PHOENIX, AZ 85018 | 23-1907729 | 501C3 | 0. | 29,989. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AUGUSTA REGIONAL FREE CLINIC PHARMACY - 342 MULE ACADEMY ROAD - FISHERSVILLE, VA 22939 | 54-1651896 | 501C3 | 0. | 29,865. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ASOCIACION DE HOSPITALES DE PUERTO RICO - 70 SANTA CRUZ - BAYAMON, PR 00959 | 66-0274483 | 501C3 | 0. | 29,859. | PURCHASED PRICE | EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEART OF FLORIDA HEALTH CENTER ADMINISTRATION - 203 E. SILVER SPRINGS BLVD, #101 - OCALA, FL 34470 | 59-3060378 | 501C3 | 0. | 29,634. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AIDS PROJECT LOS ANGELES, INC. APLA HEALTH & WELLNESS - 3743 SOUTH LA BREA AVENUE - LOS ANGELES, CA 90016 | 95-3842506 | 501C3 | 0. | 29,625. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GALES CREEK CAMP 6950 SW HAMPTON STREET TIGARD, OR 97223 | 93-6010464 | 501C3 | 0. | 29,585. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VERNON J. HARRIS EAST END CHC DBA CAPITAL AREA HEALTH NETWORK - 2025 E. MAIN STREET - RICHMOND, VA 23223 | 54-1884190 | 501C3 | 0. | 29,488. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. ANTHONY MEDICAL CLINIC 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102 | 94-1513140 | 501C3 | 0. | 29,439. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ST. THOMAS EAST END MEDICAL CENTER CORPORATION (STEEMCC) - 4605 TUTU PARK MALL - ST. THOMAS, VI 00802-1736 | 66-0585077 | GOVERNMENT ENTITY | 0. | 29,416. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH NORTHWEST FLORIDA 2315 WEST JACKSON STREET PENSACOLA, FL 32505 | 59-3105246 | 501C3 | 0. | 29,416. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GALVESTON COUNTY HEALTH DISTRICT COASTAL HEALTH & WELLNESS CLINIC - 9850-A EMMETT F. LOWRY EXPY - TEXAS CITY, TX 77591 | 76-0619014 | 501C3 | 0. | 29,405. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SU CLINICA FAMILIAR 1706 TREASURE HILLS BLVD HARLINGEN, TX 78550 | 74-2357970 | 501C3 | 0. | 29,397. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FRANKLIN PRIMARY HEALTH CENTER 1303 DR. MARTIN LUTHER KING JR. AVE MOBILE, AL 36603 | 63-0695975 | 501C3 | 0. | 29,388. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BAYOU CLINIC 13833 TAPIA LANE BAYOU LA BATRE, AL 36509 | 63-1270951 | 501C3 | 0. | 29,388. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH CARE SYSTEMS ADMINISTRATION - 116 SMITH STREET - TENNILLE, GA 31089 | 58-2001101 | 501C3 | 0. | 29,378. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MENDOCINO COMMUNITY HEALTH CLINIC, INC. HILLSIDE HEALTH CENTER - 333 LAWS AVENUE - UKIAH, CA 95482 | 68-0259045 | 501C3 | 0. | 29,243. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SERVE THE PEOPLE COMMUNITY HEALTH CENTER - 1206 EAST 17TH STEET, SUITE 101 - SANTA ANA, CA 92701 | 27-0421556 | 501C3 | 0. | 29,022. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| PREMIER COMMUNITY HEALTHCARE ADMINISTRATIVE OFFICE - 37912 CHURCH AVENUE - DADE CITY, FL 33525 | 59-1964612 | 501C3 | 0. | 28,920. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131 | 35-1449379 | 501C3 | 0. | 28,885. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOLUNTEERS IN MEDICINE OF MONROE COUNTY - 811 WEST 2ND STREET - BLOOMINGTON, IN 47401 | 20-4383915 | 501C3 | 0. | 28,534. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP ADAM FISHER CAMP BOB COOPER 8001 M W RICKENBAKER ROAD SUMMERTON, SC 29148 | 54-2101275 | 501C3 | 0. | 28,530. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DIABETES YOUTH SERVICES 5871 MONCLOVA ROAD MAUMEE, OH 43537 | 34-1967194 | 501C3 | 0. | 28,407. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LOUDOUN FREE CLINIC 224 A CORNWALL ST NW LEESBURG, VA 20176-2701 | 54-1921059 | 501C3 | 0. | 28,328. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MONTECITO FIRE PROTECTION DISTRICT 595 SAN YSIDRO ROAD SANTA BARBARA, CA 93108 | 11-1111111 | GOVERNMENT ENTITY | 0. | 28,311. | PURCHASED PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEART OF KANSAS FAMILY HEALTHCARE INC - 1905 19TH STREET - GREAT BEND, KS 67530 | 48-1165405 | 501C3 | 0. | 28,040. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ASIAN AMERICAN HEALTH COALITION DBA HOPE CLINIC - 7001 CORPORATE DRIVE - HOUSTON, TX 77036 | 31-1756818 | 501C3 | 0. | 27,740. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR. BLD #8 ROUND ROCK, TX 78681 | 27-2901548 | 501C3 | 0. | 27,674. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FAIRVIEW COMMUNITY HEALTH CENTER 615 7TH AVE. BOWLING GREEN, KY 42101 | 61-1386859 | 501C3 | 0. | 27,673. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COUNTRY DOCTOR COMMUNITY HEALTH CENTERS COUNTRY DOCTOR COMMUNITY CLINIC - 500 19TH AVENUE E - SEATTLE, WA 98112 | 23-7100868 | 501C3 | 0. | 27,656. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| M-POWER MINISTRIES 4022 FOURTH AVENUE SOUTH BIRMINGHAM, AL 35222 | 31-1639601 | 501C3 | 0. | 27,614. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DIABETES SOLUTIONS-OK, INC. 3333 NW 63RD, SUITE 100 OKLAHOMA CITY, OK 73116 | 73-1590673 | 501C3 | 0. | 27,126. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CARE RESOURCE - MIAMI ADMINISTRATIVE SITE - 3510 BISCAYNE BLVD., 2ND FLOOR - MIAMI, FL 33137 | 59-2564198 | 501C3 | 0. | 26,871. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ROANE COUNTY FAMILY HEALTH CARE 146 WILLIAMS DRIVE SPENCER, WV 25276 | 55-0627933 | 501C3 | 0. | 25,991. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ASIAN HUMAN SERVICES FAMILY HEALTH CENTER - 2424 W. PETERSON AVENUE - CHICAGO, IL 60659 | 01-0567661 | 501C3 | 0. | 25,932. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TARZANA TREATMENT CENTER 8330 RESEDA BLVD NORTHRIDGE, CA 91324 | 94-2219349 | 501C3 | 0. | 25,863. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NORTHERN KENTUCKY INDEPENDENT DISTRICT HEALTH DEPARTMENT - 610 MEDICAL VILLAGE DRIVE - EDGEWOOD, KY 41017 | 61-1008505 | GOVERNMENT ENTITY | 0. | 25,587. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AVICENNA COMMUNITY HEALTH CENTER 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820 | 27-0267757 | 501C3 | 0. | 25,537. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH CENTER OF RICHMOND - 235 PORT RICHMOND AVENUE - STATEN ISLAND, NY 10302 | 51-0567466 | 501C3 | 0. | 24,885. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TENNESSEE CAMP FOR DIABETIC CHILDREN - 2622 LEE PIKE - SODDY DAISY, TN 37379 | 62-6020901 | 501C3 | 0. | 24,852. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP COURAGE AMERICAN DIABETES ASSOCIATION - 134 CAMP SOLES LANE - ROCKWOOD, PA 15557 | 13-1623888 | 501C3 | 0. | 24,819. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SEA MAR COMMUNITY HEALTH CENTERS 1040 SOUTH HENDERSON STREET SEATTLE, WA 98108 | 91-1020139 | 501C3 | 0. | 24,796. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTH DALLAS SHARED MINISTRIES FREE MEDICAL CLINIC - 2875 MERRELL ROAD - DALLAS, TX 75229 | 75-1908563 | 501C3 | 0. | 24,702. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE WELLNESS PLAN PHARMACY 2888 W GRAND BLVD DETROIT, MI 48202 | 38-2008890 | 501C3 | 0. | 24,631. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TRINITY CLINIC OF CALVIN 507 4TH STREET CALVIN, OK 74531 | 62-0535346 | 501C3 | 0. | 24,576. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| THE BERKELEY FREE CLINIC 2339 DURANT AVENUE BERKELEY, CA 94704 | 94-1697002 | 501C3 | 0. | 24,567. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GEORGIA MOUNTAINS HEALTH SERVICES 165 BLUE RIDGE OVERLOOK BLUE RIDGE, GA 30513 | 58-1649042 | 501C3 | 0. | 24,520. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP FREEDOM 3601 WEST ALBERTA RD. EDINBURG, TX 78539 | 45-3645389 | 501C3 | 0. | 24,253. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. ANDREW COMMUNITY MEDICAL CENTER - 3101-B WEST HIGHWAY 98 - PANAMA CITY, FL 32401 | 32-0103234 | 501C3 | 0. | 24,195. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP NEW DAY 1400 COULTER STREET AMARILLO, TX 79106 | 75-2668014 | 501C3 | 0. | 23,993. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SANTA ROSA COMMUNITY HEALTH CENTERS BROOKWOOD HEALTH CENTER - 983 SONOMA AVENUE - SANTA ROSA, CA 95404 | 68-0365296 | 501C3 | 0. | 23,700. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP TOO SWEET 1030 S. JEFFERSON ST. SUITE G101 ROANOKE, VA 24016 | 54-0506332 | 501C3 | 0. | 23,430. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SHARE OUR SELVES COMMUNITY HEALTH CENTER - 1550 SUPERIOR AVENUE - COSTA MESA, CA 92627 | 95-3222316 | 501C3 | 0. | 23,335. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| EAST TEXAS COMMUNITY HEALTH SERVICES - 1401 S. UNIVERSITY DRIVE - NACOGDOCHES, TX 75963 | 75-2184369 | 501C3 | 0. | 23,129. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HARM REDUCTION SERVICES 2800 STOCKTON BLVD SACRAMENTO, CA 95817 | 68-0300656 | 501C3 | 0. | 22,902. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SEATTLE INDIAN HEALTH BOARD 611 12TH AVENUE S SEATTLE, WA 98144 | 91-0869056 | 501C3 | 0. | 22,764. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH PARTNERS INC 3070 CRAIN HIGHWAY #101 WALDORF, MD 20601 | 52-1767044 | 501C3 | 0. | 22,512. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP ASPIRE AMERICAN DIABETES ASSOCIATION - 809 FIVE-POINTS ROAD - RUSH, NY 14543 | 13-1623888 | 501C3 | 0. | 22,472. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108 | 73-0644143 | 501C3 | 0. | 22,449. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ANN SILVERMAN COMMUNITY HEALTH CLINIC - 595 W. STATE STREET - DOYLESTOWN, PA 18901 | 23-2892823 | 501C3 | 0. | 22,389. