

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

**2017**  
Open to Public Inspection

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

**A** For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

<b>B</b> Check if applicable: <input checked="" 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	<b>C</b> Name of organization DIRECT RELIEF		<b>D</b> Employer identification number 95-1831116
	Doing business as		<b>E</b> 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		<b>G</b> Gross receipts \$ 1,239,213,214.
City or town, state or province, country, and ZIP or foreign postal code SANTA BARBARA, CA 93117		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: JONATHAN STEINER SAME AS C ABOVE		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> 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)	
<b>J</b> Website: WWW.DIRECTRELIEF.ORG		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1948	<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: IMPROVE THE HEALTH AND LIVES OF PEOPLE AFFECTED BY POVERTY OR EMERGENCY SITUATIONS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	25
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	25
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	93
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	250
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	5,060.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-1,490.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,114,134,242.	1,231,064,403.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	145,591.	4,219,086.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-22,919.	0.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,114,256,914.	1,235,283,489.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	928,863,718.	1,083,307,126.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	8,125,119.	9,097,705.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,196,157.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	71,919,036.	150,102,401.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,008,907,873.	1,242,507,232.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	105,349,041.	-7,223,743.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	277,223,402.	283,205,397.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	10,654,564.	23,481,611.
		266,568,838.	259,723,786.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	JONATHAN STEINER, VP OF FINANCE, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name LAUREN A. HAVERLOCK	Preparer's signature LAUREN A. HAVERLOCK	Date 01/30/19	Check if self-employed <input type="checkbox"/>	PTIN P00545829
	Firm's name ▶ MOSS ADAMS LLP	Firm's EIN ▶ 91-0189318	Phone no. 310-477-0450		
Firm's address ▶ 10960 WILSHIRE BLVD SUITE 1100 LOS ANGELES, CA 90024					

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 \$ 829,490,496. including grants of \$ 742,559,801. ) (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 2018, DIRECT RELIEF PROVIDED MATERIAL AND FINANCIAL SUPPORT TO MORE THAN 1,300 COMMUNITY HEALTH PROVIDERS IN 70 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 \$ 106,935,138. including grants of \$ 93,751,238. ) (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 2018, DIRECT RELIEF PROVIDED HEALTHCARE PARTNERS IN 42 COUNTRIES WITH 8.6 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 \$ 292,275,668. including grants of \$ 240,274,259. ) (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 \$ 6,721,828. including grants of \$ 6,721,828. ) (Revenue \$ 0. )

4e Total program service expenses 1,235,423,130.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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
<b>10</b> 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	
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</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	
<b>15</b> 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	
<b>16</b> 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
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

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

Main form table with columns for question numbers (1a-14b), Yes/No checkboxes, and input fields for numerical values.

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 (voting members), 1b (independent members), 2-7a (governance questions), 7b (reserved decisions), 8 (documentation), 8a (governing body), 8b (committees), 9 (unreachable officer).

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 (local chapters), 10b (policies), 11a (copy provided), 11b (review process), 12a-c (conflict of interest), 13 (whistleblower), 14 (document retention), 15 (compensation review), 15a-b (CEO/officers), 16a (joint venture), 16b (policy for joint venture).

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 (or 1024 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.
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, BHUPI SINGH, EVP, COO & CFO - 805-964-4767 6100 WALLACE BECKNELL ROAD, GOLETA, 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) ANGEL ISCOVICH, M.D. CHAIR	10.00 1.00	X		X				0.	0.	0.
(2) MARK SCHWARTZ 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) PAMELA GANN ASSISTANT SECRETARY	5.00 1.00	X		X				0.	0.	0.
(6) PATRICIA AOYAMA COMMITTEE CHAIR	5.00 1.00	X						0.	0.	0.
(7) DAVID GIBBS, PHD COMMITTEE CHAIR	5.00 1.00	X						0.	0.	0.
(8) SIRI MARSHALL COMMITTEE CHAIR	5.00 1.00	X						0.	0.	0.
(9) MICHAEL KELLY COMMITTEE CHAIR	5.00 1.00	X						0.	0.	0.
(10) BITSY BECTON BACON DIRECTOR	2.00 1.00	X						0.	0.	0.
(11) DANTE DI LORETO DIRECTOR	2.00 1.00	X						0.	0.	0.
(12) STEVE WEINTRAUB DIRECTOR	2.00 1.00	X						0.	0.	0.
(13) DAVID BROWN DIRECTOR	2.00 1.00	X						0.	0.	0.
(14) PATRICK FITZGERALD DIRECTOR	2.00 1.00	X						0.	0.	0.
(15) CHARLES FENZI, M.D. DIRECTOR	2.00 1.00	X						0.	0.	0.
(16) MARK LINEHAN DIRECTOR	2.00 1.00	X						0.	0.	0.
(17) THOMAS WEISENBURGER, M.D. 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) BYRON SCOTT, M.D. DIRECTOR	2.00	X						0.	0.	0.
(19) JEFFREY BRANCH DIRECTOR	2.00	X						0.	0.	0.
(20) JANE OLSON DIRECTOR	2.00	X						0.	0.	0.
(21) STEVE AINSLEY DIRECTOR	2.00	X						0.	0.	0.
(22) STEVEN AMERIKANER DIRECTOR	2.00	X						0.	0.	0.
(23) ELIZABETH GREEN, R.N. DIRECTOR	2.00	X						0.	0.	0.
(24) JAMIE RUFFING, PHD DIRECTOR	2.00	X						0.	0.	0.
(25) THOMAS STURGESS DIRECTOR	2.00	X						0.	0.	0.
(26) THOMAS E. TIGHE PRESIDENT & CEO	40.00 5.00			X				416,309.	0.	50,049.
<b>1b Sub-total</b>								416,309.	0.	50,049.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,255,350.	0.	139,663.
<b>d Total (add lines 1b and 1c)</b>								1,671,659.	0.	189,712.

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 19

	Yes	No
3 Did the organization list any <b>former</b> 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	SAP PROGRAM APPLICATIONS	269,553.
CROWE LLP PO BOX 51660, LOS ANGELES, CA 90051	REPLENISHMENT PROGRAM AUDITS	174,595.
ALLEY INTERACTIVE 228 PARK AVE S, #85467, NEW YORK, NY 10003	WEBSITE REDESIGN	156,851.

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 3

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) BHUPI SINGH EVP, COO & CFO	40.00 5.00			X				342,956.	0.	27,475.
(28) DAWN LONG DIRECTOR, IT & QUALITY	40.00				X			212,126.	0.	17,617.
(29) DONALD ROANE DIRECTOR, STRATEGIC INITIA	40.00				X			188,526.	0.	33,774.
(30) ANDREW SCHROEDER DIRECTOR, RESEARCH & ANALY	40.00				X			179,623.	0.	23,396.
(31) HEATHER BENNETT DIRECTOR, PARTNERSHIPS & PHILANTHROP	40.00				X			166,383.	0.	15,139.
(32) JUDY PARTCH DIRECTOR, ADMINISTRATION	40.00				X			165,736.	0.	22,262.
Total to Part VII, Section A, line 1c								1,255,350.		139,663.

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 104,157.				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b> 9,653,506.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 1,221,306,740.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	1,132,330,261.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 1,231,064,403.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>				
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue .....					
	<b>g Total.</b> Add lines 2a-2f .....	▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 494,911.		5,060.	489,851.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses .....				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	953,900.	6,700,000.		
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	953,784.	2,975,941.		
		<b>c</b> Gain or (loss) .....	116.	3,724,059.		
	<b>d</b> Net gain or (loss) .....	▶ 3,724,175.			3,724,175.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events .....		▶				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____						
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue .....					
	<b>e Total.</b> Add lines 11a-11d .....	▶				
<b>12 Total revenue.</b> See instructions. ....	▶	1,235,283,489.	0.	5,060.	4,214,026.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	261,828,960.	261,828,960.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	927,522.	927,522.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	820,550,644.	820,550,644.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	852,395.	25,387.	588,865.	238,143.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	6,632,500.	4,116,657.	1,567,740.	948,103.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	282,636.	177,311.	64,705.	40,620.
<b>9</b> Other employee benefits .....	843,803.	511,830.	212,951.	119,022.
<b>10</b> Payroll taxes .....	486,371.	272,483.	133,725.	80,163.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	218,401.	1,931.	216,470.	
<b>c</b> Accounting .....	74,427.	9,204.	62,705.	2,518.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	1,817,548.	945,069.	739,083.	133,396.
<b>12</b> Advertising and promotion .....	314,333.	1,000.	86,534.	226,799.
<b>13</b> Office expenses .....	114,623.	66,677.	27,482.	20,464.
<b>14</b> Information technology .....	317,898.	203,767.	12,279.	101,852.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	814,551.	761,901.	31,988.	20,662.
<b>17</b> Travel .....	707,679.	525,688.	148,579.	33,412.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....	195,501.	113,492.	41,905.	40,104.
<b>20</b> Interest .....	313,003.	276,831.	22,373.	13,799.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	764,523.	677,535.	55,938.	31,050.
<b>23</b> Insurance .....	97,260.	65,486.	28,436.	3,338.
<b>24</b> 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.)				
<b>a</b> INVENTORY ADJ-SEE SCH O	137,670,054.	137,670,054.		
<b>b</b> FREIGHT/TRANSPORTATION	4,004,985.	4,004,985.		
<b>c</b> SUPPLIES	805,617.	683,839.	83,001.	38,777.
<b>d</b> BANK CHARGES	536,513.	1,050.	535,450.	13.
<b>e</b> All other expenses	1,335,485.	1,003,827.	227,736.	103,922.
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,242,507,232.	1,235,423,130.	4,887,945.	2,196,157.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,277,326.	<b>1</b>	5,904,628.
	<b>2</b> Savings and temporary cash investments .....	1,223,096.	<b>2</b>	34,064,608.
	<b>3</b> Pledges and grants receivable, net .....	2,002,714.	<b>3</b>	3,479,867.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	34,732.	<b>7</b>	16,123.
	<b>8</b> Inventories for sale or use .....	241,328,023.	<b>8</b>	178,180,066.
	<b>9</b> Prepaid expenses and deferred charges .....	405,362.	<b>9</b>	903,868.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 45,084,714.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 6,060,485.	22,599,540.	<b>10c</b> 39,024,229.
	<b>11</b> Investments - publicly traded securities .....	6,234,034.	<b>11</b>	6,440,841.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	9,900,000.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,118,575.	<b>15</b>	5,291,167.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	277,223,402.	<b>16</b>	283,205,397.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	2,177,801.	<b>17</b>	5,984,932.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,207,842.	<b>23</b>	13,400,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,268,921.	<b>25</b>	4,096,679.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,654,564.	<b>26</b>	23,481,611.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	256,465,246.	<b>27</b>	211,683,121.
	<b>28</b> Temporarily restricted net assets .....	10,103,592.	<b>28</b>	48,040,665.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	266,568,838.	<b>33</b>	259,723,786.	
<b>34</b> Total liabilities and net assets/fund balances .....	277,223,402.	<b>34</b>	283,205,397.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,235,283,489.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,242,507,232.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-7,223,743.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	266,568,838.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	10,070.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	368,621.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	259,723,786.

**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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2017)

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

<b>Name of the organization</b> DIRECT RELIEF	<b>Employer identification number</b> 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		
<b>Total</b>						

**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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	449,601,155.	888,544,226.	772,063,768.	1114134242.	1231064403.	4455407794.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	449,601,155.	888,544,226.	772,063,768.	1114134242.	1231064403.	4455407794.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						2638990742.
<b>6 Public support.</b> Subtract line 5 from line 4.						1816417052.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....	449,601,155.	888,544,226.	772,063,768.	1114134242.	1231064403.	4455407794.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	14,682.	19,017.	18,743.	63,167.	489,967.	605,576.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....				82,424.	5,060.	87,484.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						4456100854.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	667,660.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	40.76 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	<b>15</b>	39.47 %
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2017.** 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 - 2016.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined 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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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
<b>1</b> 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>		
<b>2</b> 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
<b>1</b> 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
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>b</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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**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.)

Lined area 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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2017

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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/>	\$ 1,294,148.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 585,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 162,277.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 287,667,419.	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
7	<hr/> <hr/> <hr/>	\$ 255,520,676.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 92,343,192.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 88,760,533.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 72,061,560.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 55,325,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 36,746,260.	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/>	\$ 33,565,153.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ 29,596,797.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ 26,943,612.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	PHARMACEUTICALS _____ _____ _____	\$ 287,667,419.	07/13/17
7	PHARMACEUTICALS, MEDICAL SUPPLIES _____ _____ _____	\$ 255,520,676.	07/17/17
8	PHARMACEUTICALS _____ _____ _____	\$ 92,343,192.	07/12/17
9	PHARMACEUTICALS _____ _____ _____	\$ 88,760,533.	07/18/17
10	PHARMACEUTICALS _____ _____ _____	\$ 72,061,560.	07/18/17
11	PHARMACEUTICALS _____ _____ _____	\$ 55,325,000.	09/11/17

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
12	PHARMACEUTICALS, MEDICAL SUPPLIES, MEDICAL EQUIPMENT _____ _____ _____	\$ 36,746,260.	07/17/17
13	PHARMACEUTICALS _____ _____ _____	\$ 33,565,153.	07/14/17
14	PHARMACEUTICALS _____ _____ _____	\$ 29,596,797.	07/25/17
15	PHARMACEUTICALS _____ _____ _____	\$ 26,943,612.	07/03/17
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  DIRECT RELIEF	Employer identification number  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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**  
**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

**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
<b>1a</b> Beginning of year balance	28,521,747.	29,086,980.	34,758,148.	34,001,482.	30,566,600.
<b>b</b> Contributions	384,988.	829,812.	919,851.	412,770.	452,180.
<b>c</b> Net investment earnings, gains, and losses	2,233,294.	2,202,566.	-19,740.	1,435,924.	4,597,850.
<b>d</b> Grants or scholarships	3,177,271.	3,397,144.	6,348,440.	895,187.	1,430,993.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	203,875.	200,467.	222,839.	196,841.	184,155.
<b>g</b> End of year balance	27,758,883.	28,521,747.	29,086,980.	34,758,148.	34,001,482.

**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  %
- c** Temporarily restricted endowment  %

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
<b>3a(i)</b>		X
<b>3a(ii)</b>	X	
<b>3b</b>	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
<b>1a</b> Land		8,705,985.		8,705,985.
<b>b</b> Buildings		25,691,845.	107,050.	25,584,795.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		2,043,291.	1,608,059.	435,232.
<b>e</b> Other		8,643,593.	4,345,376.	4,298,217.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				39,024,229.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	22,919.
(3) OTHER CURRENT LIABILITIES	109,540.
(4) ACCRUED PAYROLL EXPENSES	1,325,397.
(5) FIXED ASSETS PAYABLE	2,638,823.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	4,096,679.

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	1,237,955,481.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	10,071.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,582,481.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	84,500.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,677,052.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,235,278,429.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	5,060.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	5,060.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	1,235,283,489.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	1,244,800,575.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	2,208,843.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	84,500.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,293,343.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,242,507,232.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	1,242,507,232.

**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, 2018, 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, 2018 AND 2017

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, 2018 AND 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DONATED SOFTWARE

PART XI, LINE 4B - OTHER ADJUSTMENTS:

UNRELATED BUSINESS TAXABLE INCOME

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DONATED SOFTWARE

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization <b>DIRECT RELIEF</b>	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		103,025.
EAST ASIA AND THE PACIFIC			GRANT MAKING		256,758.
EUROPE			GRANT MAKING		4,600.
MIDDLE EAST AND NORTH AFRICA			GRANT MAKING		221,497.
SOUTH AMERICA			GRANT MAKING		86,900.
SOUTH ASIA			GRANT MAKING		849,115.
SUB-SAHARAN AFRICA			GRANT MAKING		276,111.
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN AFRICA	32,891.
<b>3 a</b> Sub-total .....	1	1			1,830,897.
<b>b</b> Total from continuation sheets to Part I .....	2	8			818,363,974.
<b>c Totals</b> (add lines 3a and 3b) .....	3	9			820,194,871.

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

Schedule F (Form 990) 2017

**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
SOUTH AMERICA	0	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN SOUTH AMERICA	20,000.
CENTRAL AMERICA AND THE CARIBBEAN		2	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN HAITI	74,329.
NORTH AMERICA	1	2	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN MEXICO	46,322.
SOUTH ASIA	0	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN INDIA	15,227.
EUROPE		1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE BALKANS.	50,952.
EAST ASIA AND THE PACIFIC	1	1	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO DOCTORS AND MEDICAL CLINICS IN THE ASEAN REGION	88,785.
CENTRAL AMERICA AND THE CARIBBEAN			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	125,479,724.
EAST ASIA AND THE PACIFIC			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	30,709,509.
EUROPE			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	52,450,574.
MIDDLE EAST AND NORTH AFRICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	46,535,735.
<b>Totals</b> .....					

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	2,524,765.
RUSSIA AND THE NEWLY INDEPENDENT STATES			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	7,204,987.
SOUTH AMERICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	39,729,528.
SOUTH ASIA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	56,096,443.
SUB-SAHARAN AFRICA			GRANT MAKING	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	456,195,100.
NORTH AMERICA			GRANT MAKING		1,141,994.
<b>Totals</b> .....	2	8			818,363,974.

