

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

Form header section containing: B Check if applicable (Address change, Name change, etc.), C Name of organization (DIRECT RELIEF), D Employer identification number (95-1831116), E Telephone number (805-964-4767), G Gross receipts (\$388,404,011), H(a) Is this a group return for affiliates? (No), H(b) Are all affiliates included? (No), I Tax-exempt status (501(c)(3)), J Website (WWW.DIRECTRELIEF.ORG), K Form of organization (Corporation), L Year of formation (1948), M State of legal domicile (CA).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Signature block section containing: Sign Here (Signature of officer: BHUPI SINGH, EVP, COO & CFO), Paid Preparer Use Only (Preparer's name, signature, date, PTIN, firm's name, address, EIN, phone no.).

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 to any question in this Part III

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 313,812,255. including grants of \$ 284,295,448. ) (Revenue \$ 386,092. ) DURING THE YEAR, DIRECT RELIEF PROVIDED APPROXIMATELY \$282 MILLION OF ESSENTIAL MEDICINES AND MEDICAL SUPPLIES AND \$2.6 MILLION OF CASH GRANTS TO 299 HEALTHCARE-PROVIDER PARTNERS IN 69 COUNTRIES, TO HELP IMPROVE THE HEALTH OF UNDERSERVED POPULATIONS. DIRECT RELIEF'S MEDICAL ASSISTANCE EQUIPS HEALTH PROFESSIONALS WORKING IN RESOURCE-POOR COMMUNITIES TO BETTER MEET THE CHALLENGES OF DIAGNOSING, TREATING, AND CARING FOR PEOPLE, WITHOUT REGARD TO POLITICS, RELIGION, GENDER, RACE, OR ABILITY TO PAY. DIRECT RELIEF PLACES A HIGH PRIORITY ON MATERNAL AND CHILD HEALTH PROGRAMS, IN ADDITION TO FOCUSING ON PROVIDING MATERIAL ASSISTANCE TO PRIMARY HEALTHCARE CLINICS, COMBATING HIV/AIDS, HEALTH CARE PROVIDER TRAINING, EMERGENCY PREPAREDNESS, AND DISASTER RESPONSE.