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GRANVILLE VANCE PUBLIC HEALTH GRANVILLE COUNTY HEALTH DEPARTMENT - 101 HUNT DRIVE - OXFORD, NC 27565 | 56-1060453 | GOVERNMENT ENTITY | 0. | 22,177. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AVENAL COMMUNITY HEALTH CENTER 1000 SKYLINE BOULEVARD AVENAL, CA 93204 | 77-0425496 | 501C3 | 0. | 21,813. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CENTROMED SOUTH PARK CLINIC PHARMACY - 6315 SOUTH ZARZAMORA - SAN ANTONIO, TX 78211 | 74-1787031 | 501C3 | 0. | 21,489. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380 | 23-2944553 | 501C3 | 0. | 21,454. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WATERMAN COMMUNITY CLINIC FLORIDA HOSPITAL - 2300 KURT STREET - EUSTIS, FL 32726 | 59-3140669 | 501C3 | 0. | 21,437. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| KEVIN'S COMMUNITY CENTER 25 COMMERCE ROAD NEWTOWN, CT 06470 | 61-1436909 | 501C3 | 0. | 21,328. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. LUKE'S CLINIC 132 SEYMOUR AVENUE JACKSON, MI 49202 | 32-0038675 | 501C3 | 0. | 21,104. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| KNOX COUNTY HEALTH CLINIC 22 WHITE STREET ROCKLAND, ME 04841 | 01-0528885 | 501C3 | 0. | 21,027. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CHRIS DUDLEY FOUNDATION CHRIS DUDLEY BASKETBALL CAMP - 6191 WITZEL ROAD SE - SALEM, OR 97317 | 80-0276022 | 501C3 | 0. | 20,942. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CENTRAL MISSOURI DIABETIC CHILDREN'S CAMP HICKORY HILL - 2800 ROYAL OAK COURT - COLUMBIA, MO 65203 | 43-0983917 | 501C3 | 0. | 20,815. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE OPEN DOOR CLINIC 130 WEST CENTRAL CHIPPEWA FALLS, WI 54729 | 20-3673759 | 501C3 | 0. | 20,801. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTH MISSISSIPPI PRIMARY HEALTH CARE INC. - 15921 BOUNDARY DRIVE - ASHLAND, MS 38603 | 64-0686443 | 501C3 | 0. | 20,720. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| NEIGHBORHOOD HEALTHCARE ADMINISTRATION - 425 N. DATE STREET, SUITE 203 - ESCONDIDO, CA 92025 | 95-2796316 | 501C3 | 0. | 20,666. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ABCLINIC FAMILY CARES, INC. 1084 INDUSTRIAL PKWAY SARALAND, AL 36571 | 81-2703805 | 501C3 | 0. | 20,594. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MEL LEAMAN FREE CLINIC OF SMYTH COUNTY - 601 RADIO HILL ROAD - MARION, VA 24354 | 54-1993876 | 501C3 | 0. | 20,489. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070 | 83-0326354 | 501C3 | 0. | 20,319. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| INHEALTH COMMUNITY WELLNESS FREE CLINIC - 109 EAST BLUFF STREET - BOSCOBEL, WI 53805 | 33-1170597 | 501C3 | 0. | 20,258. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FREE MEDICAL CLINIC OF OAK RIDGE, INC. - 116 EAST DIVISION ROAD - OAK RIDGE, TN 37830 | 90-0715369 | 501C3 | 0. | 20,228. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FAMILY HEALTH CENTER OF CLARK COUNTY DBA FAMILY HEALTH CENTERS OF SOUTHERN INDIA - 1319 DUNCAN AVENUE - JEFFERSONVILLE, IN 47130 | 35-1842342 | 501C3 | 0. | 20,224. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. LUKE'S FREE MEDICAL CLINIC 162 N. DEAN STREET SPARTANBURG, SC 29302 | 57-0943232 | 501C3 | 0. | 20,173. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373 | 31-1596731 | 501C3 | 0. | 19,934. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| SHEPHERD'S HOPE NEIGHBORHOOD HEALTH CENTER - 2404 SOUTH TYLER STREET - LITTLE ROCK, AR 72204 | 20-8811505 | 501C3 | 0. | 19,901. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP FREEDOM AMERICAN DIABETES ASSOCIATION - 150 MONUMENT ROAD - BALA CYNWYD, PA 19004 | 13-1623888 | 501C3 | 0. | 19,812. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP 180 AMERICAN DIABETES ASSOCIATION - GLOBAL STORAGE - CHELWOOD - ALBUQUERQUE, NM 87112 | 13-1623888 | 501C3 | 0. | 19,798. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP HENDON/KENTUCKY DIABETES CAMP FOR CHILDREN - 1640 LYNDON FARMS COURT, SUITE 108 - LOUISVILLE, KY 40223 | 27-3619275 | 501C3 | 0. | 19,763. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WHOLE FAMILY HEALTH CENTER 981 37TH PLACE VERO BEACH, FL 32960 | 65-0715258 | 501C3 | 0. | 19,711. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| IDAHO DIABETES YOUTH PROGRAMS/CAMP HODIA - 1701 N. 12TH ST. - BOISE, ID 83702 | 31-1565651 | 501C3 | 0. | 19,658. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP VICTORY AMERICAN DIABETES ASSOCIATION - 2424 EDENBORN AVENUE - METAIRIE, LA 70001 | 13-1623888 | 501C3 | 0. | 19,522. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOLUNTEERS IN MEDICINE 1039 SOUTH DUCHESNE ST. CHARLES, MO 63301 | 43-1791543 | 501C3 | 0. | 19,505. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP JOHN WARVEL AMERICAN DIABETES ASSOCIATION - 8604 ALLISONVILLE ROAD - INDIANAPOLIS, IN 46250 | 13-1623888 | 501C3 | 0. | 19,485. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360 | 61-1363437 | 501C3 | 0. | 19,441. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP SIOUX AMERICAN DIABETES ASSOCIATION - 8000 WEST 78TH ST. SUITE 175 - EDINA, MN 55439 | 13-1623888 | 501C3 | 0. | 19,429. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| REGENCE HEALTH NETWORK HOMELESS CLINIC - 723 N. TAYLOR STREET, SUITE B - AMARILLO, TX 79107 | 75-1414940 | 501C3 | 0. | 19,250. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| RHODE ISLAND DISASTER MEDICAL ASSISTANCE TEAM, INC. - 50 BARNETT LANE - WEST GREENWICH, RI 02817 | 05-0507364 | 501C3 | 0. | 19,198. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| UNITED AMERICAN INDIAN INVOLVEMENT MEDICAL CLINIC - 1125 W. SIXTH STREET, STE. 103 - LOS ANGELES, CA 90017 | 95-2917933 | 501C3 | 0. | 19,185. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CLINICA DE SALUD DEL VALLE DE SALINAS - 440 AIRPORT BLVD., STE. A - SALINAS, CA 93905 | 94-2652757 | 501C3 | 0. | 19,162. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP STIX DIABETES PROGRAMS 11922 S PLAYER DRIVE SPOKANE, WA 99223 | 91-2077207 | 501C3 | 0. | 18,841. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| KEYSTONE DIABETIC KIDS CAMP CAMP VICTORY - MYERS BUILDING - 58 CAMP VICTORY ROAD - MILLVILLE, PA 17846 | 23-2481065 | 501C3 | 0. | 18,775. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET ST. CHARLES, IL 60174 | 36-4475369 | 501C3 | 0. | 18,713. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| RICHARD F. CLARKE HELP FREE CLINIC PHARMACY - 1320 LASALLE AVENUE - HAMPTON, VA 23669 | 54-1209213 | 501C3 | 0. | 18,553. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY-UNIVERSITY HEALTH CARE CENTER UNIVERSITY OF MINNESOTA - 2001 BLOOMINGTON AVENUE - MINNEAPOLIS, MN 55404 | 41-6007513 | 501C3 | 0. | 18,382. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HARRISONBURG-ROCKINGHAM FREE CLINIC PHARMACY - 25 WEST WATER STREET - HARRISONBURG, VA 22801 | 54-1568909 | 501C3 | 0. | 18,122. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP TAKE CHARGE OF BRAINY CAMPS ASSOCIATION - 273 MAYO DRIVE - ST. GEORGE, VA 22935 | 27-1547370 | 501C3 | 0. | 18,008. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP MONTANA AMERICAN DIABETES ASSOCIATION BEARTOOTH MOUNTAIN RANCH - 130 TRINITY TRAIL - FISHTAIL, MT 59028 | 13-1623888 | 501C3 | 0. | 17,888. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD SAMARITAN RESCUE MISSION 210 S. ALAMEDA CORPUS CHRISTI, TX 78401 | 74-1611894 | 501C3 | 0. | 17,864. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HOPE CLINIC AND CARE CENTER 1814 APPLETON ROAD MENASHA, WI 54952 | 47-3031346 | 501C3 | 0. | 17,832. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OAKHURST MEDICAL CENTER 5582 MEMORIAL DRIVE STONE MOUNTAIN, GA 30083 | 58-1413957 | 501C3 | 0. | 17,806. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FREE CLINIC OF CULPEPER PHARMACY 610 LAUREL STREET CULPEPER, VA 22701 | 52-1366700 | 501C3 | 0. | 17,740. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CAPE FEAR VALLEY KIDS WITH DIABETES CAMP DIXIE - 101 ROBESON STREET, SUITE 410 - FAYETTEVILLE, NC 28301 | 56-1947017 | 501C3 | 0. | 17,614. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HMONG HEALTH ALLIANCE/ SCIENCE EDUCATIONAL EQUITY - 6000 J STREET, MS 6119 - SACRAMENTO, CA 95819-6117 | 94-2161304 | 501C3 | 0. | 17,546. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ROLETTE COUNTY PUBLIC HEALTH DISTRICT - 211 1ST AVENUE NE - ROLLA, ND 58367 | 02-0761623 | GOVERNMENT ENTITY | 0. | 17,529. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MISSION POSSIBLE 63 S. BROADWAY AURORA, IL 60505 | 45-2501982 | 501C3 | 0. | 17,471. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES BELL GARDENS FAMILY MEDICAL CE - 6501 SOUTH GARFIELD AVENUE - BELL GARDENS, CA | 95-1641454 | 501C3 | 0. | 17,259. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ROTACARE NORTH HELPLINE 12736 33RD AVE NE SEATTLE, WA 98125 | 91-1811292 | 501C3 | 0. | 17,144. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ONEWORLD COMMUNITY HEALTH CENTER 4920 SOUTH 30TH STREET, STE. 103 OMAHA, NE 68107 | 47-0548990 | 501C3 | 0. | 17,043. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LIONS CAMP MERRICK 3650 RICK HAMILTON PLACE NANJEMOY, MD 20662 | 52-1289731 | 501C3 | 0. | 16,973. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FAITH FAMILY MEDICAL CLINIC 326 21ST AVENUE N NASHVILLE, TN 37203 | 62-1816811 | 501C3 | 0. | 16,973. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CAMP FLOYD ROGERS 7205 WEST CENTER RD. #104 OMAHA, NE 68124 | 47-0592289 | 501C3 | 0. | 16,928. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CHAUTAUQUA OFFICES OF PSYCHOTHERAPY & EVALUATION INC., DBA CHAUTAUQUA HEALTHCARE - 3686 US HWY 331 SOUTH - DEFUNIAK | 59-1469145 | 501C3 | 0. | 16,781. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MOUNTAIN COMMUNITY HEALTH PARTNERSHIP - 86 N. MITCHELL AVENUE - BAKERSVILLE, NC 28705 | 56-1084427 | 501C3 | 0. | 16,662. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NORTHWEST COMMUNITY HEALTH CENTER 320 E. SECOND STREET LIBBY, MT 59923 | 81-0542127 | 501C3 | 0. | 16,556. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP EDI AMERICAN DIABETES ASSOCIATION - 13528 STATE HWY AA - POTOSI, MO 63664 | 13-1623888 | 501C3 | 0. | 16,550. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP LEO 310 "O" ST. SE TUMWATER, WA 98501 | 91-1676490 | 501C3 | 0. | 16,436. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP EARTHWORKS AMERICAN DIABETES ASSOCIATION - 7285 W 132ND STREET - OVERLAND PARK, KS 66213 | 13-1623888 | 501C3 | 0. | 16,436. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. PAUL CHILDREN'S 1350 E. RICHARDS TYLER, TX 75702 | 27-0954405 | 501C3 | 0. | 16,265. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| EDWARD R. LEAHY JR. CENTER CLINIC FOR THE UNINSURED - 800 LINDEN STREET - SCRANTON, PA 18510 | 24-0795495 | 501C3 | 0. | 16,245. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CAMP BLUEBONNET DIABETES CAMP OF CENTRAL TEXAS - 19051 FM 2484 - KILLEEN, TX 76542 | 90-0137641 | 501C3 | 0. | 16,130. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. VINCENT'S STUDENT RUN FREE CLINIC - 2817 POST OFFICE STREET - GALVESTON, TX 77550 | 74-1384864 | 501C3 | 0. | 15,956. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CHRISTIAN HEALTH CENTER, INC. 1115 FAIRVIEW ROAD CAMDEN, AR 71701 | 71-0804142 | 501C3 | 0. | 15,882. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BRADLEY FREE CLINIC OF ROANOKE VALLEY INC PHARMACY - 1240 THIRD STREET, SW - ROANOKE, VA 24016 | 23-7380491 | 501C3 | 0. | 15,823. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GEORGIA FARMWORKER HEALTH PROGRAM GEORGIA DEPT. OF COMMUNITY HEALTH - 920 SOUTH WEST STREET - BAINBRIDGE, GA 39819 | 58-6000359 | GOVERNMENT ENTITY | 0. | 15,689. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COASTAL VOLUNTEERS IN MEDICINE 730 LACEY ROAD FORKED RIVER, NJ 08731 | 27-3491473 | 501C3 | 0. | 15,529. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SUNRISE COMMUNITY HEALTH MONFORT FAMILY CLINIC - 2930 11TH AVENUE - EVANS, CO 80620 | 84-0613289 | 501C3 | 0. | 15,420. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CARESOUTH CAROLINA, INC. 201 SOUTH 5TH STREET HARTSVILLE, SC 29550 | 57-0664826 | 501C3 | 0. | 15,330. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SCHNEIDER REGIONAL MEDICAL CENTER 9048 SUGAR ESTATE ST. THOMAS, VI 00802 | 66-0873579 | GOVERNMENT ENTITY | 0. | 15,305. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CROWLEY HOUSE OF HOPE CLINIC 208 N MAGNOLIA CROWLEY, TX 76036 | 75-2625043 | 501C3 | 0. | 15,196. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GOOD SAMARITAN CLINIC OF WEST VOLUSIA COUNTY - 136 EAST PLYMOUTH AVENUE - DELAND, FL 32724 | 30-0408193 | 501C3 | 0. | 15,122. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BOUNDARY REGIONAL COMMUNITY HEALTH CENTER DBA KANIKSU HEALTH SERVICES - 30410 HWY 200 - PONDERAY, ID 83852 | 04-3634356 | 501C3 | 0. | 15,109. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CHRIST COMMUNITY FREE CLINIC 1 A STREET NW AUBURN, WA 98002 | 20-3849881 | 501C3 | 0. | 15,000. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| RIVERVIEW HEALTH SERVICES, INC. 722 REYNOLDS AVENUE KANSAS CITY, KS 66101 | 48-1072716 | 501C3 | 0. | 14,849. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP CURE: BEARING IT TOGETHER 2018 CLINCH AVENUE KNOXVILLE, TN 37916 | 62-6002604 | 501C3 | 0. | 14,847. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP AURORA 1500 COOPER ST 2ND FLOOR ENDOCRINOL FORT WORTH, TX 76104 | 13-1623888 | 501C3 | 0. | 14,751. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| RENEWED HOPE HEALTH CLINIC 894 MARSHALL STREET ALLEGAN, MI 49010 | 16-1760734 | 501C3 | 0. | 14,742. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CLATSOP COUNTY PUBLIC HEALTH 820 EXCHANGE STREET ASTORIA, OR 97103 | 93-6002287 | GOVERNMENT ENTITY | 0. | 14,615. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CAMP BUCK NEVADA DIABETES ASSOCIATION - 18 STEWART STREET - RENO, NV 89501 | 88-0386000 | 501C3 | 0. | 14,602. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| NATIVE AMERICAN HEALTH CENTER ADMINISTRATIVE OFFICES - 1151 HARBOR BAY PARKWAY, SUITE 203 - ALAMEDA, CA 94501 | 23-7135928 | 501C3 | 0. | 14,583. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOICES OF HOPE 224 E. MAIN STREET ELKTON, MD 21921 | 47-3110713 | 501C3 | 0. | 14,297. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP NEW HORIZONS NORTH AND SOUTH AMERICAN DIABETES ASSOCIATION - 4100 ALPHA RD. #100 - DALLAS, TX 75244 | 13-1623888 | 501C3 | 0. | 14,287. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| UNIVERSITY OF MIAMI PEDIATRIC MOBILE CLINIC - 1601 NW 12TH AVENUE - MIAMI, FL 33136 | 59-0624458 | 501C3 | 0. | 14,219. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| STREET LEVEL HEALTH PROJECT 3125 E 15TH STREET OAKLAND, CA 94601 | 56-2324355 | 501C3 | 0. | 14,196. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MARTIN-TYRRELL-WASHINGTON DISTRICT HEALTH - 198 NC HWY 45 N - PLYMOUTH, NC 27962 | 56-1066387 | GOVERNMENT ENTITY | 0. | 14,190. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WAIANA E DISTRICT COMPREHENSIVE HEALTH AND HOSPITAL BOARD DBA WAIANA E COAST COMPR - 86-260 FARRINGTON HIGHWAY - WAIANA E, HI | 99-0148164 | 501C3 | 0. | 14,184. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , OTHER, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CATHOLIC DIOCESE OF LITTLE ROCK 2500 N. TYLER STREET LITTLE ROCK, AR 72207 | 71-0236871 | 501C3 | 0. | 13,826. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NORTHERN HEALTH CENTERS, INC. 15397 STATE HIGHWAY 32 LAKEWOOD, WI 54138 | 39-1550213 | 501C3 | 0. | 13,820. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH AND SOCIAL SERVICES CENTER - CHASS - 5635 WEST FORT STREET - DETROIT, MI 48209 | 38-3094394 | 501C3 | 0. | 13,817. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VIRGINIA HARM REDUCTION COALITION 1606 APPERSON DRIVE SALEM, VA 24153 | 83-2479145 | 501C3 | 0. | 13,803. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| UBI CARITAS HEALTH MINISTRIES 4450 HIGHLAND AVENUE BEAUMONT, TX 77705 | 76-0558225 | 501C3 | 0. | 13,627. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MERCY MEDICAL CLINIC 300 ARLINGTON DRIVE VIDALIA, GA 30474 | 27-1107136 | 501C3 | 0. | 13,457. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DIABETES CAMP OF WV, INC. 735 GREEN VALLEY DRIVE ST. ALBANS, WV 25177 | 55-0738182 | 501C3 | 0. | 13,431. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CACTUS HEALTH SERVICES, INC. 700 N. MAIN ST. FORT STOCKTON, TX 79735 | 16-1663081 | 501C3 | 0. | 13,351. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP KANDU 800 AVERY BLVD, SUITE 100 (BACK OF RIDGELAND, MS 39157 | 23-7262987 | 501C3 | 0. | 13,342. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP ICANDO AMERICAN DIABETES ASSOCIATION - 986 W. ATHERTON - TAYLORSVILLE, UT 84123 | 13-1623888 | 501C3 | 0. | 13,335. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| NETWORK MEDICAL 185 S. PATTERSON AVENUE #C SANTA BARBARA, CA 93111 | 77-0116381 | 501C3 | 0. | 13,230. | ESTIMATED WHOLESALE PRICE, PURCHASED | MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY ACTION COMMITTEE OF PIKE COUNTY VALLEY VIEW HEALTH CENTERS - 227 VALLEY VIEW DRIVE - WAVERLY, OH 45690 | 31-0718042 | 501C3 | 0. | 13,123. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP HOPEWELL 24 CR 231 OXFORD, MS 38655 | 23-6393377 | 501C3 | 0. | 13,115. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GHCAA DBA CAPNCM WOMEN'S HEALTH SERVICES - 1506 OKLAHOMA AVENUE - TRENTON, MO 64683 | 43-0828205 | 501C3 | 0. | 13,094. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CHIPPEWA VALLEY FREE CLINIC 1030 OAK RIDGE DRIVE EAU CLAIRE, WI 54701 | 39-1840231 | 501C3 | 0. | 13,086. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP BLUE HAWK HAROLD HAMM DIABETES CENTER, UNIV OF OK - 1000 N LINCOLN BOULEVARD - OKLAHOMA CITY, OK 73104 | 73-6091755 | 501C3 | 0. | 13,018. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MABEL WADSWORTH CENTER 700 MOUNT HOPE AVENUE BANGOR, ME 04401 | 22-2667466 | 501C3 | 0. | 13,003. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TOM WADDELL URBAN HEALTH CLINIC 230 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102 | 94-6000417 | GOVERNMENT ENTITY | 0. | 12,973. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP TANAGER 500 8TH AVENUE SE CEDAR RAPIDS, IA 52401 | 42-0688079 | 501C3 | 0. | 12,878. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| PANTHER DAY CAMP 2423 - 172ND PL SE BOTHHELL, WA 98012-6515 | 91-1192064 | 501C3 | 0. | 12,865. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| UNIVERSAL COMMUNITY HEALTH CENTER 1005 E. WASHINGTON BLVD. #A LOS ANGELES, CA 90021 | 27-0600887 | 501C3 | 0. | 12,857. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CLINIC WITH A HEART, INC. 1701 S. 17TH STREET, SUITE 4G LINCOLN, NE 68502 | 20-2850139 | 501C3 | 0. | 12,815. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP LYDIA MANN 1220 MONTANA EL PASO, TX 79902 | 74-1759410 | 501C3 | 0. | 12,639. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GRACE COMMUNITY HEALTH CENTER 1019 CUMBERLAND FALLS HWY CORBIN, KY 40701 | 26-1779437 | 501C3 | 0. | 12,565. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP ALDERSGATE AMERICAN DIABETES ASSOCIATION - 2000 ALDERSGATE ROAD - LITTLE ROCK, AR 72205 | 13-1623888 | 501C3 | 0. | 12,534. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CLINICA SIERRA VISTA ADMINISTRATION - 1430 TRUXTUN AVENUE, SUITE 400 - BAKERSFIELD, CA 93301 | 95-2707101 | 501C3 | 0. | 12,508. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AVERA MCKENNAN DIABETES CENTER CAMP GILBERT - 1315 S. CLIFF AVE., STE 1300 - SIOUX FALLS, SD 57105 | 20-8521374 | 501C3 | 0. | 12,462. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ATCHISON COMMUNITY HEALTH CLINIC, INC. - 1412 N 2ND STREET - ATCHISON, KS 66002 | 26-4049382 | 501C3 | 0. | 12,423. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| SHENANDOAH COUNTY FREE CLINIC 124 VALLEY VISTA DRIVE WOODSTOCK, VA 22664 | 54-2032008 | 501C3 | 0. | 12,313. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SOUTHWEST VIRGINIA COMMUNITY HEALTH SYSTEMS - 319 FIFTH AVENUE - SALTVILLE, VA 24370-0729 | 54-2046110 | 501C3 | 0. | 12,100. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WHATLEY HEALTH SERVICES, INC. 2731 M. L. KING, JR. BLVD TUSCALOOSA, AL 35401 | 63-0727781 | 501C3 | 0. | 12,078. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP SEALTH AMERICAN DIABETES ASSOCIATION - 180 NICKERSON STREET - SEATTLE, WA 98109 | 13-1623888 | 501C3 | 0. | 12,017. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP BARCLAY 240 WEST 11TH ERIE, PA 16501 | 34-0714730 | 501C3 | 0. | 12,016. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY - 110 C EAST DEKALB STREET - CAMDEN, SC 29020 | 57-1074191 | 501C3 | 0. | 11,997. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY FIRST HEALTH CENTERS 555 ST. CLAIR RIVER DRIVE ALGONAC, MI 48001 | 38-2080825 | 501C3 | 0. | 11,997. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MEDICAL MISSIONS FOR CHRIST CLINIC 1974 N. BUSINESS RTE 5 CAMDENTON, MO 65020 | 20-3637019 | 501C3 | 0. | 11,927. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAL OES GOVERNOR'S OFFICE OF EMERGENCY SERVICES - 3650 SCHRIEVER AVENUE - MATHER, CA 95655 | 00-0000000 | GOVERNMENT ENTITY | 0. | 11,901. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ADA CAMP JADA AMERICAN DIABETES ASSOCIATION - 2301 MAITLAND CENTER PARKWAY - MAITLAND, FL 32751 | 13-1623888 | 501C3 | 0. | 11,648. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GRACE OUTREACH TO HEALTH COMMUNITY CLINIC - 837 EAST WALNUT STREET - GRAPEVINE, TX 76051 | 75-2195702 | 501C3 | 0. | 11,636. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEALTH AND HOPE MEDICAL OUTREACH 1911 COOKS HILL ROAD CENTRALIA, WA 98531 | 27-4432389 | 501C3 | 0. | 11,366. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP DISCOVERY AMERICAN DIABETES ASSOCIATION - 7285 W 132ND STREET - OVERLAND PARK, KS 66213 | 13-1623888 | 501C3 | 0. | 11,337. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| EISNER HEALTH 1530 SOUTH OLIVE STREET LOS ANGELES, CA 90015 | 95-1690966 | 501C3 | 0. | 11,268. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GRACE CLINIC OF YADKIN VALLEY 948 JOHNSON RIDGE ROAD ELKIN, NC 28621 | 76-0800084 | 501C3 | 0. | 11,256. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CHRISTIAN CLINIC OF HOWARD COUNTY 121 W. SYPERT STREET NASHVILLE, AR 71852 | 20-5772465 | 501C3 | 0. | 11,222. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505 | 20-3572418 | 501C3 | 0. | 11,132. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ETOWAH BAPTIST CHARITY PHARMACY 18901 E. ETOWAH ROAD NOBLE, OK 73068 | 73-1637078 | 501C3 | 0. | 11,114. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CARE CLINIC 239 ROBESON STREET FAYETTEVILLE, NC 28301 | 56-1837010 | 501C3 | 0. | 10,739. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HIS BRANCHES, INC. 340 ARNETT BLVD. ROCHESTER, NY 14619 | 23-7060337 | 501C3 | 0. | 10,651. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP KO-MAN-SHE / CAMP TIPONI 2555 S. DIXIE DR., SUITE 112 DAYTON, OH 45409 | 31-6084147 | 501C3 | 0. | 10,569. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CENTER FOR FAMILY HEALTH AND EDUCATION - 8727 VAN NUYS BOULEVARD - PANORAMA CITY, CA 91402 | 27-0224623 | 501C3 | 0. | 10,459. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES, IA 50312 | 42-1428706 | 501C3 | 0. | 10,330. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA - 2232 GRAND AVENUE PHARMACY - FORT MYERS, FL 33901 | 59-1741273 | 501C3 | 0. | 10,205. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMUNITY HEALTH SYSTEMS, INC. DBA ACCESS HEALTH - 252 RURAL ACRES DRIVE - BECKLEY, WV 25801 | 55-0490878 | 501C3 | 0. | 10,100. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP LO-BE-GONE AMERICAN DIABETES ASSOCIATION - 17901 S. 72ND E. AVE. - BIXBY, OK 74008 | 26-0618834 | 501C3 | 0. | 10,086. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP HOPE, INC. 3920 WEST 45TH STREET CASPER, WY 82604 | 83-0322643 | 501C3 | 0. | 10,082. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MEXICO BEACH DEPARTMENT OF PUBLIC SAFETY - 201 PARADISE PATH - MEXICO BEACH, FL 32410 | 59-3646166 | 501C3 | 0. | 9,994. | PURCHASED PRICE | EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP SUGAR FALLS AMERICAN DIABETES ASSOCIATION CAMP WIDJIWAGAN - 220 GREAT CIRCLE ROAD, SUITE 134 - NASHVILLE, TN | 13-1623888 | 501C3 | 0. | 9,967. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WEST CECIL HEALTH CENTER, INC. 49 ROCK SPRINGS ROAD CONOWINGO, MD 21918 | 20-5860113 | 501C3 | 0. | 9,917. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756 | 74-6082464 | 501C3 | 0. | 9,915. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP LITTLE SHOT 265 SHERATON BLVD MACON, GA 31210 | 58-1514534 | 501C3 | 0. | 9,874. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GARFIELD HEALTH CENTER 701 S. ATLANTIC BLVD. #100 MONTEREY PARK, CA 91754 | 76-0733752 | 501C3 | 0. | 9,726. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HERITAGE COMMUNITY CLINIC OHIO UNIVERSITY HERITAGE COLLEGE OF OSTEOPATHIC MEDICI - 1 OHIO UNIVERSITY - ATHENS, OH 45701 | 31-6402113 | 501C3 | 0. | 9,701. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| OPEN DOOR CLINIC OF ALAMANCE COUNTY - 319 N. GRAHAM HOPEDALE ROAD SUITE E - BURLINGTON, NC 27217 | 56-1794210 | 501C3 | 0. | 9,593. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HOPE HEALTH CLINIC 1025 SANIBEL WAY, SUITE E LAGRANGE, KY 40031 | 45-2340606 | 501C3 | 0. | 9,202. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CAMP SUREFIRE FOUNDATION 290 HOPE STREET BRISTOL, RI 02809 | 26-4816130 | 501C3 | 0. | 9,080. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| T1D BUDDY CAMP 30901 SW FOREST SERVICE ROAD SISTERS, OR 97759 | 82-4218097 | 501C3 | 0. | 9,017. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MONTANA MIGRANT COUNCIL 3318 THIRD AVENUE N, STE. 200 BILLINGS, MT 59101 | 81-0350430 | 501C3 | 0. | 8,981. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| URBAN HEALTH PLAN, INC. 1065 SOUTHERN BLVD. BRONX, NY 10459 | 23-7360305 | 501C3 | 0. | 8,975. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AKRON CHILDREN'S HOSPITAL DIABETES CAMP CENTER FOR DIABETES & ENDOCRINOLOGY - 215 W. BOWERY STREET; SUITE 6400 - AKRON, OH | 34-0714357 | 501C3 | 0. | 8,943. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LIGHTHOUSE CLINIC 410 S. COLUMBIA STREET WENATCHEE, WA 98801 | 36-4661570 | 501C3 | 0. | 8,873. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FOOD SHARE, INC. 4156 SOUTHBANK ROAD OXNARD, CA 93036 | 77-0018162 | 501C3 | 0. | 8,865. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP SWEET BETES AMERICAN DIABETES ASSOCIATION - 608 W. DOUGLAS AVE., #100 - WICHITA, KS 67203 | 13-1623888 | 501C3 | 0. | 8,860. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ESPERANZA HEALTH CENTERS 2001 S. CALIFORNIA AVENUE, SUITE 10 CHICAGO, IL 60608 | 32-0115907 | 501C3 | 0. | 8,831. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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| KAMP FOR KIDS DIABETES INCORPORATED - 12955 BOGUS JIM ROAD - RAPID CITY, SD 57702-9703 | 46-0447755 | 501C3 | 0. | 8,794. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SUNSHINE COMMUNITY HEALTH CENTER 34300 TALKEETNA SPUR ROAD TALKEETNA, AK 99676 | 92-0117838 | 501C3 | 0. | 8,786. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PROTEUS, INC. 1221 CENTER STREET DES MOINES, IA 50309 | 42-1186501 | 501C3 | 0. | 8,785. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP ADVENTURE PINES HEALTH SERVICES - 74 ACCESS HWY - CARIBOU, ME 04736 | 01-0376890 | 501C3 | 0. | 8,719. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ANDERSON VALLEY HEALTH CENTER 13500 AIRPORT ROAD BOONVILLE, CA 95415 | 94-2347424 | 501C3 | 0. | 8,690. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HAPPY VALLEY MEDICAL CENTER WEST CALDWELL HEALTH COUNCIL, INC. - 4330 COLLETTSVILLE ROAD - COLLETTSVILLE, NC 28611 | 59-1756933 | 501C3 | 0. | 8,630. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CDT HOSPITAL MUNICIPAL BERNICE GUERRA - 301 AVE. 5 DICIEMBRE - SABANA GRANDE, PR 00637 | 66-0433530 | GOVERNMENT ENTITY | 0. | 8,625. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE PEOPLE'S CITY MISSION FREE MEDICAL CLINIC - 401 N. 2ND STREET - LINCOLN, NE 68508 | 26-3819766 | 501C3 | 0. | 8,591. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| COMMON GROUND SB COUNTY, HOMELESS ADVOCACY PROJECT UNITED WAY OF NORTHERN SB COU - 1660 SOUTH BROADWAY #201 - SANTA MARIA, CA | 95-2112634 | 501C3 | 0. | 8,525. | ESTIMATED WHOLESALE PRICE, PURCHASED | MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| LOS ANGELES CHRISTIAN HEALTH CENTERS - 311 WINSTON STREET - LOS ANGELES, CA 90013 | 95-4315734 | 501C3 | 0. | 8,274. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DR. GARABED A. FATTAL COMMUNITY FREE CLINIC - 425 ROBINSON STREET - BINGHAMTON, NY 13904 | 16-6053710 | 501C3 | 0. | 8,257. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DESERT STAR INST. FOR FAMILY PLANNING - 5501 NORTH 19TH AVENUE - PHOENIX, AZ 85015 | 82-1523284 | 501C3 | 0. | 8,213. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SARITA LYNNE MINISTRIES 2214 BENTON BLVD. KANSAS CITY, MO 64127 | 68-0507807 | 501C3 | 0. | 8,087. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BECKLEY HEALTH RIGHT 111 RANDOLPH STREET BECKLEY, WV 25801 | 55-0774466 | 501C3 | 0. | 8,086. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BETHEL FREE HEALTH CLINIC 1650 CARROL DRIVE BILOXI, MS 39531 | 26-1794984 | 501C3 | 0. | 8,041. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| STEPHEN F AUSTIN COMMUNITY HEALTH NETWORK - 218 E. HOUSE STREET - ALVIN, TX 77511 | 41-2273820 | 501C3 | 0. | 8,027. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FERNCARE FREE CLINIC, INC. 751 E. NINE MILE ROAD FERNDAL, MI 48220 | 32-0246843 | 501C3 | 0. | 7,954. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VALLEY HEALTH ASSOCIATES 338 MONTEREY STREET SALINAS, CA 93901 | 77-0297577 | 501C3 | 0. | 7,950. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ADA CAMP K AMERICAN DIABETES ASSOCIATION ANCHORAGE OFFICE - MILE 4, SNUG HARBOR ROAD - COOPER LANDING, AK 99572 | 13-1623888 | 501C3 | 0. | 7,913. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ST. MICHAEL'S COMMUNITY SERVICES, INC. - 1005 WEST 18TH STREET - ANNISTON, AL 36201 | 63-0974974 | 501C3 | 0. | 7,903. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CLINICAS DEL CAMINO REAL, INC. 200 SOUTH WELLS ROAD VENTURA, CA 93004 | 95-2977147 | 501C3 | 0. | 7,884. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THAT NEIGHBORHOOD FREE HEALTH CLINIC (TNFHC) - 306 BUSH STREET - TOLEDO, OH 43604 | 27-1052744 | 501C3 | 0. | 7,871. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MQVN COMMUNITY DEVELOPMENT CORP NOELA CHC - 13085 CHEF MENTEUR HIGHWAY - NEW ORLEANS, LA 70129 | 20-4929600 | 501C3 | 0. | 7,868. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BLUE RIDGE MEDICAL CENTER PHARMACY 4038 THOMAS NELSON HIGHWAY ARRINGTON, VA 22922 | 54-1222147 | 501C3 | 0. | 7,818. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| MENDOCINO COAST CLINICS 205 SOUTH STREET FORT BRAGG, CA 95437 | 68-0262003 | 501C3 | 0. | 7,759. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ERIC B. CHANDLER HEALTH CENTER 277 GEORGE STREET NEW BRUNSWICK, NJ 08901 | 22-3273811 | 501C3 | 0. | 7,567. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GREATER GREENWOOD UNITED MINISTRY FREE MEDICAL CLINIC - 1404 EDGEFIELD STREET - GREENWOOD, SC 29646 | 57-1012393 | 501C3 | 0. | 7,480. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| HOSPITAL GENERAL CASTAER CARRETERA 135, KM. 4.5 CASTANER, PR 00631 | 66-0352014 | 501C3 | 0. | 7,430. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| THE GOOD SAMARITAN MEDICAL CLINIC 520 COLLEGE STREET COLUMBUS, MS 39701 | 64-0926626 | 501C3 | 0. | 7,408. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP RAINBOW AMERICAN DIABETES ASSOCIATION - 7670 WOODWAY DRIVE, SUITE 230 - HOUSTON, TX 77063 | 13-1623888 | 501C3 | 0. | 7,312. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AMERICAN RED CROSS IN-KIND DONATIONS TEAM - 431 18TH STREET NW - WASHINGTON, DC 20006 | 53-0196605 | 501C3 | 0. | 7,286. | ESTIMATED WHOLESALE PRICE, PURCHASED | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| LA MAESTRA FAMILY CLINIC, INC. 4060 FAIRMOUNT AVENUE SAN DIEGO, CA 92105 | 33-0473171 | 501C3 | 0. | 7,204. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BULLHOOK COMMUNITY HEALTH CENTER, INC. - 521 4TH STREET - HAVRE, MT 59501 | 20-5970239 | 501C3 | 0. | 7,204. | ESTIMATED WHOLESALE PRICE, PURCHASED | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BROWARD HEALTH CORAL SPRINGS CAMP CORAL KIDS - 3000 CORAL HILLS DRIVE - CORAL SPRINGS, FL 33065 | 65-0930889 | 501C3 | 0. | 7,136. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| METROPOLITAN COMMUNITY HEALTH SERVICES DBA AGAPE HEALTH SERVICES - 120 W. MARTIN LUTHER KING DRIVE - WASHINGTON, NC 27889 | 56-2143419 | 501C3 | 0. | 7,098. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| WELCOMEHEALTH 1100 NORTH WOOSLEY AVENUE FAYETTEVILLE, AR 72703 | 59-1691790 | 501C3 | 0. | 7,025. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| MOREHOUSE COMMUNITY MEDICAL CENTERS, INC - 518 DURHAM STREET - BASTROP, LA 71220 | 82-0579411 | 501C3 | 0. | 6,925. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CHOICES: MEMPHIS CNTR FOR REPRODUCTIVE CHOICE - 1726 POPLAR AVENUE - MEMPHIS, TN 38104 | 62-0931089 | 501C3 | 0. | 6,844. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| EAST VALLEY COMMUNITY HEALTH CENTER COVINA - 276 W. COLLEGE STREET - WEST COVINA, CA 91723 | 23-7068586 | 501C3 | 0. | 6,709. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| K.I.D.S. DAY CAMP (PARTNER WITH LET OUR VIOLENCE END) - 109 MEADOWS RD. - TEXARKANA, AR 71854 | 71-0777213 | 501C3 | 0. | 6,662. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CARING HEARTS FREE CLINIC OF PATRICK COUNTY - 835 WOODLAND DRIVE, SUITE 101 - STUART, VA 24171 | 14-1909014 | 501C3 | 0. | 6,615. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| AMERICAN INDIAN HEALTH & SERVICES 4141 STATE STREET, SUITE B-11 SANTA BARBARA, CA 93110 | 77-0398793 | 501C3 | 0. | 6,539. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HEARTLAND COMMUNITY HEALTH CLINIC 1701 W. GARDEN STREET PEORIA, IL 61605 | 37-1270794 | 501C3 | 0. | 6,474. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| JWCH INSTITUTE, INC. 5650 JILLSON STREET COMMERCE, CA 90040 | 95-2289916 | 501C3 | 0. | 6,461. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PRIMARY HEALTH NETWORK 55 PITT STREET SHARON, PA 16146 | 25-1381800 | 501C3 | 0. | 6,460. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CDT DR. CESAR A. COLLAZO CALLE MUNOZ RIVERA FINAL JUNCOS, PR 00777 | 66-0433517 | GOVERNMENT ENTITY | 0. | 6,414. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SOUTH CENTRAL FAMILY HEALTH CENTER 1109 E. VERNON AVE. LOS ANGELES, CA 90011 | 95-3877793 | 501C3 | 0. | 6,348. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PARTNERSHIP COMMUNITY HEALTH CENTER - 1814 NORTH APPLETON ROAD - MENASHA, WI 54952 | 20-2090446 | 501C3 | 0. | 6,263. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GRACE CLINICS OF OHIO, INC. 40 S. FRANKLIN STREET DELAWARE, OH 43015 | 27-0415624 | 501C3 | 0. | 6,260. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER - 4379 RIDGEWOOD CENTER DRIVE - WOODBRIDGE, VA 22192 | 83-0435138 | 501C3 | 0. | 6,162. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP MCCUMBER DIABETES CAMP FOR CHILDREN WITH TYPE 1 - 35440 DEER FLAT RD. - SHINGLETOWN, CA 96088 | 94-3233706 | 501C3 | 0. | 6,123. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| HOPE MEDICAL & DENTAL CLINIC 111 MEADOW VIEW DRIVE CLEBURNE, TX 76033 | 75-2953856 | 501C3 | 0. | 6,067. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| PATHWAYS' FREE SPECIALTY CLINIC 1200 W. WASHINGTON STREET PETERSBURG, VA 23803 | 54-1868900 | 501C3 | 0. | 6,035. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP RED JACKET LEHIGH VALLEY HEALTH NETWORK HELWIG HEALTH & DIABETES CENTER - 1243 SOUTH CEDAR CREST BOULEVARD - ALLENTOWN, PA | 23-2700908 | 501C3 | 0. | 6,008. | ESTIMATED WHOLESALE PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| INICIATIVA COMUNITARIA DE INVESTIGACION, INC. - AVE. QUISQUEYA #61 - HATO REY, PR 00918 | 66-0483960 | 501C3 | 0. | 5,991. | ESTIMATED WHOLESAL PRICE, PURCHASED | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ROBERT K. SWEENEY DIABETES CAMP CORNELL COOP. EXT. S.C. - 1070 OCEAN AVENUE - BOHEMIA, NY 11716-3620 | 11-6081424 | 501C3 | 0. | 5,980. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| ADA CAMP SANDCASTLE AMERICAN DIABETES ASSOCIATION - 4100 ALPHA ROAD #100 - DALLAS, TX 75244 | 13-1623888 | 501C3 | 0. | 5,924. | ESTIMATED WHOLESAL PRICE | MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| RANDOLPH FAMILY HEALTH CARE AT MERCER MEDICAL RESOURCE CENTER FOR RANDOLPH COUNTY - 1831 N FAYETTEVILLE STREET - ASHEBORO, NC | 56-1799394 | 501C3 | 0. | 5,750. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| DASH CAMP BUSHROD PARK 2222 PRINCE STREET BERKELEY, CA 94705 | 46-1002836 | 501C3 | 0. | 5,727. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| VALLEY AIDS COUNCIL 2306 CAMELOT PLAZA CIRCLE HARLINGEN, TX 78550 | 74-2512591 | 501C3 | 0. | 5,679. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| BEAUFORT-JASPER HAMPTON COMPREHENSIVE HEALTH SERVICES BJHCHS CHELSEA - 721 OKATIE HWY 170 - RIDGELAND, SC 29936 | 57-0523586 | 501C3 | 0. | 5,600. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FLINT HILLS COMMUNITY CLINIC 401 HOUSTON ST. MANHATTAN, KS 66502 | 20-2306015 | 501C3 | 0. | 5,530. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP STRONG CAMP HOLLYWOODLAND 3200 CANYON DRIVE LOS ANGELES, CA 90068 | 13-1623888 | 501C3 | 0. | 5,455. | ESTIMATED WHOLESAL PRICE | PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |

Schedule I (Form 990)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| CRISIS CONTROL MINISTRY 200 E. TENTH STREET WINSTON SALEM, NC 27101 | 23-7348168 | 501C3 | 0. | 5,400. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| FAMILY SERVICE AGENCY OF SANTA BARBARA - 123 WEST GUTIERREZ STREET - SANTA BARBARA, CA 93101 | 95-1644031 | 501C3 | 0. | 5,341. | ESTIMATED WHOLESALE PRICE, PURCHASED | MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| TRINITY COMMUNITY SERVICES DBA CABRINI CLINIC - 1234 PORTER STREET - DETROIT, MI 48226 | 38-3129349 | 501C3 | 0. | 5,304. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| SANTA BARBARA UNIFIED SCHOOL DISTRICT - 720 SANTA BARBARA STREET - SANTA BARBARA, CA 93101 | 30-0690985 | GOVERNMENT ENTITY | 0. | 5,030. | ESTIMATED WHOLESALE PRICE, PURCHASED | MEDICAL SUPPLIES | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CAMP KUDOS 1400 A.O. JONES BLVD. FORT MILL, SC 29715 | 56-2183933 | 501C3 | 0. | 5,025. | ESTIMATED WHOLESALE PRICE | PHARMACEUTICALS , MEDICAL SUPPLIES, EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| CDT MARIO CANALES TORRESOLA 2 CALLE ROSANTA AULET JAYUYA, PR 00664 | 66-0827064 | GOVERNMENT ENTITY | 0. | 5,000. | ESTIMATED WHOLESALE PRICE | EQUIPMENT | SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| MONTECITO MUDSLIDE VICTIMS ASSISTANCE. | 130 | 186,426. | 0. | | SUPPORT VICTIMS OF THE MONTECITO MUDSLIDE AND THEIR FAMILIES. TO COVER COSTS OF MEDICAL BILLS, FUNERAL |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