**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)
		EAST ASIA AND THE PACIFIC	TYPHOON HAIYAN RELIEF & RECOVERY	156,900.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	SYRIA REFUGEE CRISIS RELIEF & RECOVERY	120,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	EBOLA OUTBREAK RELIEF & RECOVERY	95,889.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	94,557.	WIRE	0.		
		SUB-SAHARAN AFRICA	ONGOING PATIENT SUPPORT	94,010.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	87,200.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	81,306.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	77,500.	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 ..... 272

3 Enter total number of other organizations or entities ..... 87

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	75,000.	WIRE	0.		
		SOUTH AMERICA	DISASTER RELIEF & RECOVERY	75,000.	WIRE	0.		
		SOUTH ASIA	ROHINGYA REFUGEE CRISIS RELIEF & RECOVERY	62,000.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	60,334.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	STRENGTHENING HEALTHCARE SYSTEMS	50,392.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MATERNAL & CHILD HEALTH EDUCATION	39,000.	WIRE	0.		
		SOUTH ASIA	STRENGTHENING HEALTHCARE SYSTEMS	36,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	MENTAL HEALTH PROGRAM	35,667.	WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH EDUCATION	35,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	SYRIA REFUGEE CRISIS RELIEF & RECOVERY	34,993.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CERVICAL CANCER PROGRAM	30,000.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	30,000.	WIRE	0.		
		SOUTH ASIA	ONGOING PATIENT SUPPORT	30,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE IRMA RELIEF & RECOVERY	28,425.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	27,000.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	26,230.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TYPHOON HAIYAN RELIEF & RECOVERY	25,000.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	25,000.	WIRE	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ONGOING PATIENT SUPPORT	24,200.	WIRE	0.		
		SOUTH ASIA	MATERNAL & CHILD HEALTH EDUCATION	23,333.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	TYPHOON HAIYAN RELIEF & RECOVERY	23,250.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	22,700.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN CHOLERA OUTBREAK RELIEF & RECOVERY	16,112.	WIRE	0.		
		SOUTH ASIA	NEPAL EARTHQUAKE RELIEF & RECOVERY	14,450.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	VASELINE HEALING MISSIONS PROGRAM	12,608.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE MATTHEW RELIEF & RECOVERY	12,500.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	HURRICANE MATTHEW RELIEF & RECOVERY	11,600.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	PAKISTAN EARTHQUAKE RELIEF & RECOVERY	10,000.	WIRE	0.		
		SOUTH AMERICA	CERVICAL CANCER PROGRAM	6,900.	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	1,141,994.	WIRE	0.		
		SUB-SAHARAN AFRICA	SUPPORT OF RELATED PARTY ORGANIZATION IN SOUTH AFRICA	49,892.	WIRE	0.		
		SUB-SAHARAN AFRICA		0.		154,893,333.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		87,443,396.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		73,021,728.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		23,917,503.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		23,079,216.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		22,161,263.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		18,308,853.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		EAST ASIA AND THE PACIFIC		0.		17,353,080.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		16,591,781.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		15,950,350.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		15,723,358.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		14,426,455.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		12,420,475.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		11,674,193.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		9,938,327.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		9,330,252.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		8,745,043.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		8,572,797.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		8,426,565.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		8,330,000.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		7,541,975.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		7,462,231.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		7,443,021.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		7,233,221.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		7,201,846.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		7,093,729.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		6,641,198.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,538,643.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,494,179.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		6,491,994.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		5,743,138.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5,568,732.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		4,847,010.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		4,674,401.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES		0.		4,427,512.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		4,241,842.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		4,165,950.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		3,911,390.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		3,775,355.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA		0.		3,354,804.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		3,294,822.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		3,199,497.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		3,197,000.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		3,050,435.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,993,181.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		2,920,476.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		2,855,813.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		2,764,414.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,550,000.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		2,542,603.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		2,433,910.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		2,302,423.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,298,502.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		2,286,810.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		2,032,841.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		2,009,260.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		1,819,930.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,803,593.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		1,755,324.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		1,734,107.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,662,538.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		1,602,301.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		1,594,665.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		1,591,762.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,558,369.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		1,506,595.	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.		1,482,454.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,437,934.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		1,434,677.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,416,989.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,388,325.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		1,373,254.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		1,370,895.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,368,446.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,320,085.	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.		1,258,751.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,250,000.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,250,000.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,250,000.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,236,882.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,206,755.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,206,517.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,199,025.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		1,186,811.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		1,130,360.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		1,112,545.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,110,143.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,107,800.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,097,053.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		1,084,757.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		1,083,967.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,069,606.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,069,432.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,068,256.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		986,436.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		983,854.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		961,936.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		928,740.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		917,977.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		914,328.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		869,424.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		805,378.	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)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		802,670.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		787,644.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		754,147.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		740,154.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		735,434.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		731,830.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		716,800.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		714,237.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		703,091.	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)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		701,322.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		652,253.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		638,622.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		637,713.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		632,601.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		608,242.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		605,165.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		603,658.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		598,354.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC		0.		514,306.	PHARMACEUTICALS	ESTIMATED WHOLESAL E PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		500,528.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL E PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		489,189.	PHARMACEUTICALS	ESTIMATED WHOLESAL E PRICE
		SOUTH ASIA		0.		489,189.	PHARMACEUTICALS	ESTIMATED WHOLESAL E PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		482,754.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL E PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		477,590.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL E PRICE, PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES		0.		475,813.	PHARMACEUTICALS	ESTIMATED WHOLESAL E PRICE
		SUB-SAHARAN AFRICA		0.		472,462.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL E PRICE
		SOUTH ASIA		0.		463,999.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL E PRICE, PURCHASED PRICE



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		445,967.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		410,662.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		406,718.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		400,845.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		400,349.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		386,621.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		386,192.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		381,874.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		NORTH AMERICA		0.		375,709.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		370,966.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		368,157.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		361,928.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		360,657.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		345,441.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		341,250.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		340,017.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		337,278.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		336,156.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		330,724.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.		329,235.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		326,126.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		323,645.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		323,498.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		316,992.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		304,317.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		297,432.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		291,541.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		290,579.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		287,120.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		286,416.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		285,537.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		250,712.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		250,614.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		247,999.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		244,477.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		236,522.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC		0.		226,282.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		220,530.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		220,103.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		216,766.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		215,476.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		214,039.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		213,722.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		206,033.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		203,587.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		199,545.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		194,234.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		186,628.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		185,391.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		185,240.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		185,017.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		180,345.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		176,120.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		172,060.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC		0.		170,067.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		169,845.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		169,547.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		164,689.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		164,214.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		163,977.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		162,787.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		162,702.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		157,716.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		152,082.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		151,225.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		RUSSIA AND NEIGHBORING STATES		0.		151,081.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		148,307.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		146,255.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		143,418.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		EAST ASIA AND THE PACIFIC		0.		140,387.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		139,760.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		131,332.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		125,894.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		120,805.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		115,019.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		112,745.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		111,881.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		110,632.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		110,629.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		110,065.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		108,519.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		108,286.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		108,228.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		107,406.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		104,832.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		104,116.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		102,807.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		102,807.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		97,889.	EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		91,384.	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.		91,123.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		90,719.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		90,609.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		87,847.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		87,162.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		86,049.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		79,801.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		78,378.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		77,869.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		73,474.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		72,306.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		70,281.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH AMERICA		0.		69,421.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		69,031.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		67,248.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		67,092.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		66,881.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		65,457.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		64,406.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		64,085.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		62,733.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		60,840.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		56,248.	MEDICAL SUPPLIES	PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		55,296.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		55,188.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		54,785.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		52,450.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		52,383.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		51,404.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		51,040.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		45,936.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		45,601.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		43,695.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		42,473.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		42,267.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH ASIA		0.		39,582.	MEDICAL SUPPLIES	PURCHASED PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC		0.		36,715.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		36,591.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		35,802.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		34,269.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		EUROPE (INCLUDING ICELAND AND GREENLAND)		0.		34,252.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		33,934.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		30,624.	MEDICAL SUPPLIES	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		29,464.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		28,985.	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.		28,915.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		26,332.	MEDICAL SUPPLIES	PURCHASED PRICE
		RUSSIA AND NEIGHBORING STATES		0.		25,000.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		24,557.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		24,024.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		23,005.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		22,772.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		22,385.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		22,232.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		0.		21,975.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		SOUTH ASIA		0.		21,528.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		21,435.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		18,650.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		18,012.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		17,736.	EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		17,466.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE
		RUSSIA AND NEIGHBORING STATES		0.		17,148.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		16,782.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		16,101.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		NORTH AMERICA		0.		15,720.	EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		13,736.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		12,892.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		12,854.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		12,805.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		12,768.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		11,858.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		11,607.	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)
		NORTH AMERICA		0.		11,552.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		NORTH AMERICA		0.		11,108.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		10,541.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		10,281.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		10,145.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		9,789.	EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		9,185.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		9,138.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		8,941.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN		0.		8,869.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		8,864.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		8,157.	EQUIPMENT	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		8,157.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		7,816.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		SUB-SAHARAN AFRICA		0.		7,802.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		7,688.	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SOUTH AMERICA		0.		7,587.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		EAST ASIA AND THE PACIFIC		0.		7,227.	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.		6,853.	EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		6,821.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		EAST ASIA AND THE PACIFIC		0.		6,355.	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		6,173.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		5,731.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		5,518.	EQUIPMENT	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		5,415.	MEDICAL SUPPLIES	ESTIMATED WHOLESAL PRICE
		NORTH AMERICA		0.		5,139.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE



**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) 2017

**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.

Multiple horizontal lines for supplemental information input.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
NAFC 1800 DIAGONAL ROAD, STE 600 ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	1,966,647.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
SANTA ROSA COMM HEALTH CENTER 3569 ROUND BARN CIRCLE SANTA ROSA, CA 95403	68-0365296	501(C)(3)	550,000.	0.			WILDFIRE RELIEF AND RECOVERY SUPPORT
PASADENA HEALTH CENTER, INC 908 SOUTHMORE, STE 100 PASADENA, TX 77573	20-0462905	501(C)(3)	502,095.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
IM SULZBACHER CTR FOR THE HOMELESS 611 EAST ADAMS ST JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	493,514.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
SPRING BRANCH COMM HEALTH CTR 800 W SAM HOUSTON PKWY HOUSTON, TX 77042	30-0198705	501(C)(3)	479,995.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
COMMUNITY HEALTH CTRS OF PINELLAS 1344 22ND ST SOUTH ST PETERSBURG, FL 33712	59-2097521	501(C)(3)	465,758.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 851.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 4.

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

Schedule I (Form 990) (2017)

**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
VOCES PMB 290 JUAN C BORBON ST#35, STE 67 GUAYNABO, PR 00969	66-0798610	501(C)(3)	411,692.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
NO FLORIDA MEDICAL CENTERS, INC 2804 REMINGTON GREEN CIRCLE TALLAHASSEE, FL 32308	59-1915144	501(C)(3)	403,262.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
HEALTHCARE NETWORK OF SW FLORIDA 1454 MADISON AVE W IMMOKALEE, FL 34142	59-1741277	501(C)(3)	394,923.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
BORINQUEN MED CTRS OF MIAMI-DADE 3601 FEDERAL HIGHWAY MIAMI, FL 33137-3795	59-1417397	501(C)(3)	384,260.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
GULF COAST HEALTH CENTER, INC 2548 MEMORIAL BLVD PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	383,205.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
FORT BEND FAMILY HEALTH CTR, INC 400 AUSTIN STREET RICHMOND, TX 77469	74-1951476	501(C)(3)	399,944.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
CENTRAL FLORIDA HEALTH CARE, INC 47 5TH STREET NW WINTER HAVEN, FL 33805	59-1404594	501(C)(3)	335,928.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
TRIANGLE AREA NETWORK, INC. 1495 NORTH 7TH STREET BEAUMONT, TX 77702	76-0226835	501(C)(3)	294,661.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
FOUNDATION FOR PUERTO RICO 1500 CALLE ANTONSANTI, STE K SAN JUAN, PR 00912-3150	66-0776227	501(C)(3)	270,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

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
BEE BUSY WELLNESS CENTER 8785 WEST BELLFORT STREET HOUSTON, TX 77031-2403	27-0653014	501(C)(3)	256,564.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1800 DIAGONAL RD #600 - ALEXANDRIA, VA 22314	56-2273242	501(C)(3)	250,000.	0.			HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
FLORIDA COMMUNITY HEALTH CTRS, INC 5827 CORPORATE WAY WEST PALM BEACH, FL 33407	59-1671640	501(C)(3)	227,850.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
FAMILY HEALTH CENTERS OF SW FL PO BOX 1357 FORT MYERS, FL 33901	59-1741273	501(C)(3)	225,000.	0.			INNOVATIONS IN CARE AWARD, HURRICANE IRMA RELIEF AND RECOVERY SUPPORT
BROWARD COMM/FAMILY HEALTH CTRS 6015 WASHINGTON STREET HOLLYWOOD, FL 33021	59-3489664	501(C)(3)	207,962.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
TX ASSOC OF COMM HEALTH CTRS, INC. 5900 SOUTHWEST PARKWAY, BLDG 3 AUSTIN, TX 78735	74-2308695	501(C)(3)	206,000.	0.			HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVE KNOXVILLE, TN 37921	62-0637925	501(C)(3)	200,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
COASTAL FAMILY HEALTH CENTER, INC. 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)	200,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
COMMUNITY UNIVERSITY HEALTHCARE CTR - 2001 BLOOMINGTON AVE SOUTH - MINNEAPOLIS, MN 55404	41-6007513	501(C)(3)	200,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS

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
NEIGHBORHOOD HEALTH 2711 FOSTER AVENUE NASHVILLE, TN 37210	62-1032792	501(C)(3)	200,000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
FUNDACION INFANTIL RONALD MCDONALD 250 CONVENTO STREET SAN JUAN, PR 00912	66-0468226	501(C)(3)	187,900.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
SBCC FOUNDATION 721 CLIFF DRIVE SANTA BARBARA, CA 93109	95-3234551	501(C)(3)	175,000.	0.			WILDFIRE RELIEF AND RECOVERY SUPPORT
COMM HEALTH CTRS - SO CENTRAL TEXAS - PO BOX 1890 - GONZALES, TX 78629	74-1548089	501(C)(3)	144,600.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
MANATEE CTY RURAL HEALTH SERVICES 700 8TH AVENUE WEST PALMETTO, FL 34219	59-1773262	501(C)(3)	139,577.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
EL CENTRO DE CORAZON PO BOX 230209 HOUSTON, TX 77011	76-0442781	501(C)(3)	129,368.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
AMISTAD COMM HEALTH CENTER, INC 1533 SOUTH BROWNLEE BLVD CORPUS CHRISTI, TX 78412	20-3008507	501(C)(3)	105,913.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
UNDOCUFUND FIRE RELIEF PO BOX 1100 SEBASTOPOL, CA 95473	20-2559651	501(C)(3)	100,000.	0.			WILDFIRE RELIEF AND RECOVERY SUPPORT
VENTURA CO COMMUNITY FOUNDATION 4001 MISSION OAKS BLVD. STE A CAMARILLO, CA 93012	77-0165029	501(C)(3)	100,000.	0.			WILDFIRE RELIEF AND RECOVERY SUPPORT

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
FOUNDATION FOR SB HIGH SCHOOL 700 E ANAPAMU STREET SANTA BARBARA, CA 93103	26-0312564	501(C)(3)	100,000.	0.			WILDFIRE RELIEF AND RECOVERY SUPPORT
STEPHEN F AUSTIN COMM HEALTH CTR 1111 W ADOUE STREET ALVIN, TX 77511	41-2273820	501(C)(3)	95,613.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
VECINO HEALTH CENTERS 424 HAHLO HOUSTON, TX 77020	76-0622208	501(C)(3)	90,359.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
MATAGORAD EPISCOPAL HEALTH 101 AVENUE F NORTH BAY CITY, TX 77414	20-0537948	501(C)(3)	83,600.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
BREVARD HEALTH ALLIANCE, INC 2120 SARNO RD, STE 4 MELBOURNE, FL 32935	90-0068515	501(C)(3)	81,213.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
CENTRAL FLORIDA FAMILY HEALTH CTR 4930 EAST LAKE MARY BLVD SANFORD, FL 32771	59-1741286	501(C)(3)	78,000.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
AVENAL COMMUNITY HEALTH CENTER 1000 SKYLINE BLVD AVENAL, CA 93204	77-0425496	501(C)(3)	75,000.	0.			WILDFIRE RELIEF AND RECOVERY SUPPORT
COASTAL HEALTH/WELLNESS - GALVESTON - PO BOX 939 - LA MARQUE, TX 77591	74-1665318	501(C)(3)	65,208.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
FREDERIKSTED HEALTH CARE, INC 516 STRAND STREET FREDERIKSTED, VI 00840	66-0586667	501(C)(3)	61,605.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT

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 CLINIC 7001 CORPORATE, SUITE 120 HOUSTON, TX 77036	31-1756818	501(C)(3)	58,884.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
GREATER GOODS OJAI 145 W EL ROBLAR OJAI, CA 93023	81-4553170	501(C)(3)	55,000.	0.			WILDFIRE RELIEF AND RECOVERY SUPPORT
BOND COMMUNITY HEALTH CTR, INC 1720 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	59-2426414	501(C)(3)	54,303.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
ASOCIACION DE SALUD PRIMARIA DE PUERTO RICO INC. - EDIFICIO ALIANZA #400 - RIO PIEDRAS, PR 00927	66-0419912	501(C)(3)	50,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CONSEJO RENAL DE PUERTO RICO PO BOX 10542 SAN JUAN, PR 00922	66-0408212	501(C)(3)	50,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
HEALTH OPPORTUNITIES-PEOPLE OF E TEXAS - 325 TENAHA STREET - CENTER, TX 75974	32-0086739	501(C)(3)	42,697.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
SANTA BARBARA CHANNELKEEPER 714 BOND AVENUE SANTA BARBARA, CA 93103	91-2151460	501(C)(3)	35,000.	0.			WILDFIRE RELIEF AND RECOVERY SUPPORT
AGAPE CHC, INC 120 KING STREET JACKSONVILLE, FL 32204	16-1660966	501(C)(3)	30,000.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
LOUISIANA PRIMARY CARE ASSOCIATION 503 COLONIAL DRIVE BATON ROUGE, LA 70806	72-1040949	501(C)(3)	26,000.	0.			LOUISIANA FLOODING RELIEF AND RECOVERY SUPPORT

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
SO CENTRAL HOUSTON ACTION COUNCIL 8610 MARTIN LUTHER KING JR BLVD HOUSTON, TX 77033	76-0444982	501(C)(3)	25,000.	0.			HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
LEGACY COMM HEALTH SERVICES, INC 1415 CALIFORNIA STREET HOUSTON, TX 77006	76-0009637	501(C)(3)	25,000.	0.			HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
HEALTHCARE FOR HOMELESS - HOUSTON 1934 CAROLINE STREET HOUSTON, TX 77002	76-0647934	501(C)(3)	25,000.	0.			HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
HEALTH CTR OF SOUTHEAST TEXAS 307 N WILLIAM BARNETT CLEVELAND, TX 77327	56-2508501	501(C)(3)	25,000.	0.			HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
CLINICA SIERRA VISTA 1430 TRUXTUN AVE #400 BAKERSFIELD, CA 93301	95-2707101	501(C)(3)	25,000.	0.			HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
CAMUY HEALTH SERVICES, INC AVE MUNOZ RIVERA #63 CAMUY, PR 00627	66-0428652	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CENTRO DE SALUD FAMILIAR PO BOX 450 ARROYO, PR 00714	66-0496484	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CENTRO DE SERV PRIMARIOS DE SALUD 3 CALLE ANTONIO ALCAZAR FLORIDA, PR 00650	66-0428922	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CENTRO DE SERVICIOS PRIMARIOS 99 GUILLERMO RIEFKOHL STREET PATILLAS, PR 00723	66-0430826	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

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
COMMUNITY HEALTH FDN OF PR INC MARGINAL SANTA CRUZ C 17 BAYAMON, PR 00961	66-0749601	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CONCILIO DE SALUD INTEGRAL DE LOIZA - CARRETERA 187, INTERSECCION 188 - LOIZA, PR 00772	66-0314649	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
COSSMA, INC PO BOX 1330 CIDRA, PR 00739-1330	66-0434923	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
HEALTHPROMED FOUNDATION AVE BORINQUEN #2020 BO OBRERO SANTURCE, PR 00915	66-0437924	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
MIGRANT HEALTH CTR WESTERN REGION PO BOX 518 MAYAGUEZ, PR 00680	66-0427801	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
MOROVIS COMMUNITY HEALTH CENTER PO BOX 518 MOROVIS, PR 00687	66-0480948	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
NEOMED CENTER, INC PO BOX 1277 GURABO, PR 00778	66-0485440	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
PROFAMILIAS 117 PADRE LAS CASAS ST SAN JUAN, PR 00919	23-7034732	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
MEDCENTRO CONSEJO DE SALUD DE PR 1034 HOSTOS AVENUE PONCE, PR 00716-1115	66-0292961	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT

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
ATLANTIC MEDICAL CENTER PO BOX 2042 BARCELONETA, PR 00617	66-0426667	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
COSTA SALUD COMM HEALTH CTR PO BOX 638 RINCON, PR 00677	66-0428488	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CENTRO DE SALUD DE LARES, INC PO BOX 379 LARES, PR 00669	66-0426506	501(C)(3)	25,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
WEST COUNTY HEALTH CENTERS 14045 MILL STREET GUERNEVILLE, CA 95446	23-7310613	501(C)(3)	25,000.	0.			WILDFIRE RELIEF AND RECOVERY SUPPORT
LANGLEY HEALTH SERVICES 1425 S US 301 SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	23,192.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
CAMILLUS HEALTH CENTER 336 NW 5TH STREET MIAMI, FL 33128	65-0063921	501(C)(3)	22,500.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
TEJAS HEALTH CARE PO BOX 1251 LA GRANGE, TX 78945	75-3260266	501(C)(3)	22,000.	0.			HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
SB COUNTY SEARCH & RESCUE, INC 66 S SAN ANTONIO ROAD SANTA BARBARA, CA 93110	95-6193608	501(C)(3)	19,885.	0.			WILDFIRE RELIEF AND RECOVERY SUPPORT
HOUSTON AREA COMMUNITY SERVICES INC. - 2150 WEST 18TH, SUITE 300 - HOUSTON, TX 77008	76-0549240	501(C)(3)	18,000.	0.			HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT

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	501(C)(3)	15,000.	0.			HURRICANE MARIA RELIEF AND RECOVERY SUPPORT
CARE BEYOND DIAGNOSIS 2233 BEE HIVE DRIVE COLUMBIA, TN 38401	38-4040391	501(C)(3)	15,000.	0.			SHIRE LSD PROGRAM GRANT
GENESIS COMMUNITY HEALTH, INC 2623 S SEACREST BLVD BOYNTON BEACH, FL 33435	80-0374741	501(C)(3)	12,275.	0.			HURRICANE RELIEF AND RECOVERY SUPPORT
LONE STAR FAMILY HEALTH CENTER 605 S CONROE MEDICAL DRIVE CONROE, TX 77304	30-0038860	501(C)(3)	12,000.	0.			HURRICANE HARVEY RELIEF AND RECOVERY SUPPORT
SANTA BARBARA NEIGHBORHOOD CLINICS 915 N MILPAS STREET SANTA BARBARA, CA 93103	77-0496382	501(C)(3)	5,635.	0.			WILDFIRE RELIEF AND RECOVERY SUPPORT
WILDLAND RESIDENTS ASSOCIATION PO BOX 1289 GOLETA, CA 93116	95-3737837	501(C)(3)	5,400.	0.			AWARE AND PREPARE PROGRAM GRANT
PUERTO RICO DEPARTMENT OF HEALTH BO. MONACILLOS SAN JUAN, PR 00921-0619	66-0437470	GOVERNMENT ENTITY	0.	30,942,334.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELVISTA 121 GREYSTONE BLVD COLUMBIA, SC 29210	56-2034627	501(C)(3)	0.	30,742,995.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(6)	0.	16,307,556.	ESTIMATED WHOLESALE PRICE, PURCHASED 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
NC MEDASSIST 4428 TAGGART CREEK ROAD, SUITE 101 CHARLOTTE, NC 28208	56-2018957	501(C)(3)	0.	13,798,266.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	5,507,313.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GULF COAST HEALTH CENTER 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501(C)(3)	0.	4,759,706.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH OF EAST TENNESSEE, INC. - 130 INDEPENDENCE LN. - LAFOLLETTE, TN 37766	58-1470587	501(C)(3)	0.	3,226,154.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	2,525,415.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AGAPE CLINIC 4104 JUNIUS STREET DALLAS, TX 75246	14-1847977	501(C)(3)	0.	2,328,998.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASOCIACION DE SALUD PRIMARIA DE PUERTO RICO, INC. - EDIFICIO ALIANZA #400 - RO PIEDRAS, PR 00927	66-0419912	501(C)(3)	0.	2,226,612.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	2,218,464.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH AND EMERGENCY SERVICES - 13245 KESSLER ROAD - CAIRO, IL 62914	37-1100482	501(C)(3)	0.	2,140,603.	ESTIMATED WHOLESALE PRICE, PURCHASED 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
NORTH JEFFERSON COUNTY CLINIC PHARMACY - 1295 PEARL STREET - BEAUMONT, TX 77701	74-6000291	GOVERNMENT ENTITY	0.	2,130,138.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PANCARE OF FLORIDA, INC. CHC BAY COUNTY - 1612 FRANKFORD AVENUE - PANAMA CITY, FL 32401	91-2189932	501(C)(3)	0.	2,011,336.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEMO HEALTH NETWORK SOUTHEAST MISSOURI HEALTH NETWORK - 311 MAIN STREET - NEW MADRID, MO 63869	43-1253101	501(C)(3)	0.	1,928,415.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SULZBACHER HEALTH CENTER 611 EAST ADAMS STREET JACKSONVILLE, FL 32202	59-3229898	501(C)(3)	0.	1,894,254.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UPPER VALLEY COMMUNITY HEALTH SERVI - 20 NORTH 3RD EAST - SAINT ANTHONY, ID 83445	82-0527562	501(C)(3)	0.	1,877,432.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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.	1,764,585.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FOUR RIVERS HEALTH CARE 932 WEST IDAHO AVENUE ONTARIO, OR 97914	93-1304536	501(C)(3)	0.	1,723,630.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	1,686,120.	ESTIMATED WHOLESAL PRICE	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	501(C)(3)	0.	1,634,594.	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.)

(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
REAL MEDICINE FOUNDATION VEGA ALTA COMMUNITY HEALTH - CARRETERA #2 KM 31.9 - VEGA ALTA, PR 00646	20-2897266	501(C)(3)	0.	1,576,225.	ESTIMATED WHOLESale PRICE, PURCHASED 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	501(C)(3)	0.	1,531,615.	ESTIMATED WHOLESale PRICE, PURCHASED 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	501(C)(3)	0.	1,372,790.	ESTIMATED WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORPORACION SANOS APARTADO 1025 CAGUAS, PR 00726	66-0671421	501(C)(3)	0.	1,349,586.	ESTIMATED WHOLESale PRICE, PURCHASED 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	501(C)(3)	0.	1,347,223.	ESTIMATED WHOLESale PRICE, PURCHASED PRICE	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	501(C)(3)	0.	1,334,749.	ESTIMATED WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GASTON FAMILY HEALTH SERVICES, INC. - 991 W. HUDSON BLVD - GASTONIA, NC 28052	58-1958398	501(C)(3)	0.	1,311,489.	ESTIMATED WHOLESale PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE CLINIC 2615 FANNIN HOUSTON, TX 77002	53-0196617	501(C)(3)	0.	1,281,172.	ESTIMATED WHOLESale PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. THOMAS EAST END MEDICAL CENTER CORPORATION (STEEMCC) - 4605 TUTU PARK MALL - ST. THOMAS, VI 00802-1736	66-0585077	OTHER	0.	1,278,160.	ESTIMATED WHOLESale PRICE, PURCHASED 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
FEED MY SHEEP FREE CHILDREN'S CLINI - 613 S. 3RD STREET - TEMPLE, TX 76504	46-3436384	501(C)(3)	0.	1,251,614.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	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	501(C)(3)	0.	1,163,472.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	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	501(C)(3)	0.	1,112,361.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	1,089,753.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL COMMUNITY HEALTH CARE INC. - 21297 OLEAN BLVD UNIT B - PORT CHARLOTTE, FL 33952	65-0958642	501(C)(3)	0.	1,077,264.	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	501(C)(3)	0.	1,071,260.	ESTIMATED WHOLESAL PRICE, PURCHASED 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.	1,049,787.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEWS CARE CENTER 7855 SW 104TH STREET MIAMI, FL 33156	59-0914210	501(C)(3)	0.	992,949.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SALUD INTEGRAL EN LA MONTANA CSI EN NARANJITO - CARR 164 KM 0.2 - NARANJITO, PR 00719	66-0329532	501(C)(3)	0.	975,740.	ESTIMATED WHOLESAL PRICE, PURCHASED 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
CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC. - 99 CALLE GUILLERMO RIEFKOHL STREET - PATILLAS, PR 00723	66-0430826	501(C)(3)	0.	845,286.	ESTIMATED WHOLESAL PRICE, PURCHASED 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. - 1515 N. CLASSEN BLVD. - OKLAHOMA CITY, OK 73106	82-0601092	501(C)(3)	0.	840,681.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST CLINIC 25722 KINGSLAND BLVD., SUITE 101 KATY, TX 77494	35-2179708	501(C)(3)	0.	836,560.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	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	501(C)(3)	0.	830,535.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION CITY COMMUNITY NETWORK, INC - 15206 PARTHENIA STREET - NORTH HILLS, CA 91343	95-4226189	501(C)(3)	0.	803,910.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROHEALTH RURAL HEALTH SERVICES, IN - 1325 WEST MAIN STREET - FRANKLIN, TN 37064	62-1779945	501(C)(3)	0.	786,635.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MED CENTRO CONSEJO DE SALUD DE PUERTO RICO, IN - 1034 HOSTOS AVENUE - PONCE, PR 00716	66-0292961	501(C)(3)	0.	754,934.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	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	501(C)(3)	0.	724,707.	ESTIMATED WHOLESAL PRICE	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	501(C)(3)	0.	715,738.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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
ST. JOSEPH'S/CANDLER HEALTH SYSTEMS, INC. - 11705 MERCY BLVD. - SAVANNAH, GA 31419	58-2288758	501(C)(3)	0.	713,428.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZONS HEALTH COASTAL HORIZONS CENTER, INC. - 613 SHIPYARD BLVD - WILMINGTON, NC 28412	56-0950370	501(C)(3)	0.	705,603.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	695,053.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COVE HOUSE FREE CLINIC 108 EAST HALSTEAD STREET COPPERAS COVE, TX 76522	74-2764062	501(C)(3)	0.	685,894.	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	501(C)(3)	0.	683,117.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	673,030.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	665,041.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	659,742.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	657,869.	ESTIMATED WHOLESALE PRICE, PURCHASED 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
THE HALEY CENTER 122 WEST CENTRAL AVENUE WINTER HAVEN, FL 33880	59-0766974	501(C)(3)	0.	657,217.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLAIBORNE COUNTY FAMILY HEALTH CENTER - 2045 HIGHWAY 61 NORTH - PORT GIBSON, MS 39150	64-0651149	501(C)(3)	0.	637,977.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF SOUTH CENTRAL TEXAS - 229 ST GEORGE - GONZALES, TX 78629	74-1548089	501(C)(3)	0.	635,184.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST VIRGINIA HEALTH RIGHT 1520 EAST WASHINGTON STREET CHARLESTON, WV 25311	31-1066881	501(C)(3)	0.	628,320.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	626,366.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEOMED CENTER, INC. CARR. 941 SALIDA BO. JAGUAS GURABO, PR 00778	66-0485440	501(C)(3)	0.	618,379.	ESTIMATED WHOLESALE PRICE, PURCHASED 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.	617,977.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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.	597,000.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501(C)(3)	0.	590,775.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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
GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH, AR 72901	71-0863639	501(C)(3)	0.	580,479.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO INTEGRADOS DE SERVICIOS DE S CARRETERA 111 KM 33.2 LARES, PR 00669	66-0426506	501(C)(3)	0.	580,180.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501(C)(3)	0.	579,319.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	568,181.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA BANTIOX - INICIATIVA COMUNITARIA - HEADSTART PABLITO ORTIZ - TOA BAJA, PR 00949	66-0483960	501(C)(3)	0.	558,690.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	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	501(C)(3)	0.	556,457.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	552,890.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOSEPH SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	80-0308973	501(C)(3)	0.	536,863.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FINGER LAKES MIGRANT HEALTH CARE PROJECT, INC. - 14 MAIDEN LANE - PENN YAN, NY 14527	16-1581104	501(C)(3)	0.	516,780.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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
SCHNEIDER REGIONAL MEDICAL CENTER 9048 SUGAR ESTATE ST. THOMAS, VI 00802	66-0873579	GOVERNMENT ENTITY	0.	515,726.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	513,438.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PALMETTO HEALTH COUNCIL, INC. 643 MAIN STREET PALMETTO, GA 30268	58-1307597	501(C)(3)	0.	509,624.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	502,833.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	498,795.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, 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	501(C)(3)	0.	492,989.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZON HEALTH CARE, INC. ADMINISTRATION - 109 NORTH MAIN STREET - HOWARD, SD 57349	46-0341255	501(C)(3)	0.	479,386.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501(C)(3)	0.	469,581.	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	501(C)(3)	0.	457,261.	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.)

(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
BROWARD COMMUNITY & FAMILY HEALTH CENTER - 5010 HOLLYWOOD BLVD SUITE 100-B - HOLLYWOOD, FL 33021	59-3489664	501(C)(3)	0.	456,481.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPE FEAR CLINIC, INC 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501(C)(3)	0.	450,161.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP HEALTH CENTER 520 GRIFFIN AVENUE VALDOSTA, GA 31601	58-2405825	501(C)(3)	0.	445,604.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOHNSON CITY COMMUNITY HEALTH CENTE EAST TENNESSEE STATE UNIVERSITY - 2151 CENTURY LANE - JOHNSON CITY, TN 37604	62-6021046	501(C)(3)	0.	438,126.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DAVID RAINES COMMUNITY HEALTH CENTE SHREVEPORT PHARMACY - 1625 DAVID RAINES ROAD - SHREVEPORT, LA 71107	58-2000630	501(C)(3)	0.	434,044.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DALLAS INTER-TRIBAL CENTER 1261 RECORD CROSSING ROAD DALLAS, TX 75235	23-7156945	501(C)(3)	0.	427,397.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	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	501(C)(3)	0.	426,063.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUADALUPE CLINIC 940 S. ST. FRANCIS WICHITA, KS 67211	20-1285208	501(C)(3)	0.	421,213.	ESTIMATED WHOLESAL PRICE	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	501(C)(3)	0.	420,767.	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
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	0.	420,383.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE ROAD N NAPLES, FL 34102	59-3546884	501(C)(3)	0.	406,814.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	394,719.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COSTA SALUD COMMUNITY HEALTH CENTER - CALLE MUOZ RIVERA #28 - RINCEN, PR 00677	66-0428488	501(C)(3)	0.	391,437.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	379,102.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	374,333.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY CLINIC 1315 TATUM DRIVE NEW BERN, NC 28560	56-2034052	501(C)(3)	0.	370,419.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHLAND COMMUNITY HEALTH CENTER ADMINISTRATION - 104 N. MAIN STREET - TURTLE LAKE, ND 58575	33-1029318	501(C)(3)	0.	363,327.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	359,708.	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
COMMUNITY HEALTH CENTER OF WEST PALM BEACH - 2100 WEST 45TH STREET, SUITE A8 - WEST PALM BEACH, FL 33407	26-3611337	501(C)(3)	0.	358,976.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTMINSTER FREE CLINIC 2103 MONTROSE AVENUE, STE. E MONTROSE, CA 91020	77-0563241	501(C)(3)	0.	357,718.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTREACH HEALTH SERVICES, INC. 130 NORTH HIGH STREET SHUBUTA, MS 39360	64-0736857	501(C)(3)	0.	351,756.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH CENTRAL NURSING CLINICS, INC. - 901 PRINCE WILLIAM ROAD, SUITE A - DELPHI, IN 46923	26-1553382	501(C)(3)	0.	342,709.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CONCILIO DE SALUD INTEGRAL DE LOIZA - CARR. 187, INTERSECCION 188 - LOIZA, PR 00772	23-7259899	501(C)(3)	0.	342,691.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROCK SPRINGS CLINIC 211 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501(C)(3)	0.	340,177.	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	501(C)(3)	0.	332,343.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BREAD OF HEALING CLINIC 1821 NORTH 16TH STREET MILWAUKEE, WI 53205	81-0669867	501(C)(3)	0.	327,861.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAROLINA FAMILY HEALTH CENTERS WILSON COMMUNITY HEALTH CENTER - 303 EAST GREEN STREET - WILSON, NC 27893	58-2079819	501(C)(3)	0.	326,966.	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
UNIVERSITY HOSPITAL AND CLINICS INC. - 2390 W CONGRESS STREET - LAFAYETTE, LA 70506	46-2605366	501(C)(3)	0.	323,751.	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	501(C)(3)	0.	322,494.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	318,968.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	310,757.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	309,352.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	308,639.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROTOTYPE HEALTH, INC. 205 E. SOUTHERN AVE, SUITE 103 MESA, AZ 85210	86-0975231	501(C)(3)	0.	305,973.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	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	501(C)(3)	0.	305,502.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JUNIPER HEALTH, INC. BREATHITT COUNTY FAMILY HEALTH CENT - 265 HWY 15 SOUTH, SUITE 3 - JACKSON, KY 41339	04-3779582	501(C)(3)	0.	305,147.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CARE CENTER FOR FORSYTH COUNTY - 2135 NEW WALKERTOWN ROAD - WINSTON SALEM, NC 27101	58-1403699	501(C)(3)	0.	298,308.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HIV-AIDS ALLIANCE FOR REGION TWO DBA OPEN HEALTH CARE CLINIC - 3801 NORTH BLVD. - BATON ROUGE, LA 70806	72-1283359	501(C)(3)	0.	296,828.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HAVEN FREE CLINIC 800 HOWARD AVENUE NEW HAVEN, CT 06519	03-0646973	501(C)(3)	0.	294,213.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLAGLER COUNTY FREE CLINIC 703 E. MOODY BLVD. BUNNELL, FL 32110	20-5036975	501(C)(3)	0.	290,250.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRIANGLE AREA NETWORK TAN HEALTHCARE - 1495 N 7TH STREET - BEAUMONT, TX 77702	76-0226835	501(C)(3)	0.	288,032.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	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	501(C)(3)	0.	285,768.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	284,434.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	277,995.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ALLIANCE 1055 S. WELLS AVENUE RENO, NV 89502	88-0293149	501(C)(3)	0.	276,463.	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.)