4b (Code: ) (Expenses \$ 71,448,411. including grants of \$ 62,154,893. ) (Revenue \$ 49,176. ) DIRECT RELIEF RUNS THE LARGEST CHARITABLE MEDICINE PROGRAM IN THE U.S., PROVIDING FREE MEDICATIONS AND SUPPLIES TO SAFETY-NET CLINICS AND HEALTH CENTERS, TO SERVE THEIR EVER-GROWING NUMBER OF LOW-INCOME AND UNINSURED PATIENTS. DIRECT RELIEF IS THE ONLY NONPROFIT WORKING WITH MORE THAN 1,000 CLINICS AND HEALTH CENTERS IN ALL 50 STATES, AND IS THE FIRST AND ONLY NONPROFIT LICENSED TO DISTRIBUTE PHARMACEUTICALS IN EVERY STATE. THIS YEAR, DIRECT RELIEF PROVIDED \$60.2 MILLION IN MEDICAL AID AND \$2 MILLION OF CASH GRANTS IN THE U.S. SINCE 2004, DIRECT RELIEF HAS PROVIDED OVER \$350 MILLION IN ASSISTANCE IN THE U.S.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 385,260,666.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States 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 and other assistance to individuals in the United States 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 25</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 Section 501(c)(3) and 501(c)(4) 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> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <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 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? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main table with columns for question number, description, and Yes/No boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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 to any question in this Part VI [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
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.
[X] Own website [ ] Another's website [ ] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
DIRECT RELIEF, BHUPI SINGH, EVP, COO & CFO - 805-964-4767
27 SOUTH LA PATERA LANE, 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 to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- 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) THOMAS J. CUSACK CHAIR	10.00 1.00	X		X				0.	0.	0.
(2) JOHN ROMO VICE CHAIR/COMMITTEE CHAIR	5.00 1.00	X		X				0.	0.	0.
(3) PATRICK ENTHOVEN TREASURER/COMMITTEE CHAIR	5.00 1.00	X		X				0.	0.	0.
(4) RITA MOYA SECRETARY/COMMITTEE CHAIR	5.00 1.00	X		X				0.	0.	0.
(5) ANGEL ISCOVICH, M.D. ASSISTANT SECRETARY/COMMITTEE CHAIR	5.00 1.00	X		X				0.	0.	0.
(6) LAWRENCE DAM COMMITTEE CHAIR	5.00 1.00	X						0.	0.	0.
(7) RAYE HASKELL COMMITTEE CHAIR	5.00	X						0.	0.	0.
(8) GEORGE SHORT COMMITTEE CHAIR	5.00 1.00	X						0.	0.	0.
(9) BERT GREEN, M.D. DIRECTOR	2.00	X						0.	0.	0.
(10) BOBBI RUBIN DIRECTOR	2.00	X						0.	0.	0.
(11) DANTE DI LORETTO DIRECTOR	2.00	X						0.	0.	0.
(12) DONALD J. LEWIS DIRECTOR	2.00	X						0.	0.	0.
(13) DOROTHY GARDNER DIRECTOR	2.00 1.00	X						0.	0.	0.
(14) ERNEST J. GETTO DIRECTOR	2.00	X						0.	0.	0.
(15) GARY R. TOBEY DIRECTOR	2.00	X						0.	0.	0.
(16) GREGG L. FOSTER DIRECTOR	2.00	X						0.	0.	0.
(17) HON. PAUL G. FLYNN 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) J. MICHAEL GILES DIRECTOR	2.00	X						0.	0.	0.
(19) JEANNE NEWMAN DIRECTOR	2.00	X						0.	0.	0.
(20) KENDALL BISHOP DIRECTOR	2.00	X						0.	0.	0.
(21) LINDA GLUCK DIRECTOR	2.00	X						0.	0.	0.
(22) MARI MITCHEL DIRECTOR	2.00									
	1.00	X						0.	0.	0.
(23) MARK SCHWARTZ DIRECTOR	2.00	X						0.	0.	0.
(24) MARY-LOUISE SCULLY, M.D. DIRECTOR	2.00									
	1.00	X						0.	0.	0.
(25) NANCY KOPPELMAN DIRECTOR	2.00									
	1.00	X						0.	0.	0.
(26) PATTY DEDOMINIC DIRECTOR	2.00									
	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,501,627.	0.	146,675.
<b>d Total (add lines 1b and 1c)</b>								1,501,627.	0.	146,675.

**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 **12**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
REX BRADFORD	IT SERVICES	134,082.
SABINA BERAHA	IT SERVICES	109,860.

**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 **2**

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b> 117,273.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 399,627.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b> 4,054.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 387,432,423.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	374,316,792.					
	<b>h Total.</b> Add lines 1a-1f		387,953,377.				
	Program Service Revenue	<b>2 a</b> PROGRAM MANAGEMENT FEE	Business Code 541610	435,268.	435,268.		
<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			435,268.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		966.			966.	
	<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					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ 399,627. of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 14,400.					
		<b>b</b> Less: direct expenses	<b>b</b> 55,221.				
<b>c</b> Net income or (loss) from fundraising events			-40,821.			-40,821.	
<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						
Miscellaneous Revenue		Business Code					
<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.			388,348,790.	435,268.	0.	-39,855.	