EXCEPT IN CERTAIN EMERGENCY RESPONSE SITUATIONS WHERE THE TIMELINESS OF OUR
 RESPONSE IS PARAMOUNT, GRANT RECIPIENTS SIGN MEMORANDUMS OF UNDERSTANDING
 OUTLINING THE RESPONSIBILITIES OF DIRECT RELIEF AND THE GRANTEE. REPORTING
 BY THE GRANTEE VARIES BASED ON THE SIZE, SCOPE, AND TYPE OF PROGRAM,
 RANGING FROM MONTHLY, QUARTERLY, OR ANNUAL REPORTING, WITH A FINAL REPORT
 DUE UPON COMPLETION OF THE PROJECT. DIRECT RELIEF ALSO HAS THE RIGHT TO AND
 DOES MAKE SITE VISITS TO GRANTEES TO ENSURE COMPLIANCE WITH THE PROJECT
 PROPOSAL; THIS IS ESPECIALLY THE CASE WHEN IT COMES TO THE MONITORING OF

Part IV Supplemental Information

OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: MIAMI BEACH COMMUNITY HEALTH CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT:

PANCARE OF FLORIDA, INC. CHC BAY COUNTY

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

NAME OF ORGANIZATION OR GOVERNMENT: GULF COAST HEALTH CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT: SAN JOSE CLINIC

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

NAME OF ORGANIZATION OR GOVERNMENT: CAPE FEAR CLINIC, INC

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

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE

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

NAME OF ORGANIZATION OR GOVERNMENT:

BOND COMMUNITY HEALTH CENTER YOURX PHARMACY @ BONDCHC

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

NAME OF ORGANIZATION OR GOVERNMENT: BROWNSVILLE COMMUNITY HEALTH CENTER

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

NAME OF ORGANIZATION OR GOVERNMENT:

HEALTHCARE FOR THE HOMELESS CAROLINE CLINIC

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

NAME OF ORGANIZATION OR GOVERNMENT: FETTER HEALTH CARE NETWORK

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

NAME OF ORGANIZATION OR GOVERNMENT: J.C. LEWIS HEALTH CARE CENTER

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

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BAPTIST COMMUNITY HEALTH SERVICES

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

SUPPLIES, EQUIPMENT

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

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: LONE STAR COMMUNITY HEALTH CENTER

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: MED CENTRO, INC.

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

TAMPA FAMILY HEALTH CENTER PHARMACY/ADMINISTRATION

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

SALUD INTEGRAL EN LA MONTAA CSI EN NARANJITO

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: FREDERIKSTED HEALTH CARE, INC.

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

Part IV Supplemental Information

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: SUMTER FAMILY HEALTH CENTER PHARMACY

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: COASTAL FAMILY HEALTH CENTER

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT:

ACCESS HEALTH LOUISIANA ST. CHARLES COMMUNITY HEALTH CENTER

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

SUPPLIES, EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: TECHE ACTION CLINIC

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

SUPPLIES, EQUIPMENT

(F) DESCRIPTION OF NON-CASH ASSISTANCE: SUPPORT VICTIMS OF THE MONTECITO

MUDSLIDE AND THEIR FAMILIES. TO COVER COSTS OF MEDICAL BILLS, FUNERAL

EXPENSES, PSYCHOLOGICAL COUNSELING, AND SUSTAINING THE LIVES OF SURVIVORS

AND THEIR FAMILIES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

| | Yes | No |
|-----------|-----|----|
| 1a | | |
| 1b | | |
| 2 | | |
| 3 | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2018

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) THOMAS E. TIGHE CHIEF EXECUTIVE OFFICER | (i) | 449,241. | 0. | 0. | 13,750. | 32,324. | 495,315. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) BHUPI SINGH COO | (i) | 328,195. | 0. | 0. | 14,211. | 12,475. | 354,881. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) DAWN LONG DIRECTOR, IT | (i) | 224,934. | 0. | 0. | 11,247. | 6,707. | 242,888. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) DONALD ROANE DIRECTOR, STRATEGIC INITIA | (i) | 199,376. | 0. | 0. | 9,969. | 22,297. | 231,642. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) ANDREW SCHROEDER DIRECTOR, RESEARCH & ANALYSIS | (i) | 198,527. | 0. | 0. | 9,926. | 18,358. | 226,811. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) HEATHER BENNETT DIRECTOR, FOUNDATION & CORPORATE DEV | (i) | 177,473. | 0. | 0. | 8,374. | 19,725. | 205,572. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) JULIE MORELLO DIRECTOR, HUMAN RESOURCES | (i) | 177,033. | 0. | 0. | 8,852. | 6,298. | 192,183. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 111 | 1,008,232. | 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 | 892 | 1,333,551,174. | EST. WHOLESALE PRICE |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other (MISC SUPPLIES) | X | 2 | 422. | FMV |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 28 Other () | | | | |

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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

SCHEDULE M, PART I, COLUMN (B):

THE TOTALS REPORTED IN COLUMN (B) REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED FOR EACH CATEGORY DURING THE FISCAL YEAR ENDED JUNE 30, 2019.

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.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

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

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

UNRESTRICTED BEQUESTS AND GIFTS TO THE BOARD RESTRICTED INVESTMENT FUND

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

PROVIDE A RESERVE FOR FUTURE OPERATIONS.

EXPENSES \$ 13,076,233. INCLUDING GRANTS OF \$ 13,071,266. REVENUE \$ 0.

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

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

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

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

RESERVED FOR THE FULL BOARD:

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

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

OF THE DIRECTORS;

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

OF THE BOARD;

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

THE BOARD OR ON ANY COMMITTEE;

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

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

NOT SO AMENDABLE OR REPEALABLE;

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

COMMITTEES OF THE BOARD;

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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

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

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

5.17 ABOVE).

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

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

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

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

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

OTHER DIRECTORS IS REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD OR APPLICABLE BOARD OR OTHER COMMITTEE.

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

THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS OVERSEES ALL COMPENSATION MATTERS ON BEHALF OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE REVIEWS COMPENSATION BENCHMARKING ANALYSIS AND MAKES RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE REGARDING COMPENSATION PAID TO EXECUTIVE STAFF (CEO, COO, CFO) AND OTHER KEY STAFF POSITIONS AS THEY MAY DETERMINE ARE APPROPRIATE. THE BENCHMARKING REVIEW INCLUDES A COMPARATIVE ANALYSIS OF COMPENSATION PAID BY DIRECT RELIEF TO COMPENSATION PAID BY LOCAL, SECTOR, AND NATIONAL NONPROFIT ORGANIZATIONS AS WELL AS LOCAL FOR-PROFIT ENTITIES. DECISIONS REGARDING EXECUTIVE STAFF COMPENSATION ARE THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. NO MEMBER OF THE STAFF, INCLUDING THE CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER, OR THE CHIEF FINANCIAL OFFICER, IS A MEMBER OF THE BOARD OF DIRECTORS, AND THE BOARD OF DIRECTORS MAY NOT DELEGATE THE AUTHORITY TO SET EXECUTIVE COMPENSATION TO A MEMBER OF THE EXECUTIVE STAFF. COMPENSATION OF THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, AND THE CHIEF FINANCIAL OFFICER WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IN SEPTEMBER 2019.

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

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

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

DIRECT RELIEF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

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

WHISTLEBLOWER POLICY, COMPENSATION POLICY, DONATION POLICY, FINANCIAL STATEMENTS, AND FORM 990 (THE LATTER TWO GOING BACK TO FISCAL YEAR 2001) AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

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

THE COMPENSATION REPORTED IS FOR THE CALENDAR YEAR 2018, IN LINE WITH THE FORM 990 REQUIREMENTS OF REPORTING COMPENSATION PAID OR EARNED FOR THE CALENDAR YEAR ENDING WITH OR WITHIN THE ORGANIZATION'S TAX YEAR.

STAFF COMPENSATION IS GOVERNED BY ORGANIZATIONAL POLICY, AVAILABLE FOR REFERENCE ON OUR WEBSITE AT ([HTTP://WWW.DIRECTRELIEF.ORG/ABOUT/FINANCE/COMPENSATION/](http://www.directrelief.org/about/finance/compensation/))

EXECUTIVE STAFF (CEO, COO, CFO) COMPENSATION IS DETERMINED SOLELY BY THE BOARD OF DIRECTORS. THE CEO'S COMPENSATION WAS 100% PAID FROM FUNDS PROVIDED BY THE DIRECT RELIEF FOUNDATION.