(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
CHARITABLE PHARMACY OF CENTRAL OHIO - 200 EAST LIVINGSTON AVENUE - COLUMBUS, OH 43215	27-0147099	501(C)(3)	0.	275,500.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HELPING HANDS CLINIC 34C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501(C)(3)	0.	273,433.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL MEDICAL ACCESS PROJECT 2605 PARKWOOD DRIVE BRUNSWICK, GA 31520	01-0576945	501(C)(3)	0.	271,655.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HOPE PROJECT 157 WALL STREET TENAHA, TX 75974	32-0086739	501(C)(3)	0.	264,504.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO DE SALUD FAMILIAR DR. JULIO PALMIERI FERRI, INC. - CALLE MORSE #46, ESQUINA VALENTINA - ARROYO, PR 00714	66-0496484	501(C)(3)	0.	263,827.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	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	501(C)(3)	0.	263,392.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	263,276.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CARE CENTERS OF GREATER LOS ANGELES, INC. - 6501 SOUTH GARFIELD AVENUE - BELL GARDENS, CA 90201	95-1641454	501(C)(3)	0.	260,886.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DREAM CENTERS WOMEN'S CLINIC 4360 MONTEBELLO DRIVE COLORADO SPRINGS, CO 80918	27-4876080	501(C)(3)	0.	259,066.	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
GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501(C)(3)	0.	258,937.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OASIS FREE CLINICS 66 BARIBEAU DRIVE, STE. 1 BRUNSWICK, ME 04011	01-0497587	501(C)(3)	0.	258,814.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	257,708.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	256,780.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	254,244.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)	0.	254,200.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHEYENNE HEALTH AND WELLNESS CENTER - 2508 E. FOX FARM ROAD - CHEYENNE, WY 82007	87-0718984	501(C)(3)	0.	250,373.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	248,052.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRYMED MEDICAL CARE, INC. CARRETERA 149, KM. 13.0 CIALES, PR 00638	66-0428120	501(C)(3)	0.	247,788.	ESTIMATED WHOLESALE PRICE, PURCHASED 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
VOLUNTEERS IN MEDICINE CLINIC OF THE CASCADES - 2300 NE NEFF ROAD - BEND, OR 97701	93-1327847	501(C)(3)	0.	245,751.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHACKELFORD COUNTY COMMUNITY RESOURCE CENTER - 725 PATE STREET - ALBANY, TX 76430	75-2541970	501(C)(3)	0.	245,097.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAGUNA BEACH COMMUNITY CLINIC 362 THIRD STREET LAGUNA BEACH, CA 92651	95-2637633	501(C)(3)	0.	243,182.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	240,708.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	240,604.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	239,512.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	239,140.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	238,788.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	238,777.	ESTIMATED WHOLESALE PRICE, PURCHASED 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
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501(C)(3)	0.	235,388.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	229,771.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JACKSON-HINDS COMPREHENSIVE HEALTH CENTER - 3502 WEST NORTHSIDE DRIVE - JACKSON, MS 39213	64-0506107	501(C)(3)	0.	229,254.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD MEDICATION MANAGEMENT - 6052 S. HICKORY RIDGE MALL - MEMPHIS, TN 38115	46-3313048	501(C)(3)	0.	216,690.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRANT PARK CLINIC 1340 BOULEVARD SE ATLANTA, GA 30315	58-1577640	501(C)(3)	0.	216,096.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. MICHAEL'S COMMUNITY SERVICES, I 1005 WEST 18TH STREET ANNISTON, AL 36201	63-0974974	501(C)(3)	0.	213,858.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAYOU CLINIC 13833 TAPIA LANE BAYOU LA BATRE, AL 36509	63-1270951	501(C)(3)	0.	213,419.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AAA COMPREHENSIVE HEALTHCARE, INC. 7451 LANKERSHIM BLVD NORTH HOLLYWOOD, CA 91605	27-0735908	501(C)(3)	0.	212,391.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501(C)(3)	0.	211,747.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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
OPEN ARMS HEALTH CLINIC 3311 LITTLE ROAD ARLINGTON, TX 76016	45-0621201	501(C)(3)	0.	210,655.	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	501(C)(3)	0.	208,221.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	207,349.	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	501(C)(3)	0.	205,039.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOSPITAL GENERAL DE CASTANER, INC. CARRETERA 135, KM. 4.5 CASTANER, PR 00631	66-0352014	501(C)(3)	0.	204,815.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHATHAM CARES COMMUNITY PHARMACY 127 EAST RALEIGH STREET SILER CITY, NC 27344	41-2170926	501(C)(3)	0.	202,792.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	201,976.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIGRANT HEALTH CENTER WESTERN REGION - CALLE RAMN E. BETANCES #491 SUR - MAYAGEZ, PR 00680	66-0427801	501(C)(3)	0.	200,451.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD MINISTRIES OF OKLAHOM INC. - 222 NW 12TH STREET - OKLAHOMA CITY, OK 73103	20-0526892	501(C)(3)	0.	198,209.	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.)

(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
CLINICA MSR. OSCAR A ROMERO 123 S ALVARADO STREET LOS ANGELES, CA 90057	95-3881333	501(C)(3)	0.	197,210.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREDERIKSTED HEALTH CARE, INC. 516 STRAND STREET ST. CROIX, VI 00840	66-0586667	501(C)(3)	0.	191,122.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	189,901.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF FRANKLIN COUNTY BERNARD HEALTHCARE CLINIC PHARMACY - 1171 FRANKLIN STREET - ROCKY MOUNT, VA 24151	54-1634138	501(C)(3)	0.	188,903.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	188,329.	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	501(C)(3)	0.	187,988.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MORTON COMPREHENSIVE HEALTH SERVICES - 1334 N LANSING AVE - TULSA, OK 74106	73-1177858	501(C)(3)	0.	185,642.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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	501(C)(3)	0.	185,251.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEDIPLACE 502 S. OLD ORCHARD, STE. 126 LEWISVILLE, TX 75067	75-2512752	501(C)(3)	0.	185,220.	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.)

(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
JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876	501(C)(3)	0.	185,074.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	184,763.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE CLINIC 900 N FRANKLIN AVENUE NORMAL, IL 61761	37-1316328	501(C)(3)	0.	184,707.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH STREET ARLINGTON, TX 76010	75-2354962	501(C)(3)	0.	184,637.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIVERSITY HEALTH CENTER, INC. 213 NORTH MCDONALD STREET LUDOWICI, GA 31316	20-5746618	501(C)(3)	0.	183,063.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VALLEY COMMUNITY HEALTHCARE 6801 COLDWATER CYN AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501(C)(3)	0.	180,548.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAL OES GOVERNOR'S OFFICE OF EMERGENCY SERV - 3650 SCHRIEVER AVENUE - MATHER, CA 95655	00-0000000	GOVERNMENT ENTITY	0.	180,346.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP COURAGE 134 CAMP SOLES LANE ROCKWOOD, PA 15557	13-1623888	501(C)(3)	0.	180,000.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS CARROLL 10 DISTILLERY DRIVE, STE 200 WESTMINISTER, MD 21157	20-2146701	501(C)(3)	0.	177,831.	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
FORT BEND FAMILY HEALTH CENTER ACCESSHEALTH - 400 AUSTIN STREET - RICHMOND, TX 77469	74-1951476	501(C)(3)	0.	176,649.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	175,215.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CABIN CREEK HEALTH CENTER 5722 CABIN CREEK DRIVE DAWES, WV 25054	55-0709223	501(C)(3)	0.	174,788.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WOVEN HEALTH ONE MEDICAL PARKWAY, STE.149 FARMERS BRANCH, TX 75234	75-2616002	501(C)(3)	0.	171,977.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLEARWATER FREE CLINIC 1218 COURT STREET CLEARWATER, FL 33756	59-1852871	501(C)(3)	0.	170,471.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SPRING BRANCH COMMUNITY HEALTH CENTER - 800 W. SAM HOUSTON PKWY S - HOUSTON, TX 77042	30-0198705	501(C)(3)	0.	167,558.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIAMI RESCUE MISSION CLINIC 2015 N.W. 1ST AVENUE MIAMI, FL 33127	45-1481860	501(C)(3)	0.	167,421.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	165,259.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF NEWTON ONE WILSON DRIVE SPARTA, NJ 07871	45-4224214	501(C)(3)	0.	165,227.	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
GOOD SHEPHERD MEDICAL AND DENTAL FOUNDATION - 20 12TH AVE. NW - ARDMORE, OK 73401	73-1509801	501(C)(3)	0.	164,488.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	164,306.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SEALE HARRIS SOUTHEASTERN DIABETES EDUCATION SER - 500 CHASE PARK SOUTH, SUITE 104 - BIRMINGHAM, AL 35244	63-1091899	501(C)(3)	0.	163,427.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CASA EL BUEN SAMARITANO 14060 DUBLIN STREET HOUSTON, TX 77085	37-1546805	501(C)(3)	0.	162,839.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN MATEO COUNTY HEALTH SERVICES AGENCY - 222 WEST 39TH AVENUE - SAN MATEO, CA 94403	94-6000532	GOVERNMENT ENTITY	0.	162,427.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLANDS COMMUNITY MEDICAL SERVICES 15 MEDICAL CENTER LOOP VINALHAVEN, ME 04863	01-6012835	501(C)(3)	0.	161,379.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMUY HEALTH SERVICES, INC. AVENUE MUNOZ RIVERA #63 CAMUY, PR 00627	66-0428652	501(C)(3)	0.	161,349.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 203 NORTH STREET BAYBORO, NC 28515	56-2114681	501(C)(3)	0.	161,266.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	161,253.	ESTIMATED WHOLESAL PRICE, PURCHASED 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
CURTIS V. COOPER PRIMARY HEALTH WESTSIDE URBAN HEALTH CENTER - 106 E BROAD ST - SAVANNAH, GA 31401-2917	58-1136296	501(C)(3)	0.	159,944.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEMPLE COMMUNITY FREE CLINIC, INC. 1905 CURTIS B ELLIOTT DRIVE TEMPLE, TX 76501	74-2634500	501(C)(3)	0.	157,548.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	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	501(C)(3)	0.	155,603.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BUCK/NEVADA DIABETES ASSOCIATI - 18 STEWART STREET - RENO, NV 89501	88-0386000	501(C)(3)	0.	154,934.	ESTIMATED WHOLESAL 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	501(C)(3)	0.	154,767.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEIGHBOR COMMUNITY HEALTH CENT - 4321 41ST AVENUE - COLUMBUS, NE 68601	13-4249732	501(C)(3)	0.	154,573.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE NETWORK OF SOUTHWEST FLO COLLIER HEALTH SERVICES - 1454 MADISON AVENUE - IMMOKALEE, FL 34142	59-1741277	501(C)(3)	0.	154,316.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAS ISLAS MEDICAL GROUP 2400 SOUTH C STREET OXNARD, CA 93033	77-0285222	501(C)(3)	0.	152,764.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO SAN VICENTE 8061 ALAMEDA AVENUE EL PASO, TX 79915	74-2505561	501(C)(3)	0.	152,639.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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
GAIN, INC GREATER ACCESS TO THOSE IN NEED - 712 W 3RD STREET - LITTLE ROCK, AR 72201	71-0763418	501(C)(3)	0.	152,001.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	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	501(C)(3)	0.	151,985.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 41 EAST DUVAL STREET JACKSONVILLE, FL 32202	75-3002172	501(C)(3)	0.	151,417.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OMNI FAMILY HEALTH 2101 SEVENTH STREET WASCO, CA 93280	95-3218000	501(C)(3)	0.	149,320.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH CAYCE PLACE 617 SOUTH 8TH STREET NASHVILLE, TN 37206	62-1032792	501(C)(3)	0.	148,769.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH AND HOPE CLINIC, INC. 1718 EAST OLIVE ROAD PENSACOLA, FL 32514	26-4336638	501(C)(3)	0.	147,032.	ESTIMATED WHOLESAL 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	501(C)(3)	0.	146,541.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LONE STAR COMMUNITY HEALTH CENTER 605 S. CONROE MEDICAL DR. CONROE, TX 77304	30-0038860	501(C)(3)	0.	145,934.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	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	501(C)(3)	0.	145,626.	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.)

(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
WELLNESS POINTE 1107 E. MARSHALL AVENUE LONGVIEW, TX 75601	75-2723993	501(C)(3)	0.	143,875.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MILAN PUSKAR HEALTH RIGHT 341 SPRUCE STREET MORGANTOWN, WV 26505	31-1118673	501(C)(3)	0.	141,890.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	141,649.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	141,363.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPKINS COUNTY COMMUNITY CLINIC 638 N. FRANKLIN STREET MADISONVILLE, KY 42431	06-1710391	501(C)(3)	0.	140,763.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLARKSTON COMMUNITY HEALTH CENTER, INC. - 3700 MARKET STREET - CLARKSTON, GA 30021	46-1402143	501(C)(3)	0.	138,007.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CENTER OF SOUTHEAST TEXAS 307 N. WILLIAM BARNETT AVE CLEVELAND, TX 77327	56-2508501	501(C)(3)	0.	137,104.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA HEALTH CLINIC 409 W. FERGUSON TYLER, TX 75702	26-0036674	501(C)(3)	0.	136,339.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF SIMI VALLEY 2060 TAPO STREET SIMI VALLEY, CA 93063	23-7108154	501(C)(3)	0.	134,289.	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
COMMUNITY HEALTH SYSTEMS, INC. DBA ACCESS HEALTH - 252 RURAL ACRES DRIVE - BECKLEY, WV 25801	55-0490878	501(C)(3)	0.	131,784.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPIDES PRIMARY HEALTH CARE CENTER 1217 WILLOW GLEN RIVER ROAD ALEXANDRIA, LA 71302	72-1252422	501(C)(3)	0.	131,662.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FCYD CAMP UTADA 1995 WEST 9000 SOUTH WEST JORDAN, UT 84088	87-0642251	501(C)(3)	0.	131,594.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	130,992.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HEALTH AND WELLNESS CENTER 3834 S. WESTERN AVENUE LOS ANGELES, CA 90062	23-7351622	501(C)(3)	0.	129,859.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP SIOUX 8000 WEST 78TH ST. SUITE 175 EDINA, MN 55439	13-1623888	501(C)(3)	0.	129,045.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST, INC. 16 W. LONG STREET COLUMBUS, OH 43215	31-0940189	501(C)(3)	0.	127,141.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	126,839.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VISTA COMMUNITY HEALTH CENTER 14117 HUBBARD STREET, SUITE M SYLMAR, CA 91342	45-4642549	501(C)(3)	0.	124,063.	ESTIMATED WHOLESALE PRICE, PURCHASED 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
CITRUS HEALTH NETWORK, INC. 4175 W 20TH AVE HIALEAH, FL 33012-5874	59-1865751	501(C)(3)	0.	123,626.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSS AND CROWN CLINIC 1008 NORTH MCKINLEY STREET OKLAHOMA CITY, OK 73106	73-1608071	501(C)(3)	0.	123,219.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHITE BIRD CLINIC 341 E. 12TH AVENUE EUGENE, OR 97401	93-0585814	501(C)(3)	0.	122,943.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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.	121,123.	PURCHASED PRICE	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	501(C)(3)	0.	120,797.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITAN HOUSE 114 FIFTH AVENUE REDWOOD CITY, CA 94063	23-7416272	501(C)(3)	0.	120,730.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY CARE OF SOUTHWEST GEORGIA 360 COLLEGE ST BLAKELY, GA 39823-2554	31-1840668	501(C)(3)	0.	120,274.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE ATHENS NURSES CLINIC 240 NORTH AVENUE ATHENS, GA 30601	58-2490925	501(C)(3)	0.	119,770.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP STIX DIABETES PROGRAMS 11922 S PLAYER DRIVE SPOKANE, WA 99223	91-2077207	501(C)(3)	0.	118,929.	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
FIRST REFUGE MINISTRIES MEDICAL CLI FIRST BAPTIST DENTON MINISTRY CENTE - 1701 BROADWAY STREET - DENTON, TX 76201	45-5606427	501(C)(3)	0.	116,719.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	116,629.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	114,766.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	112,549.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	112,379.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	111,802.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOCIEDAD PUERTORRIQUENA DE ENDOCRINOLOGIA Y DIABETOLOGIA - BAYAMON HEALTH CENTER, 2ND FLOOR - BAYAMON, PR 00961	66-0575386	501(C)(3)	0.	111,798.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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	501(C)(3)	0.	111,554.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 609 WEST E AVENUE ELK CITY, OK 73644	26-1284785	501(C)(3)	0.	110,779.	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
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501(C)(3)	0.	110,760.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SERVICIOS DE SALUD PRIMARIOS DE BARCELONETA, INC. - CARR. 2 1995 - BARCELONETA, PR 00617	66-0426667	501(C)(3)	0.	110,470.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELPING HANDS CLINIC 810 HARPER AVENUE LENOIR, NC 28645	56-2076541	501(C)(3)	0.	110,171.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ITHACA HEALTH ALLIANCE 521 WEST SENECA STREET ITHACA, NY 14850	90-0192978	501(C)(3)	0.	110,027.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HERTKO HOLLOW 501 GRAND AVE DES MOINES, IA 50309	76-0717999	501(C)(3)	0.	106,817.	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	501(C)(3)	0.	105,891.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MAMOU HEALTH RESOURCES 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501(C)(3)	0.	104,164.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES YOUTH FOUNDATION OF INDIAN THERMOKING OF INDIANA - 817 S. TIBBS AVE. - INDIANAPOLIS, IN 46241	35-1783933	501(C)(3)	0.	103,860.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	103,522.	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
PROJECT HEALTH, INC. DBA LANGLEY HEALTH SERVICES - 1425 SOUTH US HWY 301 - SUMTERVILLE, FL 33585	59-1664577	501(C)(3)	0.	102,957.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARING COMMUNITY CLINIC 200 DOCTORS DRIVE, STE M JACKSONVILLE, NC 28546	56-1705813	501(C)(3)	0.	102,226.	ESTIMATED WHOLESAL PRICE	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	501(C)(3)	0.	100,900.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSIONATE CARE OF SHELBY COUNTY - 124 NORTH OHIO AVENUE - SIDNEY, OH 45365	20-8479583	501(C)(3)	0.	100,650.	ESTIMATED WHOLESAL PRICE	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	501(C)(3)	0.	100,380.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE MOORESVILLE, NC 28115	20-1020941	501(C)(3)	0.	99,607.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COWETA SAMARITAN CLINIC 137 JACKSON STREET NEWNAN, GA 30263	80-0518912	501(C)(3)	0.	98,757.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO DE SERVICIOS PRIMARIOS DE SALUD, INC. - CALLE ANTONIO ALACAZAR NUM. 3 - FLORIDA, PR 00650	66-0428922	501(C)(3)	0.	98,557.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLAND HEALTH & WELLNESS CENTER, INC. - 481-2 CHOCOLATE HOLE 2D - ST. JOHN, VI 00830	66-0852135	501(C)(3)	0.	98,376.	ESTIMATED WHOLESAL PRICE, PURCHASED 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
CAMP CONRAD-CHINNOCK 4700 JENKS LAKE ROAD, EAST ANGELUS OAKS, CA 92305	95-3897543	501(C)(3)	0.	98,141.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAFAEL H. ZARAGOZA-URDAZ MD CSP 317 AV. ING. MANUEL DOMENECH SAN JUAN, PR 00918-3511	66-0734546	OTHER	0.	97,240.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALBRECHT FREE CLINIC 908 WASHINGTON STREET WEST BEND, WI 53095	39-1839654	501(C)(3)	0.	95,468.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 802 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501(C)(3)	0.	94,686.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARLINGTON FREE CLINIC PHARMACY 2921 S. 11TH STREET ARLINGTON, VA 22204	54-1671883	501(C)(3)	0.	94,582.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERS FOR HEALING 109 W. BLACKWELL STREET TULLAHOMA, TN 37388	62-1834800	501(C)(3)	0.	93,532.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEHIGH VALLEY HEALTH NETWORK HELWIG HEALTH & DIABETES CENTER - 1243 SOUTH CEDAR CREST BOULEVARD - ALLENTOWN, PA 18103	23-2700908	501(C)(3)	0.	93,273.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEARSKIN MEADOW SUMMER CAMP DYF DIABETIC YOUTH FOUNDATION - 65000 TEN MILE ROAD - KINGS CANYON NATIONAL PARK, CA 93633	94-6003673	501(C)(3)	0.	93,165.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPITAL CITY RESCUE MISSION FREE CLINIC - 259 SOUTH PEARL STREET - ALBANY, NY 12202	56-2663290	501(C)(3)	0.	92,715.	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.)