**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 to any question 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 governments and organizations in the United States. See Part IV, line 21	61,973,080.	61,973,080.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22	181,813.	181,813.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	284,295,448.	284,295,448.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	953,698.		636,431.	317,267.
<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	3,831,287.	2,720,089.	492,039.	619,159.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	147,036.	106,365.	17,142.	23,529.
<b>9</b> Other employee benefits	495,200.	278,022.	138,835.	78,343.
<b>10</b> Payroll taxes	305,808.	179,119.	68,469.	58,220.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	45,242.	2,381.	42,065.	796.
<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.)				
<b>12</b> Advertising and promotion	95,767.		92,171.	3,596.
<b>13</b> Office expenses				
<b>14</b> Information technology	209,253.	138,236.	13,687.	57,330.
<b>15</b> Royalties				
<b>16</b> Occupancy	743,371.	673,865.	45,981.	23,525.
<b>17</b> Travel	306,753.	269,969.	12,922.	23,862.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	83,445.	45,167.	11,404.	26,874.
<b>20</b> Interest	59,306.	36,800.	12,491.	10,015.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	916,336.	736,119.	121,256.	58,961.
<b>23</b> Insurance	59,332.	33,768.	19,836.	5,728.
<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	30,570,857.	30,570,857.		
<b>b</b> FREIGHT/TRANSPORTATION	1,385,967.	1,385,967.		
<b>c</b> CONTRACT SERVICES	1,190,787.	995,011.	150,291.	45,485.
<b>d</b> SUPPLIES	293,767.	242,972.	23,830.	26,965.
<b>e</b> All other expenses	641,179.	395,618.	161,413.	84,148.
<b>25</b> Total functional expenses. Add lines 1 through 24e	388,784,732.	385,260,666.	2,060,263.	1,463,803.
<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 to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	219,822.	<b>1</b>	466,044.
	<b>2</b> Savings and temporary cash investments .....	147,291.	<b>2</b>	943,222.
	<b>3</b> Pledges and grants receivable, net .....	90,467.	<b>3</b>	676,907.
	<b>4</b> Accounts receivable, net .....	75,481.	<b>4</b>	10,294.
	<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 .....	4,799.	<b>7</b>	5,216.
	<b>8</b> Inventories for sale or use .....	193,393,670.	<b>8</b>	195,388,255.
	<b>9</b> Prepaid expenses and deferred charges .....	201,699.	<b>9</b>	275,781.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 11,032,390.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,225,540.	6,299,425.	<b>10c</b> 6,806,850.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	460,499.	<b>12</b>	4,499.
	<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 .....	3,589,026.	<b>15</b>	1,798,244.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	204,482,179.	<b>16</b>	206,375,312.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	483,124.	<b>17</b>	490,962.
	<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 .....	1,400,000.	<b>23</b>	1,376,733.
	<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 .....	838,827.	<b>25</b>	1,195,792.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,721,951.	<b>26</b>	3,063,487.
<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 .....	200,940,612.	<b>27</b>	199,944,378.
	<b>28</b> Temporarily restricted net assets .....	819,616.	<b>28</b>	3,367,447.
	<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 .....	201,760,228.	<b>33</b>	203,311,825.
<b>34</b> Total liabilities and net assets/fund balances .....	204,482,179.	<b>34</b>	206,375,312.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	388,348,790.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	388,784,732.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-435,942.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	201,760,228.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-39.
<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>	1,987,578.
<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>	203,311,825.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>2b</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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>2c</b>	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.	X	
<b>3a</b>	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?		X
<b>3b</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		

**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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	165,973,150.	341,084,014.	406,929,073.	299,636,453.	388,388,645.	1602011335.
<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 .....	165,973,150.	341,084,014.	406,929,073.	299,636,453.	388,388,645.	1602011335.
<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) .....						831,299,690.
<b>6 Public support.</b> Subtract line 5 from line 4.						770,711,645.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	165,973,150.	341,084,014.	406,929,073.	299,636,453.	388,388,645.	1602011335.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	8,423.	4,325.	17,620.	11,318.	966.	42,652.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	474.	435.	518.	5,060.	-40,821.	-34,334.
<b>11 Total support.</b> Add lines 7 through 10						1602019653.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<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 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	48.11	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	40.44	%
<b>16a 33 1/3% support test - 2012.</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 - 2011.</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 - 2012.</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 IV 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 - 2011.</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 IV 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 9 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.) .....						
<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 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS OPERATING INCOME

2008 AMOUNT: \$ 474.

2009 AMOUNT: \$ 435.

2010 AMOUNT: \$ 518.

FUNDRAISING EVENT NET INCOME

2011 AMOUNT: \$ 5,060.

2012 AMOUNT: \$ -40,821.

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

**2012**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

▶ **See separate instructions.**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
<b>1 a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....			
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....			
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....			
<b>d</b> Other exempt purpose expenditures .....			
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....			
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....			
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....			
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....			
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		1,813.
<b>j</b> Total. Add lines 1c through 1i .....			1,813.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

DIRECT RELIEF PAYS AN ANNUAL MEMBERSHIP FEE TO INTERACTION.