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

DIRECT RELIEF IS THE ONLY NONPROFIT HUMANITARIAN AID ORGANIZATION IN THE UNITED STATES LICENSED TO DISTRIBUTE PHARMACEUTICAL PRODUCTS IN ALL 50 U.S. STATES, AS WELL AS THE FIRST AND ONLY NONPROFIT HUMANITARIAN AID ORGANIZATION IN THE U.S. TO BE DESIGNATED AS A VERIFIED-ACCREDITED WHOLESALE DISTRIBUTOR BY THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY. DIRECT RELIEF IS AMONG THE LARGEST-VOLUME PROVIDERS OF MEDICAL DONATIONS TO ITS PARTNERS WORLDWIDE. DIRECT RELIEF'S PROGRAMS INVOLVE A WIDE RANGE OF FUNCTIONS, SEVERAL OF WHICH REQUIRE SPECIALIZED EXPERTISE AND LICENSING. AMONG THESE FUNCTIONS ARE IDENTIFYING KEY

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

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

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

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

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

FOR THE YEAR ENDED JUNE 30TH, 2018 THE ORGANIZATION ADOPTED A POLICY OF USING MONTHLY PRICING INFORMATION AVAILABLE FROM THE REDBOOK ONLINE

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

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

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

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

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

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

NEGOTIATED BY AN ORGANIZATION (SUCH AS THE CLINTON HEALTH ACCESS INITIATIVE) FOR A PARTICULAR DRUG, OR OTHER SUCH REASONABLE BASIS.

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

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

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

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

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

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

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

AS NOTED ABOVE, DIRECT RELIEF HAS LONG SOUGHT THE CONTRIBUTION OF NEEDED GOODS AND SERVICES TO USE FOR HUMANITARIAN PURPOSES BECAUSE OF THE EFFICIENCIES AND OTHER BENEFITS THAT RESULT. THE ORGANIZATION AND, MORE IMPORTANTLY, THE PEOPLE IT SERVES, BENEFIT FROM THE LOWEST-COST, MOST EFFICIENT USE OF RESOURCES. SO TOO DO FINANCIAL CONTRIBUTORS,

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

SINCE THEIR FINANCIAL CONTRIBUTIONS ARE NOT BEING USED TO PURCHASE
 GOODS OR SERVICES THAT CAN BE OBTAINED DIRECTLY THROUGH DONATIONS.
 THEREFORE, WHEN IT COMES TO ACCOUNTING FOR, DOCUMENTING, AND REPORTING
 ANY CONTRIBUTIONS, IT IS VERY IMPORTANT THAT WE GET IT RIGHT.

A STRONG INCENTIVE EXISTS TO USE HIGHER VALUATION SOURCES, SUCH AS
 RETAIL PRICES, OR USE BRANDED PRODUCT VALUES FOR GENERIC DONATIONS.
 HOWEVER, WE BELIEVE THAT A CONSERVATIVE APPROACH PROVIDES THE MOST
 ACCURATE, EASY-TO-UNDERSTAND BASIS AND IS BEST TO INSTILL PUBLIC
 CONFIDENCE IN OUR FINANCIAL REPORTING.

FORM 990, PART IX, LINE 24A:
 THE \$38,677,616 INVENTORY ADJUSTMENT WAS DUE TO THE REQUIRED
 DESTRUCTION OF EXPIRED DONATED PRODUCT.

FORM 990, PART X, LINE 15, OTHER ASSETS:
 DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM DIRECT RELIEF
 FOUNDATION ON AN ANNUAL BASIS. THE BALANCE DUE AS OF JUNE 30, 2019
 CONSISTS OF THE FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A) \$3,518,407
 CURRENT YEAR APPROVED TRANSFERS \$2,495,620
 ACTUAL TRANSFERS TAKEN \$(3,897,714)
 TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2019: \$2,116,313

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

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

YEAR ARE CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

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

| | |
|---|----------|
| FY19 ACCRUED DONATED FREIGHT - UNUSED IN FY19 | 31,167. |
| FY19 DONATED SUBSCRIPTION - UNUSED IN FY19 | -43,399. |
| DONATED SOFTWARE | 25,632. |
| TOTAL TO FORM 990, PART XI, LINE 9 | 13,400. |

SCHEDULE B, PART II, COLUMN (D):

THE NON-CASH PROPERTY LISTED ON SCHEDULE B REFLECTS PRODUCT DONATIONS
RECEIVED THROUGHOUT OUR FISCAL YEAR. THE SOFTWARE USED TO PREPARE THIS
FORM DOES NOT ALLOW FOR A DATE RANGE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

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

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|--|---|---------------------|---------------------------|-------------------------------------|
| DR PROPERTY 1, LLC - 81-3303673 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117 | OPERATES SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF | CALIFORNIA | | 38,449,149. | DIRECT RELIEF |
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Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| DIRECT RELIEF FOUNDATION - 20-5983698 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117 | OPERATES SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF | CALIFORNIA | 501(C)(3) | LINE 12A, I | DIRECT RELIEF | X | |
| DIRECT RELIEF INTERNATIONAL SOUTH AFRICA 52 CORLETT DRIVE WANDERERS OFFICE PARK ILLOVO, JOHANNESBURG, SOUTH AFRICA 2196 | COORDINATION OF MEDICAL SUPPORT TO AFRICAN DOCTORS AND MEDICAL CLINICS | SOUTH AFRICA | 501(C)(3) | LINE 7 | DIRECT RELIEF | X | |
| DIRECT RELIEF MEXICO JALAPA 100, OFICINA 10 COL. ROMA NORTE, CUAUHTEMOC, MEXICO C.P. | COORDINATION OF MEDICAL SUPPORT TO MEXICAN DOCTORS AND MEDICAL CLINICS | MEXICO | 501(C)(3) | LINE 7 | DIRECT RELIEF | X | |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) DIRECT RELIEF INTERNATIONAL SOUTH AFRICA - SEE PART VII | B | 75,000. | CASH VALUE |
| (2) DIRECT RELIEF MEXICO - SEE PART VII | B | 1,128,156. | CASH VALUE |
| (3) DIRECT RELIEF FOUNDATION - SEE PART VII | B | 13,076,235. | CASH VALUE |
| (4) DIRECT RELIEF FOUNDATION - SEE PART VII | C | 11,153,848. | CASH VALUE |
| (5) DIRECT RELIEF FOUNDATION | O | 12,068. | CASH VALUE |
| (6) DIRECT RELIEF FOUNDATION | P | 773,414. | CASH VALUE |

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a) Name of other organization | (b) Transaction type (a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (7) DIRECT RELIEF FOUNDATION - SEE PART VII | Q | 90,483. | CASH VALUE |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| (11) | | | |
| (12) | | | |
| (13) | | | |
| (14) | | | |
| (15) | | | |
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| (18) | | | |
| (19) | | | |
| (20) | | | |
| (21) | | | |
| (22) | | | |
| (23) | | | |
| (24) | | | |

Part VII Supplemental Information.

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

DIRECT RELIEF MEXICO

JALAPA 100, OFICINA 10

COL. ROMA NORTE, CUAUHTEMOC, MEXICO C.P. 06700

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

THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF INTERNATIONAL SOUTH AFRICA, A SOUTH AFRICA CORPORATION THAT IS 100% OWNED BY DIRECT RELIEF. THE TOTAL TRANSFERS TO DIRECT RELIEF INTERNATIONAL SOUTH AFRICA FOR THE YEAR ENDED JUNE 30, 2019 WERE \$75,000.

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

THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF MEXICO, A MEXICO CORPORATION THAT IS 100% OWNED BY DIRECT RELIEF. THE TOTAL TRANSFERS TO DIRECT RELIEF MEXICO FOR THE YEAR ENDED JUNE 30, 2019 WERE \$1,128,156.

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

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

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

FOR THE YEAR ENDED JUNE 30, 2019, THE TRUSTEES OF DIRECT RELIEF FOUNDATION APPROVED TO PROVIDE FUNDS TO DIRECT RELIEF TO COVER ALL OF

Part VII Supplemental Information.

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

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

DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM THE FOUNDATION ON AN
ANNUAL BASIS. THE BALANCE DUE AS OF JUNE 30, 2019 CONSISTS OF THE
FOLLOWING:

| | |
|-----------------------------------|-------------|
| PRIOR YEAR APPROVED TRANSFERS (A) | \$3,518,407 |
| CURRENT YEAR APPROVED TRANSFERS | 2,495,620 |
| ACTUAL TRANSFERS TAKEN | (3,897,714) |

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2019: \$2,116,313

(A) APPROVED TRANSFERS THAT ARE NOT TAKEN BY THE END OF EACH YEAR ARE
CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

SCHEDULE R, PART V, LINE 2A (7):

FOR THE YEAR ENDED JUNE 30, 2019, DIRECT RELIEF PAID \$90,483 ON BEHALF
OF DIRECT RELIEF FOUNDATION FOR A SHARED EMPLOYEE, AND OTHER
ADMINISTRATIVE COSTS. THESE REIMBURSABLE EXPENSES ARE ACCRUED
AS A RECEIVABLE FROM DIRECT RELIEF FOUNDATION ON AN ANNUAL BASIS.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

| | Enter filer's identifying number | |
|--|--|---|
| Type or print | Name of exempt organization or other filer, see instructions. | Employer identification number (EIN) or |
| | DIRECT RELIEF | 95-1831116 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. | Social security number (SSN) |
| | 6100 WALLACE BECKNELL ROAD | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | |
| | SANTA BARBARA, CA 93117 | |

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

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

DIRECT RELIEF, JONATHAN STEINER, VP OF FINANCE, CFO

- The books are in the care of ▶ 6100 WALLACE BECKNELL ROAD - SANTA BARBARA, CA 93117
Telephone No. ▶ 805-964-4767 Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until MAY 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

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

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

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