(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
LA CLINICA CRISTIANA 380 WILSON LAKE SHORES MUSCLE SHOALS, AL 35661	20-1624284	501(C)(3)	0.	92,472.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	92,346.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	91,138.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	91,043.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH MISSISSIPPI PRIMARY HEALTH CA INC. - 15921 BOUNDARY DRIVE - ASHLAND, MS 38603	64-0686443	501(C)(3)	0.	90,897.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE ACCESS 330 MAINE LAWRENCE, KS 66044	48-1062114	501(C)(3)	0.	90,864.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	90,488.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	90,291.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	89,361.	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.)

(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
BERGEN VOLUNTEER MEDICAL INITIATIVE, INC. - 75 ESSEX STREET - HACKENSACK, NJ 07601	20-2633437	501(C)(3)	0.	88,825.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	87,207.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	86,806.	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	501(C)(3)	0.	86,091.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	86,046.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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	501(C)(3)	0.	85,155.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE SAMARITAN CENTER 200 NW THIRD AVENUE VISALIA, CA 93291	90-0367099	501(C)(3)	0.	84,401.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REACH OUT MONTGOMERY COUNTY 25 E. FORAKER STREET DAYTON, OH 45409	31-1434282	501(C)(3)	0.	84,323.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	84,074.	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
ALCORN STATE UNIVERSITY FAMILY CLINIC - 15 CAMPUS DRIVE - NATCHEZ, MS 39120	64-6000013	501(C)(3)	0.	79,140.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP CAREFREE 154 LIONS CAMP PRIDE WAY NEW DURHAM, NH 03855	13-1623888	501(C)(3)	0.	78,260.	ESTIMATED WHOLESAL 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	501(C)(3)	0.	77,717.	ESTIMATED WHOLESAL PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SWEET ESCAPE 1120 15TH ST., BLDG. 1014 (DUGAS) AUGUSTA, GA 30912	47-1776514	501(C)(3)	0.	77,542.	ESTIMATED WHOLESAL PRICE	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	501(C)(3)	0.	77,160.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE OF THE OLYMPICS - 819 GEORGIANA STREET - PORT ANGELES, WA 98362	01-0590704	501(C)(3)	0.	76,018.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHI - ST. VINCENT INTERFAITH CLINIC - 830 NORTH CREEK DRIVE - CONWAY, AR 72032	71-0830696	501(C)(3)	0.	75,431.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IRVING COMMUNITY CLINIC 1302 LANE STREET, SUITE 100 IRVING, TX 75287	75-2536818	501(C)(3)	0.	75,258.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL BEND WELLNESS FOUNDATION 5633 SOUTH STAPLES STREET CORPUS CHRISTI, TX 78411	74-2429518	501(C)(3)	0.	74,975.	ESTIMATED WHOLESAL PRICE, PURCHASED 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
JDRF FAMILY DIABETES CAMP AT CAMP WAR EAGLE - 14323 CAMP WAR EAGLE ROAD - ROGERS, AR 72756	23-1907729	501(C)(3)	0.	74,954.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	74,441.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ABCLINIC FAMILY CARES, INC. 1084 INDUSTRIAL PKWAY SARALAND, AL 36571	81-2703805	501(C)(3)	0.	73,172.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP JOHN WARVEL 8604 ALLISONVILLE ROAD INDIANAPOLIS, IN 46250	13-1623888	501(C)(3)	0.	70,985.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BLUE HAWK HAROLD HAMM DIABETES CENTER, UNIV O - 1000 N LINCOLN BOULEVARD - OKLAHOMA CITY, OK 73104	73-6091755	501(C)(3)	0.	70,962.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA STREET SAN FRANCISCO, CA 94118	94-3186248	501(C)(3)	0.	70,641.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTREACH COMMUNITY HEALTH CENTERS 711 W. CAPITOL DRIVE MILWAUKEE, WI 53206	39-1353282	501(C)(3)	0.	70,064.	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	501(C)(3)	0.	69,850.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	69,804.	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.)

(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
IOWA HARM REDUCTION COALITIONS 200 HAWKINS DRIVE IOWA CITY, IA 52242	82-1864287	501(C)(3)	0.	69,742.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	69,453.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	69,422.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	69,216.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	68,284.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP COLORADO 2460 WEST 26TH AVE. SUITE 500C DENVER, CO 80211	13-1623888	501(C)(3)	0.	67,825.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	67,320.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MACOUPIN COUNTY MAPLE STREET CLINIC - 109 E. MAPLE STREET - GILLESPIE, IL 62033	37-6001351	GOVERNMENT ENTITY	0.	66,706.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY ON A HILL HEALTH CLINIC 2224 WEST KILBOURN AVENUE MILWAUKEE, WI 53233	39-2017873	501(C)(3)	0.	66,701.	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.)

(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
GHCAA DBA CAPNCM WOMEN'S HEALTH SERVICES - 1506 OKLAHOMA AVENUE - TRENTON, MO 64683	43-0828205	501(C)(3)	0.	65,623.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	65,422.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	64,855.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP ADVENTURE PINES HEALTH SERVICES - 74 ACCESS HWY - CARIBOU, ME 04736	01-0376890	501(C)(3)	0.	64,551.	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	501(C)(3)	0.	63,996.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALING HANDS HEALTH CENTER 245 MIDWAY MEDICAL PARK BRISTOL, TN 37620	62-1677000	501(C)(3)	0.	62,954.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RENEWED HOPE HEALTH CLINIC 894 MARSHALL STREET ALLEGAN, MI 49010	16-1760734	501(C)(3)	0.	62,416.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	62,354.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMUEL DIXON FAMILY HEALTH CENTER 25115 AVENUE STANFORD, SUITE A-104 VALENCIA, CA 91355	95-4278726	501(C)(3)	0.	62,169.	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
COMMUNITY MEDICINE PHARMACY 1131 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501(C)(3)	0.	61,989.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501(C)(3)	0.	61,680.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
QUEENSCARE FAMILY CLINICS 950 SOUTH GRAND AVENUE LOS ANGELES, CA 90015	95-3702136	501(C)(3)	0.	60,856.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRIDGES TO HEALTH 1251 WEST KEM ROAD MARION, IN 46952	20-5405181	501(C)(3)	0.	60,372.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE ARLETA, CA 91331	95-2662606	501(C)(3)	0.	60,005.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF SOUTHWEST WASHINGTON - 4100 PLOMONDON STREET - VANCOUVER, WA 98661	91-1707542	501(C)(3)	0.	59,570.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICAS DEL CAMINO REAL, INC. 200 SOUTH WELLS ROAD VENTURA, CA 93004	95-2977147	501(C)(3)	0.	58,671.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR COMMUNITY HEALTH CENTERS - ADMINISTRATION - 670 NINTH ST., SUITE 203 - ARCATA, CA 95521	95-2671433	501(C)(3)	0.	58,454.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLUMBUS CITY SCHOOLS HEALTH, FAMILY AND COMMUNITY SERVIC - 61 S. 6TH STREET - COLUMBUS, OH 43215	31-6400416	501(C)(3)	0.	58,322.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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
COMMUNITY HEALTH OF SOUTH FLORIDA 10300 SW 216TH STREET MIAMI, FL 33190	59-1372690	501(C)(3)	0.	58,134.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	57,288.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	56,799.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST MICHIGAN HEALTH SERVICES, TRAVERSE CITY CLINIC - 10767 TRAVERSE HIGHWAY - TRAVERSE CITY, MI 49684-5549	26-1779673	501(C)(3)	0.	56,736.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP FLOYD ROGERS 7205 WEST CENTER RD. #104 OMAHA, NE 68124	47-0592289	501(C)(3)	0.	56,672.	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	501(C)(3)	0.	56,643.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	56,120.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BECKLEY HEALTH RIGHT 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501(C)(3)	0.	55,443.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION CAMP FREEDOM - 150 MONUMENT ROAD - BALA CYNWYD, PA 19004	13-1623888	501(C)(3)	0.	55,418.	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
FAMILY HEALTH SERVICES ADMINISTRATION - 794 EASTLAND DR - TWIN FALLS, ID 83301	82-0371093	501(C)(3)	0.	55,247.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	55,198.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZON HEALTH CENTER 714 BERGEN AVE # 714 JERSEY CITY, NJ 07306-4802	22-1831695	501(C)(3)	0.	55,133.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
C.W. WILLIAMS COMMUNITY HEALTH CENT PHARMACY - 3333 WILKINSON BLVD - CHARLOTTE, NC 28208	56-1262478	501(C)(3)	0.	55,106.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST COUNTY HEALTH CENTERS, INC. 14045 MILL STREET GUERNEVILLE, CA 95446-1449	23-7310613	501(C)(3)	0.	54,629.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP ASPIRE AMERICAN DIABETES ASSOCIATION - 809 FIVE-POINTS ROAD - RUSH, NY 14543	13-1623888	501(C)(3)	0.	54,141.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS OF WESTERN OHIO 441 EAST 8TH STREET LIMA, OH 45804	56-2330309	501(C)(3)	0.	54,038.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP TANAGER 500 8TH AVENUE SE CEDAR RAPIDS, IA 52401	42-0688079	501(C)(3)	0.	54,000.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION CAMP AZDA - 5333 N. 7TH STREET, SUITE B-212 - PHOENIX, AZ 85014	13-1623888	501(C)(3)	0.	53,929.	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
FAMILY HEALTHCARE 25 NORTH 100 EAST ST. GEORGE, UT 84770	35-2163112	501(C)(3)	0.	53,246.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CONSEJO RENAL DE PUERTO RICO, INC. CENTRO MEDICO SUR - HOSP. DR. RAMON FERNANDEZ MARINA - SAN JUAN, PR 00936	66-0408212	501(C)(3)	0.	53,063.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	52,993.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	52,661.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRESENTATION MEDICAL CENTER 213 2ND AVE NE ROLLA, ND 58367	45-0227391	501(C)(3)	0.	52,366.	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	501(C)(3)	0.	52,310.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	52,094.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	51,989.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	51,974.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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 HEARTS AND HANDS CLINIC, INC. 127 NORTH COLLEGE STREET STATESBORO, GA 30458	26-4597700	501(C)(3)	0.	51,674.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501(C)(3)	0.	51,579.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE CENTER FOR THE HOMELESS DBA ORANGE BLOSSOM FAMILY HEALTH CE - 232 NORTH ORANGE BLOSSOM TRAIL - ORLANDO, FL 32805	59-3185020	501(C)(3)	0.	50,723.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF HIGH POINT 779 N. MAIN STREET HIGH POINT, NC 27262	56-1795022	501(C)(3)	0.	50,661.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	50,468.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HOLIDAY TRAILS 400 HOLIDAY TRAILS LANE CHARLOTTESVILLE, VA 22903	54-0922028	501(C)(3)	0.	50,401.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	50,394.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENOBSCOT COMMUNITY HEALTH CARE 103 MAINE AVENUE BANGOR, ME 04401	01-0514750	501(C)(3)	0.	50,377.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC AND CARE CENTER 2693 W. GRAND CHUTE BLVD. APPLETON, WI 54913	47-3031346	501(C)(3)	0.	50,255.	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.)

(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
DIABETES SOLUTIONS-OK, INC. 3333 NW 63RD, SUITE 100 OKLAHOMA CITY, OK 73116	73-1590673	501(C)(3)	0.	49,807.	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	501(C)(3)	0.	49,727.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHIPPEWA VALLEY FREE CLINIC 816 PORTER AVENUE EAU CLAIRE, WI 54701	39-1840231	501(C)(3)	0.	49,656.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENINSULA INSTITUTE FOR COMMUNITY HEALTH - 4714 MARSHALL AVE - NEWPORT NEWS, VA 23607-2247	54-1083954	501(C)(3)	0.	49,529.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHQUEST OF UNION COUNTY 415 EAST FRANKLIN STREET MONROE, NC 28112	56-2117596	501(C)(3)	0.	49,108.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INHEALTH COMMUNITY WELLNESS FREE CL - 109 EAST BLUFF STREET - BOSCOBEL, WI 53805	33-1170597	501(C)(3)	0.	48,700.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	48,573.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	48,364.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE HEALTHCARE SERVICES CORP DBA GRACE PHARMACY - 3055 NE 28TH DRIVE - GAINESVILLE, FL 32609	81-4300044	501(C)(3)	0.	47,951.	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.)

(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
SOUTH BROWARD COMMUNITY HEALTH SERV MEMORIAL HALLANDALE PHARMACY - 1750 E. HALLANDALE BEACH BLVD - HALLANDALE BEACH, FL 33009	59-6014973	501(C)(3)	0.	47,684.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARMONY HEALTH CLINIC VOLUNTEERS IN MEDICINE - 201 EAST ROOSEVELT ROAD - LITTLE ROCK, AR 72206	20-5691313	501(C)(3)	0.	47,225.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	47,099.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	46,947.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AVENAL COMMUNITY HEALTH CENTER 1000 SKYLINE BOULEVARD AVENAL, CA 93204	77-0425496	501(C)(3)	0.	46,802.	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	501(C)(3)	0.	46,708.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP CAROLINA TRAILS 1300 BAXTER STREET CHARLOTTE, NC 28204	13-1623888	501(C)(3)	0.	46,653.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ATCHISON COMMUNITY HEALTH CLINIC, I 1412 N 2ND STREET ATCHISON, KS 66002	26-4049382	501(C)(3)	0.	46,181.	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	501(C)(3)	0.	46,116.	ESTIMATED WHOLESALE PRICE, PURCHASED 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.)

(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
BROWARD HEALTH CORAL SPRINGS CAMP CORAL KIDS - 3000 CORAL HILLS DRIVE - CORAL SPRINGS, FL 33065	65-0930889	501(C)(3)	0.	45,820.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	45,638.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	45,500.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NCADA 9355 OLIVE BLVD ST. LOUIS, MO 63132	43-0827852	501(C)(3)	0.	45,247.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HO MITA KODA FOUNDATION 14040 AUBURN ROAD NEWBURY, OH 44065	82-1212824	501(C)(3)	0.	45,242.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SUGAR FALLS/CAMP WIDJIWAGAN 220 GREAT CIRCLE ROAD, SUITE 134 NASHVILLE, TN 37228	13-1623888	501(C)(3)	0.	45,171.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	45,112.	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	501(C)(3)	0.	44,979.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KORELITZ 10200 ALLIANCE RD., SUITE 101 CINCINNATI, OH 45242	13-1623888	501(C)(3)	0.	44,808.	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
GRANVILLE VANCE PUBLIC HEALTH GRANVILLE COUNTY HEALTH DEPARTMENT - 101 HUNT DRIVE - OXFORD, NC 27565	56-1060453	GOVERNMENT ENTITY	0.	44,785.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	44,648.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	44,519.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH CLINIC 521 E. MOUNTAIN AVENUE ELLENSBURG, WA 98926	65-1185178	501(C)(3)	0.	44,341.	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	501(C)(3)	0.	44,026.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP LAKOTA WISCONSIN LIONS CAMP - 3834 COUNTY ROAD A - ROSHOLT, WI 54473	13-1623888	501(C)(3)	0.	43,878.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE WELLNESS PLAN PHARMACY 2888 W GRAND BLVD DETROIT, MI 48202	38-2008890	501(C)(3)	0.	43,132.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE CLINIC 239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	501(C)(3)	0.	42,986.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FETTER HEALTH CARE NETWORK 51 NASSAU STREET CHARLESTON, SC 29403	57-0604703	501(C)(3)	0.	42,521.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CLINIC OF BUTLER COUNTY - 103 BONNIE DRIVE - BUTLER, PA 16002	20-4852135	501(C)(3)	0.	42,139.	ESTIMATED WHOLESAL PRICE, PURCHASED 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	501(C)(3)	0.	41,971.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD. LAURINBURG, NC 28352	20-2841940	501(C)(3)	0.	41,917.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROAD STREET CLINIC FOUNDATION 534 NORTH 35TH STREET MOREHEAD CITY, NC 28557	56-1853604	501(C)(3)	0.	41,675.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OHIO VALLEY HEALTH CENTER 380 SUMMIT AVENUE, STE 202 STEUBENVILLE, OH 43952	20-3924355	501(C)(3)	0.	41,485.	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	501(C)(3)	0.	41,381.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET #3 BANDERA, TX 78003	77-0697361	501(C)(3)	0.	41,124.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	41,107.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STREET LEVEL HEALTH PROJECT 3125 E 15TH STREET OAKLAND, CA 94601	56-2324355	501(C)(3)	0.	41,007.	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.)