INTERACTION, BASED IN WASHINGTON, D.C., IS AN ALLIANCE OF UNITED STATES

NONGOVERNMENTAL ORGANIZATIONS. FOR THE YEAR ENDED JUNE 30, 2013, THE

AMOUNT PAID WAS \$22,387. INTERACTION INFORMED DIRECT RELIEF THAT 8.1%

(\$1,813) OF THE MEMBERSHIP DUES ARE USED FOR LOBBYING ACTIVITIES.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate 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" to 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 an 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 8/17/06, 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? .....

Yes  No

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

7 Amount of expenses incurred in monitoring, inspecting, 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)? .....

Yes  No

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" to 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	30,256,901.	29,274,496.	28,429,715.	31,306,636.	45,480,303.
b Contributions	863,913.	1,992,728.	582,986.	179,402.	578,647.
c Net investment earnings, gains, and losses	3,682,539.	-497,517.	3,301,012.	1,899,350.	-10,335,382.
d Grants or scholarships	4,108,626.	450,787.	2,969,313.	4,895,531.	4,350,069.
e Other expenditures for facilities and programs					
f Administrative expenses	128,127.	62,019.	69,904.	60,142.	66,863.
g End of year balance	30,566,600.	30,256,901.	29,274,496.	28,429,715.	31,306,636.

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

- a Board designated or quasi-endowment  99.92 %
- b Permanent endowment  .08 %
- c Temporarily restricted endowment  %

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

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

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

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

b If "Yes" to 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.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,363,950.		1,363,950.
b Buildings		3,296,295.	1,197,305.	2,098,990.
c Leasehold improvements				
d Equipment		1,662,441.	1,228,886.	433,555.
e Other		4,709,704.	1,799,349.	2,910,355.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				6,806,850.

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DISTRIBUTION PAYABLE-ANNUITIES	16,356.
(3) CAPITAL LEASE OBLIGATION	18,400.
(4) OTHER CURRENT LIABILITIES	1,117,343.
(5) DEFERRED COMPENSATION	43,693.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,195,792.

2. FIN 48 (ASC 740) Footnote. 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**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<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>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<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>	

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<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>		
<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>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	
<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>	
<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>	

**Part XIII Supplemental Information**

Complete this part to 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: THE PURPOSE OF THE DIRECT

RELIEF BOARD RESTRICTED INVESTMENT FUND (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 ANY

PORTION OF MANAGEMENT AND GENERAL EXPENSES NOT COVERED BY ANNUAL DONATIONS

RECEIVED BY DIRECT RELIEF. FOR THE YEAR ENDED JUNE 30, 2013, THE DIRECT

RELIEF FOUNDATION TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVERING

JUST UNDER 30% OF DIRECT RELIEF'S MANAGEMENT AND GENERAL EXPENSES. THIS



**Part XIII** Supplemental Information (continued)

INCLUDES THE FULL COMPENSATION OF THE CEO, 75% OF THE COMPENSATION OF THE COO/CFO, FULL COMPENSATION OF FUNDRAISING PERSONNEL, AND CERTAIN CAPITAL EXPENDITURES.

THE FOUNDATION TRUSTEES MAY ALSO APPROVE TRANSFERS FROM THE BRIF TO COVER PROGRAM EXPENDITURES. IN 2012, DIRECT RELIEF RECEIVED A GENEROUS GIFT FROM THE ESTATE OF A DECEASED DONOR, TO SUPPORT THE ORGANIZATION'S MATERNAL AND CHILD HEALTH PROGRAMS. THE FOUNDATION MAINTAINS THE FUNDS, AND THE TRUSTEES HAVE APPROVED THE DISTRIBUTION OF \$300,000 TO DIRECT RELIEF PER YEAR, THROUGH THE FISCAL YEAR ENDED JUNE 30, 2017.

PART X, LINE 2: THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS, WHEREBY THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF JUNE 30, 2013, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL.

THE ORGANIZATION FILES TAX RETURNS IN CALIFORNIA AND U.S. FEDERAL JURISDICTIONS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE AND LOCAL TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2009.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

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

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

- 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
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANT MAKING		332,299.
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		1,257,153.
SOUTH AMERICA	0	0	GRANT MAKING		121,712.
SOUTH ASIA	0	0	GRANT MAKING		508,901.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		376,635.
EAST ASIA AND THE PACIFIC	0	1	PROGRAM SERVICES	COORDINATION OF RELIEF EFFORTS IN JAPAN	21,900.
SUB-SAHARAN AFRICA	1	2	PROGRAM SERVICES	COORDINATION OF MEDICAL MATERIAL SUPPORT TO AFRICAN CLINICS AND HOSPITALS	129,621.
SOUTH ASIA	0	1	PROGRAM SERVICES	COORDINATION OF MEDICAL MATERIAL SUPPORT TO INDIAN CLINICS AND HOSPITALS	8,982.
<b>3 a</b> Sub-total .....	1	4			2,757,203.
<b>b</b> Total from continuation sheets to Part I .....	0	0			281,698,746.
<b>c Totals</b> (add lines 3a and 3b) .....	1	4			284,455,949.

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

Schedule F (Form 990) 2012

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	80,994,666.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	29,741,815.
EUROPE	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	250,655.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	7,797,031.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	133,631.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	9,170,815.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	9,842,023.
SOUTH ASIA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	15,837,776.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	127,930,334.
<b>Totals</b> .....					281,698,746.

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	CERVICAL CANCER SCREENING PROGRAM	55,305.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	CERVICAL CANCER SCREENING PROGRAM	18,994.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	REHAB TRAINING PROGRAM	200,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPLY CHAIN COORDINATOR FOR HAITI PROGRAM	25,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	MIDWIFERY TRAINING PROGRAM	28,432.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MALNUTRITION PREVENTION PROJECT	115,500.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	CHILD HEALTH AND EDUCATION PROGRAMS	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	86,755.	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 ..... 198