(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
CENTER FOR FAMILY HEALTH AND EDUCATION - 8727 VAN NUYS BOULEVARD - PANORAMA CITY, CA 91402	27-0224623	501(C)(3)	0.	40,705.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	40,240.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MID DELTA HEALTH SYSTEMS 245 MADISON STREET CLARENDON, AR 72029	71-0638760	501(C)(3)	0.	40,131.	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	501(C)(3)	0.	40,070.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	39,816.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY CARE HEALTH CENTER 401 HOLLY HILLS AVENUE ST. LOUIS, MO 63111	23-7076112	501(C)(3)	0.	39,597.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION IL DAY CAMPS - 55 E. MONROE ST., SUITE 3420 - CHICAGO, IL 60603	13-1623888	501(C)(3)	0.	39,398.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEACH HEALTH CLINIC PHARMACY 3396 HOLLAND ROAD STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501(C)(3)	0.	39,337.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	38,887.	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
UNIVERSITY COMMUNITY HEALTH SERVICES - 601 BENTON AVENUE - NASHVILLE, TN 37204	62-1438461	501(C)(3)	0.	38,789.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA MARIA'S CHILDREN AND FAMILY CENTER - 9209 COLIMA ROAD, SUITE 4400 - WHITTIER, CA 90605	27-1879748	501(C)(3)	0.	38,751.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL MISSOURI DIABETIC CHILDREN'S CAMP CAMP HICKORY HILL - 5190 W HATTON CHAPEL ROAD - COLUMBIA, MO 65202	43-0983917	501(C)(3)	0.	38,736.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATAHOULA PARISH HOSPITAL DISTRICT 307 CHISUM STREET SICILY ISLAND, LA 71368	72-0838896	501(C)(3)	0.	38,695.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501(C)(3)	0.	38,529.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MALIHEH FREE CLINIC 415 EAST 3900 SOUTH SALT LAKE CITY, UT 84107	20-2313461	501(C)(3)	0.	38,438.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION ADA CAMP DISCOVERY (KS) - 608 W. DOUGLAS, #100 - WICHITA, KS 67203	13-1623888	501(C)(3)	0.	37,660.	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	501(C)(3)	0.	37,441.	ESTIMATED WHOLESALE PRICE, PURCHASED 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	501(C)(3)	0.	37,280.	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.)

(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
BLAND COUNTY MEDICAL CLINIC 12301 GRAPEFIELD ROAD BASTIAN, VA 24314	54-1074890	501(C)(3)	0.	37,100.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION MEDICAL CLINIC 2125 E. LA SALLE STREET COLORADO SPRINGS, CO 80909	68-0506812	501(C)(3)	0.	36,664.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SUREFIRE FOUNDATION 290 HOPE STREET BRISTOL, RI 02809	26-4816130	501(C)(3)	0.	36,378.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEAR LAKE COMMUNITY HEALTH CENTER DBA CACHE VALLEY COMMUNITY HEALTH CENTER - 1515 NORTH 400 EAST #104 - NORTH LOGAN, UT 84341	87-0269232	501(C)(3)	0.	36,319.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA HEALTH CARE 1129 NORTH MISSOURI AVENUE LAKELAND, FL 33805	59-1404594	501(C)(3)	0.	36,037.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VICTORY JUNCTION CAMP 4500 ADAM'S WAY RANDLEMAN, NC 27317	56-2215292	501(C)(3)	0.	35,752.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	34,476.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP VICTORY AMERICAN DIABETES ASSOCIATION - 2424 EDENBORN AVENUE, SUITE 660 - METAIRIE, LA 70001	13-1623888	501(C)(3)	0.	34,334.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP NEW DAY 1400 COULTER STREET AMARILLO, TX 79106	75-2668014	501(C)(3)	0.	34,095.	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
GOOD SAMARITAN CLINIC OF WEST VOLUSIA COUNTY - 136 EAST PLYMOUTH AVENUE - DELAND, FL 32724	30-0408193	501(C)(3)	0.	34,080.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTERN TIDEWATER FREE CLINIC PHARMACY - 2019 MEADE PARKWAY - SUFFOLK, VA 23434	26-3302837	501(C)(3)	0.	33,995.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY HEALTH NETWORK 55 PITT STREET SHARON, PA 16146	25-1381800	501(C)(3)	0.	33,840.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	33,775.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OHIO UNIVERSITY HERITAGE COLLEGE OF OSTEOPATHIC MEDICINE COMMUNITY HEALTH - 1 OHIO UNIVERSITY - ATHENS, OH 45701	31-6402113	501(C)(3)	0.	33,546.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH PARTNERSHIP 401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501(C)(3)	0.	33,409.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IDAHO DIABETES YOUTH PROGRAMS/CAMP 1701 N. 12TH ST. BOISE, ID 83702	31-1565651	501(C)(3)	0.	33,389.	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	501(C)(3)	0.	33,309.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER - 4379 RIDGEWOOD CENTER DRIVE - WOODBRIDGE, VA 22192	83-0435138	501(C)(3)	0.	33,184.	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.)

(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
ORANGE COUNTY FREE CLINIC 101 C WOODWARK STREET ORANGE, VA 22960	25-1922019	501(C)(3)	0.	33,151.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DRIVE STATE COLLEGE, PA 16803	25-1897969	501(C)(3)	0.	32,762.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
N.E.W. COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301	39-1200636	501(C)(3)	0.	31,751.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION ADA CAMP PLANET D - 6900 COLLEGE BLVD - OVERLAND PARK, KS 66211	44-0605373	501(C)(3)	0.	31,509.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP FREEDOM 3601 WEST ALBERTA RD. EDINBURG, TX 78539	45-3645389	501(C)(3)	0.	31,466.	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	501(C)(3)	0.	31,462.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL HOGAR GUEST HOUSE CLINIC 600 BERCUT DRIVE SACRAMENTO, CA 95811	68-0032730	501(C)(3)	0.	31,402.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	31,362.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL CHARITABLE PHAR - 2033 FISH HATCHERY ROAD - MADISON, WI 53725	39-0824876	501(C)(3)	0.	31,317.	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.)

(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
CAMP HOPE, INC. 3920 WEST 45TH STREET CASPER, WY 82604	83-0322643	501(C)(3)	0.	31,233.	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	501(C)(3)	0.	31,113.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	31,110.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP EDI YMCA TROUT LODGE 13528 STATE HWY AA POTOSI, MO 63664	13-1623888	501(C)(3)	0.	31,003.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	30,852.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARM REDUCTION SERVICES 2800 STOCKTON BLVD SACRAMENTO, CA 95817	68-0300656	501(C)(3)	0.	30,016.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HUMBOLDT COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES - 908 7TH STREET - EUREKA, CA 95501	94-6000513	GOVERNMENT ENTITY	0.	29,818.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP MIDICHA YMCA CAMP COPNECONIC - 10407 NORTH FENTON ROAD - FENTON, MI 48430	13-1623888	501(C)(3)	0.	29,674.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIGHTHOUSE CLINIC 858 VALLEY MALL PKWY EAST WENATCHEE, WA 98802	36-4661570	501(C)(3)	0.	29,505.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to 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
HEAL THE CITY FREE CLINIC 609 S CAROLINA AMARILLO, TX 79106	46-5694050	501(C)(3)	0.	29,480.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	29,383.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAYETTE CARE CLINIC 1260 HIGHWAY 54 W FAYETTEVILLE, GA 30214	20-0314897	501(C)(3)	0.	29,138.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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	501(C)(3)	0.	29,042.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROTACARE NORTH HELPLINE 12736 33RD AVE NE SEATTLE, WA 98125	91-1811292	501(C)(3)	0.	28,738.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TENNESSEE CAMP FOR DIABETIC CHILDRE - 2622 LEE PIKE - SODDY DAISY, TN 37379	62-6020901	501(C)(3)	0.	28,355.	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	501(C)(3)	0.	28,352.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	27,998.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP STRONG CAMP HOLLYWOODLAND 3200 CANYON DRIVE LOS ANGELES, CA 90068	13-1623888	501(C)(3)	0.	27,788.	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
UNIVERSAL COMMUNITY HEALTH CENTER 1005 E. WASHINGTON BLVD. #A LOS ANGELES, CA 90021	27-0600887	501(C)(3)	0.	27,746.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD SERVICE ORGANIZATION TUMAINI CENTER - 3430 THIRD STREET - DETROIT, MI 48201	38-1561624	501(C)(3)	0.	27,449.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	27,222.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	27,104.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROWLEY HOUSE OF HOPE CLINIC 208 N MAGNOLIA CROWLEY, TX 76036	75-2625043	501(C)(3)	0.	26,980.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD ROAD CONCORD, NC 28025	58-2131301	501(C)(3)	0.	26,905.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE FOR THE HOMELESS 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501(C)(3)	0.	26,480.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	26,459.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	26,407.	ESTIMATED WHOLESALE PRICE, PURCHASED 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
PRINCE WILLIAM AREA FREE CLINIC PHARMACY - 13900 CHURCH HILL DRIVE - WOODBRIDGE, VA 22191	54-1619202	501(C)(3)	0.	26,338.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PACIFIC GARDEN MISSION 1458 S. CANAL STREET CHICAGO, IL 60607	36-2445391	501(C)(3)	0.	26,212.	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	501(C)(3)	0.	26,100.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL COMMUNITY HEALTH SERVICES, 106 SHOPPERS WAY, STE. 1 BRUNSWICK, GA 31525	46-1859206	501(C)(3)	0.	25,538.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	25,411.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST LOUISIANA INTERFAITH PHAR - 909 OLIVE STREET - SHREVEPORT, LA 71104	72-1479289	501(C)(3)	0.	25,398.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL FAMILY HEALTH CENTER 1025 A DIVISION STREET BILOXI, MS 39530	64-0592416	501(C)(3)	0.	25,336.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE COMMUNITY FREE CLINIC OF NEWPORT NEWS PHARMACY - 727 25TH STREET - NEWPORT NEWS, VA 23607	27-3510814	501(C)(3)	0.	25,321.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDIANA HEALTH CENTERS, INC. 8003 CASTLEWAY DRIVE INDIANAPOLIS, IN 46250	31-1003977	501(C)(3)	0.	25,163.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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
RICHARD F. CLARKE HELP FREE CLINIC PHARMACY - 1320 LASALLE AVENUE - HAMPTON, VA 23669	54-1209213	501(C)(3)	0.	24,982.	ESTIMATED WHOLESAL 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	501(C)(3)	0.	24,890.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FUNDACIN CENTRO PEDITRICO DE DIAB 260 CONVENTO STREET SAN JUAN, PR 00912	66-0597488	501(C)(3)	0.	24,717.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REDWOODS RURAL HEALTH CENTER INC. 101 WEST COAST ROAD REDWAY, CA 95560	94-2337367	501(C)(3)	0.	24,515.	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	501(C)(3)	0.	24,458.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP PORCUPINE SELF REGIONAL HEALTHCARE FOUNDATION - 1226 SPRING STREET - GREENWOOD, SC 29646	57-0792372	501(C)(3)	0.	24,435.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH CENTER 151 NW 11 STREET HOMESTEAD, FL 33030	83-0375996	501(C)(3)	0.	24,263.	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	501(C)(3)	0.	24,150.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KANAWHA-CHARLESTON HEALTH DEPARTMENT - 108 LEE STREET EAST - CHARLESTON, WV 25301	55-6011142	GOVERNMENT ENTITY	0.	24,142.	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
SAN JOSE FOOTHILL FAMILY COMMUNITY CLINIC - ADMINISTRATION - 2680 SOUTH WHITE RD., SUITE 170 - SAN JOSE, CA 95148	77-0440944	501(C)(3)	0.	23,851.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP ICANDO 986 W. ATHERTON TAYLORSVILLE, UT 84123	13-1623888	501(C)(3)	0.	23,723.	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	501(C)(3)	0.	22,848.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERDS CARE MEDICAL CLINIC 304 PONY ROAD ZEBULON, NC 27597	26-2757593	501(C)(3)	0.	22,603.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEBANON VALLEY VOLUNTEERS IN MEDICI - 711 SOUTH 8TH STREET - LEBANON, PA 17042	26-3915958	501(C)(3)	0.	22,515.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSS OVER HEALTH CENTER PHARMACY 108 COWARDIN AVENUE RICHMOND, VA 23224	54-1371067	501(C)(3)	0.	22,388.	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	501(C)(3)	0.	22,296.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	22,283.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WASATCH HOMELESS HEALTH CARE DBA FOURTH STREET CLINIC - 409 WEST 400 SOUTH - SALT LAKE CITY, UT 84101	87-0569356	501(C)(3)	0.	22,222.	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.)

(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
TAMPA FAMILY HEALTH CENTER PHARMACY/ADMINISTRATION - 1502 EAST FOWLER AVENUE - TAMPA, FL 33612	59-2420282	501(C)(3)	0.	22,181.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	22,179.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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.	22,088.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	21,939.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
YMCA CAMP ONYAHSA YOWIDICA PROGRAM 101 EAST FOURTH STREET JAMESTOWN, NY 14701	16-0743238	501(C)(3)	0.	21,894.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER OF RICHMOND - 235 PORT RICHMOND AVENUE - STATEN ISLAND, NY 10302	51-0567466	501(C)(3)	0.	21,856.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEGACY COMMUNITY HEALTH SERVICES 1415 CALIFORNIA STREET HOUSTON, TX 77006	76-0009637	501(C)(3)	0.	21,594.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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	501(C)(3)	0.	21,308.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH HUDSON COMMUNITY ACTION CORPORATION - ADMINISTRATION - 800 31ST STREET - UNION CITY, NJ 07087	22-1818699	501(C)(3)	0.	20,990.	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
HEALTH FOR ALL 3030 EAST 29TH STREET, SUITE 111 BRYAN, TX 77802	74-2624477	501(C)(3)	0.	20,961.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST CHOICE PRIMARY CARE 770 WALNUT STREET MACON, GA 31201	20-4391090	501(C)(3)	0.	20,788.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP DREAM 309 S. GALENA AVENUE DIXON, IL 61021	36-6006618	GOVERNMENT ENTITY	0.	20,610.	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	501(C)(3)	0.	20,491.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANN SILVERMAN COMMUNITY HEALTH CLIN - 595 W. STATE STREET - DOYLESTOWN, PA 18901	23-2892823	501(C)(3)	0.	20,443.	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	501(C)(3)	0.	20,427.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANNA MEDICAL CLINIC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501(C)(3)	0.	20,410.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ZUFALL HEALTH CENTER DOVER 18 WEST BLACKWELL DOVER, NJ 07801	22-3125397	501(C)(3)	0.	20,399.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHERN TRINITY HEALTH CARE SERVIC - 321 VAN DUZEN ROAD - MAD RIVER, CA 95526	94-2507342	501(C)(3)	0.	20,330.	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
HEALING HANDS MINISTRIES 8515 GREENVILLE AVENUE, SUITE #N-10 DALLAS, TX 75243	65-1259379	501(C)(3)	0.	20,330.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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	501(C)(3)	0.	20,035.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEAM RUBICON 300 N. CONTINENTAL BLVD. EL SEGUNDO, CA 90245	27-1720480	501(C)(3)	0.	19,848.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	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	501(C)(3)	0.	19,835.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAY CLINIC, INC. 311 KALANIANA'OLE AVENUE HILO, HI 96720	99-0222784	501(C)(3)	0.	19,598.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHAUTAUQUA OFFICES OF PSYCHOTHERAPY & EVALUATION INC. - 3686 US HWY 331 SOUTH - DEFUNIAK SPRINGS, FL 32435	59-1469145	501(C)(3)	0.	19,580.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OLDE TOWNE MEDICAL AND DENTAL CENTER - 5249 OLDE TOWNE ROAD - WILLIAMSBURG, VA 23188	54-1663905	501(C)(3)	0.	19,477.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD STREET CORPUS CHRISTI, TX 78408	74-2642761	501(C)(3)	0.	19,427.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	19,409.	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
WILL-GRUNDY MEDICAL CLINIC 213 CASS STREET JOLIET, IL 60432	36-3492306	501(C)(3)	0.	19,406.	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	501(C)(3)	0.	19,283.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREE OF LIFE MEDICAL MISSIONS, INC. - 1970 UNIVERSITY AVENUE - RIVERSIDE, CA 92507	46-1660806	501(C)(3)	0.	19,239.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY FIRST HEALTH CENTERS 555 ST. CLAIR RIVER DRIVE ALGONAC, MI 48001	38-2080825	501(C)(3)	0.	19,204.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RKM PRIMARY CARE 11990 JACKSON STREET CLINTON, LA 70722	72-1443732	501(C)(3)	0.	19,117.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LO-BE-GON 17901 S. 72ND E. AVE. BIXBY, OK 74008	26-0618834	501(C)(3)	0.	19,111.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTROMED SOUTH PARK CLINIC PHARMAC - 6315 SOUTH ZARZAMORA - SAN ANTONIO, TX 78211	74-1787031	501(C)(3)	0.	18,787.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLSPACE HEALTH 5321 STOCKTON BLVD SACRAMENTO, CA 95820	94-1713704	501(C)(3)	0.	18,696.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUGET SOUND CHRISTIAN CLINIC 2152 NORTH 122ND STREET SEATTLE, WA 98133	33-1052418	501(C)(3)	0.	18,695.	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
AMERICAN DIABETES ASSOCIATION ADA CAMP MONTANA BEARTOOTH MOUNTAIN RANCH - 130 TRINITY TRAIL - FISHTAIL, MT 59028	13-1623888	501(C)(3)	0.	18,679.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION 2301 MAITLAND CENTER PARKWAY MAITLAND, FL 32751	13-1623888	501(C)(3)	0.	18,649.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION CAMP GLOBAL STORAGE - CHELWOOD ALBUQUERQUE, NM 87112	13-1623888	501(C)(3)	0.	18,546.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AKRON CHILDREN'S HOSPITAL DIABETES CENTER FOR DIABETES & ENDOCRINOLOGY - 215 W. BOWERY STREET; SUITE 6400 - AKRON, OH	34-0714357	501(C)(3)	0.	18,525.	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	501(C)(3)	0.	18,455.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 300 ARLINGTON DRIVE VIDALIA, GA 30474	27-1107136	501(C)(3)	0.	18,434.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF SHELBYVILLE AND BEDFORD COUNTY - 200 DOVER STREET, SUITE 203 - SHELBYVILLE, TN 37160	34-1974609	501(C)(3)	0.	18,395.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FORDLAND CLINIC, INC 1059 BARTON DRIVE FORDLAND, MO 65652	43-1791656	501(C)(3)	0.	18,392.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	18,108.	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.)

(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
CAMP BLUEBONNET DIABETES CAMP OF CENTRAL TEXAS - 19051 FM 2484 - KILLEEN, TX 76542	90-0137641	501(C)(3)	0.	18,083.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP UPENINSULIN 580 W. COLLEGE AVE. MARQUETTE, MI 49855	38-3815151	501(C)(3)	0.	18,010.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES DESTINY DR. BARRY REINER 1001 PINE HEIGHTS AVE. SUITE 202 BALTIMORE, MD 21229	45-3370158	501(C)(3)	0.	17,938.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOREHOUSE COMMUNITY MEDICAL CENTERS - 518 DURHAM STREET - BASTROP, LA 71220	82-0579411	501(C)(3)	0.	17,862.	ESTIMATED WHOLESAL PRICE, PURCHASED 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	501(C)(3)	0.	17,746.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	17,649.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. LUKE'S CLINIC 132 SEYMOUR AVENUE JACKSON, MI 49202	32-0038675	501(C)(3)	0.	17,493.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
URBAN HEALTH PLAN, INC. 1065 SOUTHERN BLVD. BRONX, NY 10459	23-7360305	501(C)(3)	0.	17,322.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PANTHER DAY CAMP 2423 - 172ND PL SE BOTHHELL, WA 98012-6515	91-1192064	501(C)(3)	0.	17,130.	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.)