3 Enter total number of other organizations or entities ..... 98

<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	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	227,719.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	240,261.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	135,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	5,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	250,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/Tsunami RELIEF & RECOVERY	156,918.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	MIDWIFERY PROGRAM	30,000.	WIRE	0.		
		SOUTH AMERICA	DIABETES PREVENTION PROGRAM	102,520.	WIRE	0.		
		SOUTH AMERICA	RIO BENI HEALTHCARE PROJECT, BOLIVIA	19,192.	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	MATERNAL & CHILD HEALTH EDUCATION	250,630.	WIRE	0.		
		SOUTH ASIA	OPERATING SUPPORT FOR BOARDING HOUSE FOR DISABLED WOMEN	30,271.	WIRE	0.		
		SOUTH ASIA	FEMPLANT PROGRAM	20,000.	WIRE	0.		
		SOUTH ASIA	OBSTETRIC FISTULA REPAIR/PREVENTION PROGRAM	175,000.	WIRE	0.		
		SOUTH ASIA	MIDWIFERY PROGRAM	15,000.	WIRE	0.		
		SOUTH ASIA	BUILDING CONTRUCTION & LAB EQUIPMENT FOR HEALTH CENTER (PULICAT, IN)	18,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	EQUIPPING MATERNITY FACILITY IN GHANA	17,500.	WIRE	0.		
		SUB-SAHARAN AFRICA	CHILDHOOD PNEUMONIA PROGRAM	159,385.	WIRE	0.		
		SUB-SAHARAN AFRICA	UPGRADING MIDWIFERY SCHOOL	15,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	OPERATING SUPPORT FOR IPC & PHLEBOTOMY PRACTICE IN TANZANIA	50,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	OBSTETRIC FISTULA REPAIR/PREVENTION PROGRAM	84,750.	WIRE	0.		
		SUB-SAHARAN AFRICA	OBSTETRIC FISTULA REPAIR/PREVENTION PROGRAM	50,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5,759,178.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5,459,974.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		5,008,204.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		4,554,028.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		4,493,234.	PHARMACEUTICALS	ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		4,196,313.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, 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.		3,386,207.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		3,349,630.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,948,403.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,935,830.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,920,393.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,844,853.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,713,005.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,128,676.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		2,117,882.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, 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.		1,963,983.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,772,550.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,597,460.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,527,340.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,467,573.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,385,283.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,210,181.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		1,048,347.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESAL PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		997,768.	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.		925,888.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		710,033.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		660,345.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		575,998.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		559,838.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		531,134.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		496,546.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		468,408.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		436,626.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, 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.		419,631.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		418,352.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		413,932.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		400,728.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		324,139.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		310,856.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		282,925.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		245,863.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		224,089.	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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.		215,107.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		192,353.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		184,682.	MEDICAL SUPPLIES	PURCHASED PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		182,927.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		159,865.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		153,557.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		147,727.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		141,780.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		140,198.	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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.		136,674.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		129,332.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		114,351.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		113,226.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		113,062.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		109,986.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		98,719.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		90,302.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		84,876.	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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.		81,547.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		79,923.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		77,527.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		76,248.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		76,161.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		74,392.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		74,300.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		65,488.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		64,760.	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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.		61,508.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		57,851.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		55,360.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		52,145.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		51,330.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		50,190.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		49,901.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		49,415.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		49,227.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, 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.		48,024.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		47,700.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		46,390.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		44,596.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		41,872.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		41,812.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		41,738.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		41,129.	MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		41,028.	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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.		40,614.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		37,529.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		36,844.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		34,502.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		33,022.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		31,960.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		30,214.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		28,576.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		28,060.	PHARMACEUTICALS, MEDICAL SUPPLIES AND 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.		27,972.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		25,897.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		24,394.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		24,392.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		23,868.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		23,718.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		23,370.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		22,983.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		21,808.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, 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.		20,848.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		19,424.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		18,896.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		17,867.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		17,622.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		15,941.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		15,296.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		12,071.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		11,467.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, 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.		10,398.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		9,632.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		8,344.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		7,639.	EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		7,370.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,902.	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,080.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		6,037.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		20,894,350.	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)
		EAST ASIA AND THE PACIFIC		0.		2,172,361.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		1,997,415.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		972,977.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		870,774.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		445,609.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		413,126.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		376,334.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		304,902.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		252,535.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, 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)
		EAST ASIA AND THE PACIFIC		0.		199,445.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		165,219.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		115,846.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		93,150.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		81,590.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		58,685.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		56,924.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		52,516.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		50,335.	MEDICAL SUPPLIES AND 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)
		EAST ASIA AND THE PACIFIC		0.		50,130.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		32,839.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		22,287.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		17,019.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		10,033.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		9,029.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		8,735.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		8,312.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		EAST ASIA AND THE PACIFIC		0.		5,412.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE		0.		250,655.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		5,158,814.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		2,417,784.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		188,883.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		20,015.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		MIDDLE EAST AND NORTH AFRICA		0.		11,534.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE
		NORTH AMERICA		0.		63,000.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		NORTH AMERICA		0.		31,031.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		NORTH AMERICA		0.		25,718.	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)
		NORTH AMERICA		0.		13,039.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		4,606,621.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		3,859,540.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		300,158.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		216,148.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		97,744.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		90,605.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		2,488,064.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		1,280,216.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		1,251,221.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		942,631.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		737,610.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		615,506.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		587,116.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		388,716.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		291,917.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		219,902.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		193,692.	MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		185,906.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		179,404.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		166,673.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		67,823.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		60,493.	MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		49,541.	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		46,282.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		29,921.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SOUTH AMERICA		0.		27,801.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA		0.		13,942.	EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		9,232.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		8,417.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		9,975,978.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		3,082,516.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		664,979.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		585,958.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		515,736.	EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		306,051.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		155,289.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		134,490.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		77,960.	MEDICAL SUPPLIES	PURCHASED PRICE
		SOUTH ASIA		0.		74,133.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		62,866.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		60,654.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		52,861.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		34,221.	MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		27,942.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.		16,582.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SOUTH ASIA		0.		6,735.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		92,243,309.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		9,058,499.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		7,258,462.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		3,875,981.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		2,599,202.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		2,423,403.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		1,806,622.	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)
		SUB-SAHARAN AFRICA		0.		904,949.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		893,171.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		823,539.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		757,729.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		474,290.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		451,888.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		390,283.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		375,067.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		372,082.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, 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)
		SUB-SAHARAN AFRICA		0.		314,051.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		313,263.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		250,437.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		206,333.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		199,590.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		142,604.	PHARMACEUTICALS	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		131,809.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		130,368.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		104,834.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, 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)
		SUB-SAHARAN AFRICA		0.		93,608.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		92,558.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		91,954.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		83,450.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		77,219.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		73,972.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		69,842.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		69,842.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		69,242.	MEDICAL SUPPLIES	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.		62,846.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		59,258.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		48,912.	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		41,451.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		40,853.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		36,936.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		35,446.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		32,690.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		31,214.	MEDICAL SUPPLIES	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.		29,469.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		28,084.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		28,025.	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.		24,733.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		22,576.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		21,336.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		18,159.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		16,649.	MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		15,593.	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)
		SUB-SAHARAN AFRICA		0.		12,287.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		10,600.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		10,208.	MEDICAL SUPPLIES	PURCHASED PRICE
		SUB-SAHARAN AFRICA		0.		9,105.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		8,695.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		7,616.	MEDICAL SUPPLIES AND EQUIPMENT	ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		6,733.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		6,440.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale PRICE
		SUB-SAHARAN AFRICA		0.		6,240.	PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESale 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 file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2012