(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
FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES, IA 50312	42-1428706	501(C)(3)	0.	17,111.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	17,038.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LACKEY CLINIC PHARMACY 1620 OLD WILLIAMSBURG ROAD YORKTOWN, VA 23690	54-1850915	501(C)(3)	0.	16,939.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	16,908.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION POWER UP MEMPHIS CAMP DAY2DAY - 220 GREAT CIRCLE ROAD - NASHVILLE, TN 37228	13-1623888	501(C)(3)	0.	16,828.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY HOUSING NORTHWEST 6930 MARTIN LUTHER KING JR. WAY S SEATTLE, WA 98118	91-1546525	501(C)(3)	0.	16,737.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA ALASKA DIABETES CAMP/CAMP K MILE 4, SNUG HARBOR ROAD COOPER LANDING, AK 99572	13-1623888	501(C)(3)	0.	16,599.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROPOLITAN COMMUNITY HEALTH SERVI DBA AGAPE HEALTH SERVICES - 120 W. MARTIN LUTHER KING DRIVE - WASHINGTON, NC 27889	56-2143419	501(C)(3)	0.	16,597.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOUSTON EMERGENCY NURSES ASSOCIATIO - 2742 JEANETTA STREET #1414 - HOUSTON, TX 77063	76-0372962	501(C)(3)	0.	16,500.	ESTIMATED WHOLESALE PRICE	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
SOUTHEAST TEXAS REGIONAL ADVISORY COUNCIL (SETRAC) - 5115 ROSSLYN ROAD SUITE 1 - HOUSTON, TX 77018	76-0419172	501(C)(3)	0.	16,500.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	16,459.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501(C)(3)	0.	16,345.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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	501(C)(3)	0.	16,306.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	16,188.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GLOUCESTER-MATHEWS CARE CLINIC PHARMACY - 6031 INDUSTRIAL DRIVE - GLOUCESTER, VA 23061	54-1875619	501(C)(3)	0.	16,048.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL RIO COMMUNITY HEALTH CENTER 839 W. CONGRESS STREET TUCSON, AZ 85745	86-0285857	501(C)(3)	0.	15,830.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION CAMP HAWAII - PIONEER PLAZA 900 FORT STREET MALL - HONOLULU, HI 96813	13-1623888	501(C)(3)	0.	15,726.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP WANNACURE CHILDREN'S HOSPITAL OF RICHMOND AT - 2305 N. PARHAM RD, SUITE 1 - HENRICO, VA 23229	51-0220692	501(C)(3)	0.	15,719.	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
HMONG HEALTH ALLIANCE/ SCIENCE EDUCATIONAL EQUITY - 6000 J STREET, MS 6119 - SACRAMENTO, CA 95819-6117	94-2161304	501(C)(3)	0.	15,385.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEL LEAMAN FREE CLINIC OF SMYTH COUNTY - 601 RADIO HILL ROAD - MARION, VA 24354	54-1993876	501(C)(3)	0.	15,380.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOCTORS WITHOUT WALLS - SANTA BARBARA STREET MEDICINE - 19 E. MICHELTORENA STREET - SANTA BARBARA, CA 93101	33-1210731	501(C)(3)	0.	15,356.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	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	501(C)(3)	0.	15,202.	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	501(C)(3)	0.	15,142.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	15,114.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARBOR COMMUNITY CLINIC 593 W. 6TH STREET SAN PEDRO, CA 90731	23-7103245	501(C)(3)	0.	15,093.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE COUNTY PRIMARY CARE 710 CARL PARKINS PARKWAY TIPTONVILLE, TN 38079	62-1026947	501(C)(3)	0.	15,044.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP HEALTH CENTER 401 WEST RAILROAD STREET W MISSOULA, MT 59802	36-3843543	501(C)(3)	0.	14,960.	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.)

(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
CAMP RAINBOW / AMERICAN DIABETES ASSOCIATION - 7670 WOODWAY DRIVE, SUITE 230 - HOUSTON, TX 77063	13-1623888	501(C)(3)	0.	14,959.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	14,952.	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	501(C)(3)	0.	14,863.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HIGH PLAINS COMMUNITY HEALTH CENTER - 201 KENDALL DRIVE - LAMAR, CO 81052	84-1244224	501(C)(3)	0.	14,851.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HOPE SERVICES, INC. DBA HOPECARE CLINIC - 1302 WALL STREET - JEFFERSONVILLE, IN 47130	35-1022158	501(C)(3)	0.	14,798.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HORIZON FAMILY HEALTH SERVICES 975 W. FARIS ROAD GREENVILLE, SC 29605	57-0932597	501(C)(3)	0.	14,708.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GET UP PROJECT DBA HOPE MEDICAL CLINIC - 12221 RENFERT WAY, SUITE 200 - AUSTIN, TX 78758	45-4931906	501(C)(3)	0.	14,584.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNITY SHOPPE INC. 110 WEST SOLA STREET SANTA BARBARA, CA 93101	77-0391064	501(C)(3)	0.	14,558.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION ADA CAMP SEALTH - 180 NICKERSON STREET - SEATTLE, WA 98109	13-1623888	501(C)(3)	0.	14,547.	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
BOND COMMUNITY HEALTH CENTER 1720 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	59-2426414	501(C)(3)	0.	14,516.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CARE OF NORTHWEST OHIO - 1191 WESTWOOD DRIVE - VAN WERT, OH 45891	34-1977316	501(C)(3)	0.	14,402.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE FOR THE HOMELESS 30 EAST 33RD STREET - FIFTH FLOOR NEW YORK, NY 10016	13-3666994	501(C)(3)	0.	14,372.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SWEET LIFE 600 W QUARRY SPRING ST. KASOTA, MN 56050	27-3206536	501(C)(3)	0.	14,298.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERD'S HOPE NEIGHBORHOOD HEALTH CENTER - 2404 SOUTH TYLER STREET - LITTLE ROCK, AR 72204	20-8811505	501(C)(3)	0.	14,160.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN HEALTH CENTER, INC. 1115 FAIRVIEW ROAD CAMDEN, AR 71701	71-0804142	501(C)(3)	0.	13,850.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONE80 PLACE HOMELESS HEALTHCARE CLINIC - 35 WALNUT STREET - CHARLESTON, SC 29403	57-0789483	501(C)(3)	0.	13,791.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	13,606.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	13,546.	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
LESTONNAC FREE CLINIC 1215 E. CHAPMAN AVENUE ORANGE, CA 92866	95-3499011	501(C)(3)	0.	13,454.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL ASSOCIATES PLUS @ BELLE TERRACE - 2467 GOLDEN CAMP ROAD - AUGUSTA, GA 30906	31-1591242	501(C)(3)	0.	13,247.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	13,179.	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	501(C)(3)	0.	13,017.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST COMMUNITY FREE CLINIC 1 A STREET NW AUBURN, WA 98002	20-3849881	501(C)(3)	0.	12,986.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LORAIN COUNTY FREE CLINIC 5040 OBERLIN AVENUE LORAIN, OH 44053	34-1506180	501(C)(3)	0.	12,982.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLORADO NONPROFIT DEVELOPMENT CENT DBA HARM REDUCTION ACTION CENTER - 231 EAST COLFAX AVENUE - DENVER, CO 80203	84-1493585	501(C)(3)	0.	12,982.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LION'S SOUTH FLORIDA DIABETES YOUTH - 3100 SW 62 AVENUE - MIAMI, FL 33155	65-0124370	501(C)(3)	0.	12,901.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER NW OHIO DIABETES CAMP 200 WEST PEARL ST. FINDLAY, OH 45840	34-1606053	501(C)(3)	0.	12,818.	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
SB COUNTY OFFICE OF EDUCATION 4400 CATHEDRAL OAKS ROAD SANTA BARBARA, CA 93160	95-6000940	GOVERNMENT ENTITY	0.	12,765.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST DR. BLD #8 ROUND ROCK, TX 78681	27-2901548	501(C)(3)	0.	12,435.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MACT HEALTH BOARD, INC. 52 S. MAIN STREET ANGELS CAMP, CA 95222	94-1668995	501(C)(3)	0.	12,418.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LYDIA MANN 1220 MONTANA EL PASO, TX 79902	74-1759410	501(C)(3)	0.	12,338.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL VOLUNTEERS IN MEDICINE 53 NAUTILUS DRIVE MANAHAWKIN, NJ 08050	27-3491473	501(C)(3)	0.	12,222.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPE FEAR VALLEY KIDS WITH DIABETES CAMP DIXIE - 101 ROBESON STREET, SUITE 410 - FAYETTEVILLE, NC 28301	56-1947017	501(C)(3)	0.	12,168.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, 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	501(C)(3)	0.	12,149.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HEIGHTS CLINIC 8000 NE 58TH AVENUE VANCOUVER, WA 98665	91-2009672	501(C)(3)	0.	12,137.	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	501(C)(3)	0.	12,100.	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.)

(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
FAMILY HEALTH CENTER OF CLARK COUNTY - 1319 DUNCAN AVENUE - JEFFERSONVILLE, IN 47130	35-1842342	501(C)(3)	0.	12,098.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFE HARBOR FREE CLINIC 7209 265TH STREET NW STANWOOD, WA 98292	26-3825107	501(C)(3)	0.	11,905.	ESTIMATED WHOLESAL 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	501(C)(3)	0.	11,890.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH COUNTY HEALTH SERVICES 150 VALPREDA ROAD SAN MARCOS, CA 92069	95-2847102	501(C)(3)	0.	11,835.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTLERS FIRST BAPTIST CHURCH FREE C 208 NE B STREET ANTLERS, OK 74523	73-1092316	501(C)(3)	0.	11,826.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEE BUSY WELLNESS CENTER 8785 WEST BELLFORT STREET HOUSTON, TX 77031	27-0653014	501(C)(3)	0.	11,730.	ESTIMATED WHOLESAL PRICE, PURCHASED 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	501(C)(3)	0.	11,717.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OKLAHOMA MENTAL HEALTH COUNCIL DBA RED ROCK BEHAVIORAL HEALTH SERVICES - 4400 N. LINCOLN BLVD - OKLAHOMA CITY, OK 73105	73-6111618	501(C)(3)	0.	11,169.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BABY HEALTH SERVICE 1590 HARRODSBURG ROAD LEXINGTON, KY 40504	61-0518017	501(C)(3)	0.	11,160.	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
AVERA MCKENNAN DIABETES CENTER CAMP GILBERT - 1315 S. CLIFF AVE., STE 1300 - SIOUX FALLS, SD 57105	20-8521374	501(C)(3)	0.	11,116.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP INDEPENDENCE OF SAN ANTONIO 8730 AVATOR CIRCLE FAIR OAKS RANCH, TX 78015	91-2049016	501(C)(3)	0.	11,108.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PORTLAND NEEDLE EXCHANGE PROGRAM 103 INDIA STREET PORTLAND, ME 04101	01-6000032	501(C)(3)	0.	11,103.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP NEW HORIZONS NORTH AND SOUTH AMERICAN DIABETES ASSOCIATION - 4100 ALPHA RD. #100 - DALLAS, TX 75244	13-1623888	501(C)(3)	0.	10,886.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC OF DARE 425 HEALTH CENTER DRIVE NAGS HEAD, NC 27959	20-2230717	501(C)(3)	0.	10,808.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RIDING ON INSULIN 14 2ND STREET WEST WHITEFISH, MT 59937	27-4160955	501(C)(3)	0.	10,696.	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	501(C)(3)	0.	10,686.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIVE RIVERS HEALTH CENTERS SAMARITAN HOMELESS CLINIC - 921 S EDWIN C. MOSES BLVD. - DAYTON, OH 45417	45-0914398	501(C)(3)	0.	10,639.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STERLING AREA HEALTH CENTER 725 E STATE STREET STERLING, MI 48659-9548	38-2205859	501(C)(3)	0.	10,627.	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.)

(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
BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501(C)(3)	0.	10,608.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	10,455.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	10,358.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP MCCUMBER DIABETES CAMP FOR CHILDREN WITH TYP - 35440 DEER FLAT RD. - SHINGLETOWN, CA 96088	94-3233706	501(C)(3)	0.	10,213.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP CURE: BEARING IT TOGETHER 2018 CLINCH AVENUE KNOXVILLE, TN 37916	62-6002604	501(C)(3)	0.	10,067.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	9,988.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	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	501(C)(3)	0.	9,893.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	9,826.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BULLHOOK COMMUNITY HEALTH CENTER, I 521 4TH STREET HAVRE, MT 59501	20-5970239	501(C)(3)	0.	9,669.	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.)

(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
CAMP HOT SHOT WENTWORTH-DOUGLASS HOSPITAL - 789 CENTRAL AVENUE - DOVER, NH 03820	02-0260334	501(C)(3)	0.	9,661.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NETWORK MEDICAL 185 S. PATTERSON AVENUE #C SANTA BARBARA, CA 93111	77-0116381	501(C)(3)	0.	9,632.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITAN REGIONAL HEALTH CLINIC 937 BROADWAY CAPE GIRARDEAU, MO 63701	27-5427837	501(C)(3)	0.	9,424.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GENNESARET FREE CLINIC, INC. 615 N. ALABAMA STREET, GROUND FLOOR INDIANAPOLIS, IN 46204	35-1776518	501(C)(3)	0.	9,312.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT'S HOUSE CLINIC 2817 POST OFFICE STREET GALVESTON, TX 77550	74-1384864	501(C)(3)	0.	9,258.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMISSION OF SANTA BARBARA COUNTY - 5638 HOLLISTER AVENUE, SUITE 230 - GOLETA, CA 93117	95-2491790	501(C)(3)	0.	9,227.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP WANA KURA 6065 COZZENS STREET SAN DIEGO, CA 92122	13-1623888	501(C)(3)	0.	9,000.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE JACK RUA CAMP FOR CHILDREN WITH DIABETES - 4 SOUTH MAIN ST. - FALL RIVER, MA 02721	04-2665107	501(C)(3)	0.	9,000.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501(C)(3)	0.	8,970.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST - 150 TEJAS PLACE - NIPOMO, CA 93444	95-3253302	501(C)(3)	0.	8,963.	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	501(C)(3)	0.	8,934.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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.	8,929.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHILDREN AND COMMUNITY HEALTH CENTE DBA COMMUNITY HEALTH CLINIC - 120 S. CENTRAL EXPRESSWAY, SUITE 10 - MCKINNEY, TX 75070	20-0637782	501(C)(3)	0.	8,875.	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	501(C)(3)	0.	8,843.	ESTIMATED WHOLESALE PRICE	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	501(C)(3)	0.	8,802.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931	501(C)(3)	0.	8,667.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHENANDOAH COUNTY FREE CLINIC 124 VALLEY VISTA DRIVE WOODSTOCK, VA 22664	54-2032008	501(C)(3)	0.	8,657.	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	501(C)(3)	0.	8,631.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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
HYNDMAN AREA HEALTH CENTER 144 FIFTH AVENUE HYNDMAN, PA 15545	25-1343824	501(C)(3)	0.	8,627.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPERATION SAMAHAN, INC. 1428 HIGHLAND AVENUE NATIONAL CITY, CA 91950	95-3008798	501(C)(3)	0.	8,553.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	8,513.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH CENTRAL HOUSTON ACTION COUNCIL, INC. - 8610 MARTIN LUTHER KING JR BLVD. - HOUSTON, TX 77033	76-0444982	501(C)(3)	0.	8,461.	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	501(C)(3)	0.	8,374.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MONTANA MIGRANT COUNCIL 3318 THIRD AVENUE N, STE. 200 BILLINGS, MT 59101	81-0350430	501(C)(3)	0.	8,297.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTHCARE ADMINISTRATION - 425 N. DATE STREET, SUITE 203 - ESCONDIDO, CA 92025	95-2796316	501(C)(3)	0.	8,293.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN DIABETES ASSOCIATION CAMP GENE - 6400 NORTH ANDREWS AVENUE, SUITE 48 - FORT LAUDERDALE, FL 33309	13-1623888	501(C)(3)	0.	8,264.	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	501(C)(3)	0.	8,251.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to 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
STAYWELL HEALTH CENTER 80 PHOENIX AVENUE WATERBURY, CT 06702-1516	22-3160873	501(C)(3)	0.	8,216.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
POCATELLO FREE CLINIC 429 WASHINGTON AVENUE POCATELLO, ID 83201	82-0351133	501(C)(3)	0.	8,174.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MEDICAL CLINIC OF KERSHAW COUNTY - 110 C EAST DEKALB STREET - CAMDEN, SC 29020	57-1074191	501(C)(3)	0.	8,059.	ESTIMATED WHOLESALE 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	501(C)(3)	0.	7,970.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ETOWAH BAPTIST CHARITY PHARMACY 18901 E. ETOWAH ROAD NOBLE, OK 73068	73-1637078	501(C)(3)	0.	7,929.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	7,877.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUR LADY OF GUADALUPE 227 N. NOPAL STREET SANTA BARBARA, CA 93103	95-2158892	501(C)(3)	0.	7,829.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LITTLE SHOT 265 SHERATON BLVD MACON, GA 31210	58-1514534	501(C)(3)	0.	7,781.	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	501(C)(3)	0.	7,754.	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.)

(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
KIKI'S KIDS CAMP FOR YOUTH WITH DIA - 304 TURNER MCCALL BLVD - ROME, GA 30165	58-1375074	501(C)(3)	0.	7,749.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOS ANGELES CHRISTIAN HEALTH CENTERS - 311 WINSTON STREET - LOS ANGELES, CA 90013	95-4315734	501(C)(3)	0.	7,682.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SLO NOOR FREE MEDICAL CLINIC 1428 PHILLIPS LAND, SUITE B-4 SAN LUIS OBISPO, CA 93401	27-1412176	501(C)(3)	0.	7,679.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KOREAN COMMUNITY SERVICES DBA KCS HEALTH CENTER - 7212 ORANGETHORPE AVE. SUITE 9A - BUENA PARK, CA 90621	95-3245254	501(C)(3)	0.	7,621.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH ACCESS, INCORPORATED 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501(C)(3)	0.	7,607.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA MARIA VALLEY YOUTH AND FAMILY CENTER - 105 N. LINCOLN STREET - SANTA MARIA, CA 93458	95-3144808	501(C)(3)	0.	7,497.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREENE COUNTY HEALTH CARE 7 PROFESSIONAL DRIVE SNOW HILL, NC 28580	56-0992353	501(C)(3)	0.	7,488.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PACE COMMUNITY ACTION AGENCY, INC. HEALTH CONNECTION - 525 N. 4TH STREET - VINCENNES, IN 47591	35-1120537	501(C)(3)	0.	7,486.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN SHELTER ADMINISTRATION - 245 E. INGER DRIVE, #103B - SANTA MARIA, CA 93458	77-0133375	501(C)(3)	0.	7,411.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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
CLINIC WITH A HEART, INC. 1701 S. 17TH STREET, SUITE 4G LINCOLN, NE 68502	20-2850139	501(C)(3)	0.	7,347.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLARA'S HOUSE 2715 K STREET, SUITE D SACRAMENTO, CA 95816	61-1591265	501(C)(3)	0.	7,338.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HABITAT FOR HUMANITY 6860 CORTONA DRIVE GOLETA, CA 93117	77-0518264	501(C)(3)	0.	7,324.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUADALUPE UNION SCHOOL DISTRICT 4465 NINTH STREET GUADALUPE, CA 93434	95-6000940	GOVERNMENT ENTITY	0.	7,289.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	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	501(C)(3)	0.	7,239.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NO LIMITS DIABETES 414 E. BROADWAY DANVILLE, IN 46122	20-3289439	501(C)(3)	0.	7,222.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CUYAMA VALLEY FAMILY RESOURCE CENTE - 4689 HIGHWAY 166 UNIT B - NEW CUYAMA, CA 93254	45-1221069	501(C)(3)	0.	7,219.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLA VISTA YOUTH PROJECTS 6842 PHELPS ROAD GOLETA, CA 93117	95-3007419	501(C)(3)	0.	7,086.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BIGHORN VALLEY HEALTH CENTER ASHLAND - 501 MAIN STREET - ASHLAND, MT 59003	27-3113428	501(C)(3)	0.	7,085.	ESTIMATED WHOLESALE PRICE, PURCHASED 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.)