**Part V Supplemental Information**

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

SCHEDULE F, PART I, LINE 2: EXCEPT IN CERTAIN EMERGENCY RESPONSE

SITUATIONS WHERE THE TIMELINESS OF OUR RESPONSE IS PARAMOUNT, GRANT

RECIPIENTS SIGN MEMORANDUMS OF UNDERSTANDING OUTLINING THE

RESPONSIBILITIES OF DIRECT RELIEF AND THE GRANTEE. REPORTING BY THE

GRANTEE VARIES BASED ON THE SIZE, SCOPE, AND TYPE OF PROGRAM, RANGING

FROM MONTHLY, QUARTERLY, OR ANNUAL REPORTING, WITH A FINAL REPORT DUE

UPON COMPLETION OF THE PROJECT. DIRECT RELIEF ALSO HAS THE RIGHT TO 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.

SCHEDULE F, METHOD OF ACCOUNTING

THE FINANCIAL STATEMENTS OF THE ORGANIZATION ARE PREPARED ON AN ACCRUAL

BASIS, IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN

THE UNITED STATES OF AMERICA. ALL FIGURES SHOWN IN SCHEDULE F ARE

PRESENTED ON AN ACCRUAL BASIS.

SCHEDULE F, PART IV, LINE 3:

DIRECT RELIEF OWNS 100% OF DIRECT RELIEF INTERNATIONAL SOUTH AFRICA, A

SOUTH AFRICAN CORPORATION EXEMPT FROM TAXATION. DIRECT RELIEF SOUTH

AFRICA IS A CORPORATION MAINTAINED SOLELY FOR THE PURPOSE OF COMPLYING

WITH THE LAWS OF SOUTH AFRICA AS TO TITLE AND OPERATION OF PROPERTY, AS

EXPLAINED IN IRS CODE SECTION 1504(D). THEREFORE, FORM 5471 IS NOT

REQUIRED TO BE FILED.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DR WOMEN (event type)	BEST OF SB IN LA (event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	162,027.	252,000.		414,027.
	<b>2</b> Less: Contributions .....	162,027.	237,600.		399,627.
	<b>3</b> Gross income (line 1 minus line 2) .....		14,400.		14,400.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....	4,436.	8,188.		12,624.
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	9,272.	33,325.		42,597.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 55,221 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				-40,821.

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

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

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



**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" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APICHA COMMUNITY HEALTH CENTER 400 BROADWAY NEW YORK, NY 10013	13-3706365	501C3	8,404.	0.			HURRICANE SANDY RELIEF & RECOVERY
BEACON CHRISTIAN COMMUNITY HEALTH CENTER - 2079 FOREST AVENUE - STATEN ISLAND, NY 10303	02-0703686	501C3	50,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
BETANCES HEALTH CENTER 280 HENRY STREET NEW YORK, NY 10002	13-2697725	501C3	15,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
CALLEN-LORDE COMMUNITY HEALTH CENTER - 356 WEST 18TH STREET - NEW YORK, NY 10011	13-3409680	501C3	84,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
CARE FOR THE HOMELESS 30 EAST 33RD STREET - 5TH FLOOR NEW YORK, NY 10016-5337	13-3666994	501C3	15,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
COMMUNITY HEALTH CENTERS OF RICHMOND - 235 PORT RICHMOND AVENUE - STATEN ISLAND, NY 10302	51-0567466	501C3	15,000.	0.			HURRICANE SANDY RELIEF & RECOVERY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 753.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 3.