(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
SHELTER HEALTH SERVICES 534 SPRATT STREET CHARLOTTE, NC 28206	20-3041985	501(C)(3)	0.	6,923.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, 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	501(C)(3)	0.	6,701.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	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	501(C)(3)	0.	6,684.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DENVER INDIAN HEALTH AND FAMILY SERVICES, INC. - 2880 W. HOLDEN PLACE - DENVER, CO 80204	84-0724261	501(C)(3)	0.	6,656.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CACTUS HEALTH SERVICES, INC. 301 N. WATER FORT STOCKTON, TX 79735	16-1663081	501(C)(3)	0.	6,628.	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.	6,619.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIGHTHOUSE MEDICAL MINISTRIES 2801 S. ROBINSON AVENUE OKLAHOMA CITY, OK 73109	20-0503733	501(C)(3)	0.	6,567.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE NEW YORK, NY 10035	13-3273402	501(C)(3)	0.	6,546.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE NE GRAND RAPIDS, MI 49505	20-3572418	501(C)(3)	0.	6,489.	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
AMERICAN DIABETES ASSOCIATION 8008 SLIDE ROAD, #12A LUBBOCK, TX 79424	13-1623888	501(C)(3)	0.	6,454.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MONMOUTH FAMILY HEALTH CENTER 270 BROADWAY LONG BRANCH, NJ 07740	20-0547132	501(C)(3)	0.	6,334.	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	501(C)(3)	0.	6,310.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AFRICAN WOMEN'S CANCER AWARENESS ASSOCIATION - 8955 EDMONSTON ROAD - GREENBELT, MD 20770	73-1704355	501(C)(3)	0.	6,297.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. HOPE FOUNDATION INC 6200 SAVOY DRIVE #540 HOUSTON, TX 77033	76-0622487	501(C)(3)	0.	6,290.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRIAD HEALTH SYSTEMS 441 US 42 WEST WARSAW, KY 41095	20-8963925	501(C)(3)	0.	6,273.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THAT NEIGHBORHOOD FREE HEALTH CLINI (TNFHC) - 306 BUSH STREET - TOLEDO, OH 43604	27-1052744	501(C)(3)	0.	6,177.	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	501(C)(3)	0.	6,111.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CSUSM SCHOOL OF NURSING STUDENT HEALTHCARE PROJECT - 1249 E. OHIO AVENUE - ESCONDIDO, CA 92027	80-0390564	501(C)(3)	0.	6,105.	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
HAPPY VALLEY MEDICAL CENTER WEST CALDWELL HEALTH COUNCIL, INC. - 4330 COLLETTSVILLE ROAD - COLLETTSVILLE, NC 28611	59-1756933	501(C)(3)	0.	6,095.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, EQUIPMENT	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	501(C)(3)	0.	6,088.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	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	501(C)(3)	0.	5,994.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KATY TRAIL COMMUNITY HEALTH CENTER SEDALIA - 821 WESTWOOD DRIVE - SEDALIA, MO 65301	43-1879853	501(C)(3)	0.	5,974.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHERN KENTUCKY INDEPENDENT DISTR HEALTH DEPARTMENT - 610 MEDICAL VILLAGE DRIVE - EDGEWOOD, KY 41017	61-1008505	GOVERNMENT ENTITY	0.	5,940.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS INC 3070 CRAIN HIGHWAY #101 WALDORF, MD 20601	52-1767044	501(C)(3)	0.	5,927.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHEL FREE HEALTH CLINIC 1650 CARROL DRIVE BILOXI, MS 39531	26-1794984	501(C)(3)	0.	5,824.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CONNECTIONS FREE CLINIC 101 E. FOUNTAIN STREET DODGEVILLE, WI 53533	72-1619112	501(C)(3)	0.	5,768.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	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	501(C)(3)	0.	5,733.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to 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
HENRIETTA JOHNSON MEDICAL CENTER 601 NEW CASTLE AVENUE WILMINGTON, DE 19801	20-1336340	501(C)(3)	0.	5,682.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEXAS OVERDOSE NALOXONE INITIATIVE 1115 E. 12TH STREET AUSTIN, TX 78702	74-2752554	501(C)(3)	0.	5,501.	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	501(C)(3)	0.	5,449.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CALCASIEU PARISH HUMAN SERVICES DEPARTMENT - 2001 MOELING STREET - LAKE CHARLES, LA 70601	72-6000234	GOVERNMENT ENTITY	0.	5,431.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE OUTREACH TO HEALTH COMMUNITY CLINIC - 837 EAST WALNUT STREET - GRAPEVINE, TX 76051	75-2195702	501(C)(3)	0.	5,424.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF OAK RIDGE, I 116 EAST DIVISION ROAD OAK RIDGE, TN 37830	90-0715369	501(C)(3)	0.	5,404.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PORTLAND COMMUNITY FREE CLINIC 103 INDIA STREET PORTLAND, ME 04101	46-2965702	501(C)(3)	0.	5,379.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL VIRGINIA HEALTH SERVICES IN PHARMACY - 25892 JAMES MADISON HIGHWAY - NEW CANTON, VA 23123	54-0887287	501(C)(3)	0.	5,324.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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	501(C)(3)	0.	5,294.	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
GREATER GREENWOOD UNITED MINISTRY FREE MEDICAL CLINIC - 1404 EDGEFIELD STREET - GREENWOOD, SC 29646	57-1012393	501(C)(3)	0.	5,246.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOLETA UNION SCHOOL DISTRICT 401 N. FAIRVIEW AVENUE GOLETA, CA 93117	77-0068725	GOVERNMENT ENTITY	0.	5,113.	ESTIMATED WHOLESALE PRICE, PURCHASED PRICE	MEDICAL SUPPLIES	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	501(C)(3)	0.	5,030.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIRECT RELIEF FOUNDATION 6100 WALLACE BECKNELL ROAD GOLETA, CA 93117	20-5983698	501(C)(3)	6,721,828.	0.			INTERCOMPANY GRANT TO SUPPORT RELATED ENTITY



**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
SUPPORT TO 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	129	927,522.	0.		

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

PART I, LINE 2:

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

**Part IV Supplemental Information**

OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS.

PART III, COLUMN (A):

(A) TYPE OF GRANT OR ASSISTANCE: SUPPORT TO 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

**2017**

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](http://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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

**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 PRESIDENT & CEO	(i)	416,309.	0.	0.	13,500.	36,549.	466,358.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BHUPI SINGH EVP, COO & CFO	(i)	342,956.	0.	0.	13,500.	13,975.	370,431.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAWN LONG DIRECTOR, IT & QUALITY	(i)	212,126.	0.	0.	10,468.	7,149.	229,743.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DONALD ROANE DIRECTOR, STRATEGIC INITIA	(i)	188,526.	0.	0.	9,572.	24,202.	222,300.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANDREW SCHROEDER DIRECTOR, RESEARCH & ANALY	(i)	179,623.	0.	0.	9,514.	13,882.	203,019.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HEATHER BENNETT DIRECTOR, PARTNERSHIPS & PHILANTHROE	(i)	166,383.	0.	0.	8,379.	6,760.	181,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JUDY PARTCH DIRECTOR, ADMINISTRATION	(i)	165,736.	0.	0.	8,287.	13,975.	187,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

Lined area for supplemental information with horizontal lines.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for 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	184	958,867.	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	9,300	1,131,363,459.	EST. WHOLESALE PRICE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( MISC SUPPLIES )	X	8	7,935.	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**

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

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

SCHEDULE M, PART I, COLUMN (B):

THE TOTALS REPORTED IN COLUMN B REPRESENT THE TOTAL NUMBER OF CONTRIBUTIONS RECEIVED FOR EACH CATEGORY DURING THE FISCAL YEAR ENDED JUNE 30, 2018.

Multiple horizontal lines for data entry.

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

OMB No. 1545-0047

**2017**

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 \$ 6,721,828. INCLUDING GRANTS OF \$ 6,721,828. REVENUE \$ 0.

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

DIRECT RELIEF'S CHIEF FINANCIAL OFFICER DISTRIBUTES A COPY OF THE FINAL

VERSION OF THE 990 TO ALL CURRENT BOARD MEMBERS, REQUESTING THEY REVIEW THE

990 PRIOR TO FILING. THE BOARD MEMBERS ARE 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 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.

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17



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

WHEN A DIRECTOR, OFFICER, BOARD COMMITTEE MEMBER OR EMPLOYEE HAS A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN A PROPOSED TRANSACTION, THAT INDIVIDUAL SHALL RECUSE HIMSELF OR HERSELF (I.E., LEAVE THE ROOM), AND SHALL NOT PARTICIPATE IN THE DELIBERATION ON THE MERITS OF THE PROPOSAL OR THE VOTE. IN ALL CASES, THE EXISTENCE AND NATURE OF THE RELATIONSHIP OR THE CONFLICT OF INTEREST DISCLOSED, THE INTERESTED PERSON'S RECUSAL, AND THE VOTE OF THE OTHER DIRECTORS IS REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD OR 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'S COMPENSATION ARE THE SOLE RESPONSIBILITY OF THE BOARD OF DIRECTORS. NO MEMBER OF THE STAFF, INCLUDING THE CHIEF EXECUTIVE OFFICER AND THE CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER, IS A MEMBER OF THE BOARD OF DIRECTORS, AND THE BOARD OF DIRECTORS MAY NOT DELEGATE THE AUTHORITY TO SET EXECUTIVE COMPENSATION TO A MEMBER OF THE EXECUTIVE STAFF. COMPENSATION OF THE CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER/CHIEF FINANCIAL OFFICER WAS LAST REVIEWED BY THE COMPENSATION COMMITTEE AND THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IN SEPTEMBER 2018.

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

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

CA,AL,AK,AR,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,ND

OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

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

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

WHISTLEBLOWER POLICY, COMPENSATION POLICY, DONATION POLICY, FINANCIAL

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 2017, IN LINE WITH

THE FORM 990 REQUIREMENTS OF REPORTING COMPENSATION PAID OR EARNED FOR

THE CALENDAR YEAR ENDING WITH OR WITHIN THE ORGANIZATION'S TAX YEAR.

STAFF COMPENSATION IS GOVERNED BY ORGANIZATIONAL POLICY, AVAILABLE FOR

REFERENCE ON OUR WEBSITE AT

([HTTP://WWW.DIRECTRELIEF.ORG/ABOUT/FINANCE/COMPENSATION/](http://www.directrelief.org/about/finance/compensation/))

EXECUTIVE STAFF (CEO, COO/CFO) COMPENSATION IS DETERMINED SOLELY BY THE

BOARD OF DIRECTORS. 100% OF THE CEO'S COMPENSATION WAS PAID FROM FUNDS

PROVIDED BY THE DIRECT RELIEF FOUNDATION.

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

DIRECT RELIEF IS THE ONLY NONPROFIT HUMANITARIAN AID ORGANIZATION IN

THE UNITED STATES LICENSED TO DISTRIBUTE PHARMACEUTICAL PRODUCTS IN ALL

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

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 WHOLESAL DISTRIBUTOR BY THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY. DIRECT RELIEF IS AMONG THE LARGEST-VOLUME PROVIDERS OF MEDICAL DONATIONS TO ITS PARTNERS WORLDWIDE. DIRECT RELIEF'S PROGRAMS INVOLVE A WIDE RANGE OF FUNCTIONS, SEVERAL OF WHICH REQUIRE SPECIALIZED EXPERTISE AND LICENSING. AMONG THESE FUNCTIONS ARE IDENTIFYING KEY LOCAL PROVIDERS OF HEALTH SERVICES IN SUCH AREAS; WORKING TO IDENTIFY 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

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

WHOLESALE VALUE, WHICH APPROXIMATES FAIR VALUE, ON THE DATE RECEIVED,

BASED ON THE WHOLESALE ACQUISITION COST (WAC) AS PUBLISHED IN THE TRUVEN

HEALTH ANALYTICS REDBOOK, AN INDUSTRY-RECOGNIZED DRUG AND PRICING

REFERENCE GUIDE FOR PHARMACEUTICALS IN THE UNITED STATES.

FOR THE YEAR ENDED JUNE 30TH, 2018 THE ORGANIZATION ADOPTED A POLICY OF

USING MONTHLY PRICING INFORMATION AVAILABLE FROM THE REDBOOK ONLINE

SERVICE PROVIDED BY TRUVEN HEALTH ANALYTICS, AN IBM WATSON HEALTH

COMPANY. WAC IS THE STANDARD USED BY MANY U.S. STATES AS 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.

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

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

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

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

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

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

SIMILARLY PROPERLY RECORDED AS THAT OF A BRANDED PRODUCT.

AS NOTED ABOVE, DIRECT RELIEF HAS LONG SOUGHT THE CONTRIBUTION OF  
NEEDED GOODS AND SERVICES TO USE FOR HUMANITARIAN PURPOSES BECAUSE OF  
THE EFFICIENCIES AND OTHER BENEFITS THAT RESULT. THE ORGANIZATION AND,  
MORE IMPORTANTLY, THE PEOPLE IT SERVES, BENEFIT FROM THE LOWEST-COST,  
MOST EFFICIENT USE OF RESOURCES. SO TOO DO FINANCIAL CONTRIBUTORS,  
SINCE THEIR FINANCIAL CONTRIBUTIONS ARE NOT BEING USED TO PURCHASE  
GOODS OR SERVICES THAT CAN BE OBTAINED DIRECTLY THROUGH DONATIONS.  
THEREFORE, WHEN IT COMES TO ACCOUNTING FOR, DOCUMENTING, AND REPORTING  
ANY CONTRIBUTIONS, IT IS VERY IMPORTANT THAT WE GET IT RIGHT.

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

FORM 990, PART IX, LINE 24A:

THE \$137,670,054 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, 2018  
CONSISTS OF THE FOLLOWING:

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

PRIOR YEAR APPROVED TRANSFERS (A)	1,571,469
CURRENT YEAR APPROVED TRANSFERS	2,304,592
ACTUAL TRANSFERS TAKEN	(357,654)
<hr/>	
TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2018	\$ 3,518,407

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

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

FY17 ACCRUED DONATED FREIGHT - USED IN FY18	-363,011.
FY18 ACCRUED DONATED FREIGHT - UNUSED IN FY18	693,292.
FY18 DONATED SUBSCRIPTION - UNUSED IN FY18	43,400.
INCOME FROM S CORPORATIONS - ALDSB, INC.	-5,060.
TOTAL TO FORM 990, PART XI, LINE 9	368,621.

SCHEDULE B, PART II, COLUMN (D):

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



**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2017**

Open to Public Inspection

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 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	237.	38,801,990.	DIRECT RELIEF

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
DIRECT RELIEF FOUNDATION - 20-5983698 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	OPERATES SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF	CALIFORNIA	501(C)(3)	LINE 12A, TYPE I	DIRECT RELIEF	X	
DIRECT RELIEF INTERNATIONAL SOUTH AFRICA NO.22 OXFORD ROAD PARKTOWN, JOHANNESBURG, SOUTH AFRICA 2193	COORDINATION OF MEDICAL SUPPORT TO AFRICAN DOCTORS AND MEDICAL CLINICS	SOUTH AFRICA	501(C)(3)	LINE 7	DIRECT RELIEF	X	
DIRECT RELIEF MEXICO AV. PASEO DE LA REFORMA 300 - PISO 9 CUAUHTEMOC, DISTRITO FEDERAL, MEXICO 06600	COORDINATION OF MEDICAL SUPPORT TO MEXICAN DOCTORS AND MEDICAL CLINICS	MEXICO	501(C)(3)	LINE 7	DIRECT RELIEF	X	

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

Schedule R (Form 990) 2017

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIRECT RELIEF INTERNATIONAL SOUTH AFRICA - SEE PART VII	B	49,892.	CASH VALUE
(2) DIRECT RELIEF MEXICO - SEE PART VII	B	1,141,994.	CASH VALUE
(3) DIRECT RELIEF FOUNDATION - SEE PART VII	B	6,721,828.	CASH VALUE
(4) DIRECT RELIEF FOUNDATION - SEE PART VII	C	9,653,506.	CASH VALUE
(5) DIRECT RELIEF FOUNDATION - SEE PART VII	Q	872,679.	CASH VALUE
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

**Part VII Supplemental Information.**

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

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

THE AMOUNT REPORTED REPRESENTS GRANTS TO DIRECT RELIEF 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, 2018 WERE \$49,892.

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, 2018 WERE \$1,141,994.

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, 2018, THE TRUSTEES OF DIRECT RELIEF FOUNDATION APPROVED TO PROVIDE FUNDS TO DIRECT RELIEF TO COVER ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMPENSATION OF THE CEO.

DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM THE FOUNDATION ON AN ANNUAL BASIS. THE BALANCE DUE AS OF JUNE 30, 2018 CONSISTS OF THE

FOLLOWING:

**Part VII Supplemental Information.**

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

PRIOR YEAR APPROVED TRANSFERS (A)	1,571,469
CURRENT YEAR APPROVED TRANSFERS	2,304,592
ACTUAL TRANSFERS TAKEN	(357,654)

---

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2018      \$ 3,518,407

(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 (5):

FOR THE YEAR ENDED JUNE 30, 2018, DIRECT RELIEF PAID \$872,679 ON BEHALF OF DIRECT RELIEF FOUNDATION FOR FIXED ASSETS, SHARED EMPLOYEE, AND OTHER ADMINISTRATIVE COSTS. THESE REIMBURSABLE EXPENSES ARE ACCRUED AS A RECEIVABLE FROM DIRECT RELIEF FOUNDATION ON AN ANNUAL BASIS.