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

Schedule I (Form 990) (2012)

**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
ERIC B. CHANDLER HEALTH CENTER 277 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-1980408	501C3	15,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
HUDSON RIVER HEALTHCARE, INC. 1037 MAIN STREET PEEKSKILL, NY 10566-2913	13-2828349	501C3	150,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
ICL HEALTHCARE CHOICES, INC. 6209 16TH AVENUE BROOKLYN, NY 11204	11-3488520	501C3	65,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
INSTITUTE FOR FAMILY HEALTH 16 EAST 16TH STREET NEW YORK, NY 10003	13-3273402	501C3	90,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
JEWISH RENAISSANCE MEDICAL CENTER 275 HOBART STREET PERTH AMBOY, NJ 08861	22-3780067	501C3	20,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
JOSEPH P. ADDABBO FAMILY HEALTH CENTER - 120 RICHARDS STREET - BROOKLYN, NY 11231	06-1181226	501C3	400,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
LAKEWOOD RESOURCE & REFERRAL CENTER - 1771 MADISON AVENUE - LAKEWOOD, NJ 08701	20-1324142	501C3	15,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
MONMOUTH FAMILY HEALTH CENTER, INC. - 270 BROADWAY - LONG BRANCH, NJ 07740	20-0547132	501C3	15,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
MORRIS HEIGHTS HEALTH CENTER 80 WEST BURNSIDE AVENUE BRONX, NY 10453	06-1081232	501C3	35,000.	0.			HURRICANE SANDY RELIEF & RECOVERY

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NEIGHBORHOOD HEALTH SERVICES CORP 1700 MYRTLE AVENUE PLAINFIELD, NJ 07063	22-1927742	501C3	150,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
NEWARK COMMUNITY HEALTH CENTER, INC. - 741 BROADWAY - NEWARK, NJ 07104	22-2747589	501C3	16,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
NORTH HUDSON COMMUNITY ACTION CORP 800 31ST STREET UNION CITY, NJ 07087	22-1818699	501C3	150,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
NUHEALTH FAMILY HEALTH CENTERS 2201 HEMPSTEAD TURNPIKE, BOX 15 EAST MEADOW, NY 11554	27-0216316	501C3	36,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
OPEN DOOR FAMILY MEDICAL CTR, INC. 165 MAIN STREET OSSINING, NY 10562	13-2813103	501C3	46,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
POINT BREEZE FIRE DEPARTMENT 1 FIREMAN'S PLAZA BREEZY POINT, NY 11697	11-2452399	GOVT ENTITY	10,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
PROJECT H.O.P.E., INC. 622 COOPER STREET CAMDEN, NJ 08102	20-4133180	501C3	15,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
REFUAH HEALTH CENTER 728 NORTH MAIN STREET SPRING VALLEY, NY 10977	13-3652555	501C3	150,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
THE FLOATING HOSPITAL, INC. 41-40 27TH STREET LONG ISLAND CITY, NY 11101	13-1624169	501C3	15,000.	0.			HURRICANE SANDY RELIEF & RECOVERY

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VNACJ COMMUNITY HEALTH CENTER, INC. - 1301 MAIN STREET - ASBURY PARK, NJ 07712	22-3321236	501C3	15,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
WILLIAM F. RYAN COMMUNITY HEALTH CENTER - 110 W. 97TH STREET - NEW YORK, NY 10025	13-2884976	501C3	150,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
YES COMMUNITY COUNSELING CENTER 75 GRAND AVENUE MASSAPEQUA, NY 11758-4905	11-2451332	501C3	40,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
ZUFALL HEALTH CENTER 18 WEST BLACKWELL STREET DOVER, NJ 07801	22-3125397	501C3	15,000.	0.			HURRICANE SANDY RELIEF & RECOVERY
COMMUNITY HEALTH CLINIC OF JOPLIN 701 S. JOPLIN STREET JOPLIN, MO 64801	43-1643962	501C3	10,000.	0.			MOORE, OK TORNADO RELIEF & RECOVERY
NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS - 7200 WISCONSIN AVENUE, #210 - BETHSEDA, MD 20814	52-0939952	501C3	5,000.	0.			SYRINGE & NEEDLE DISTRIBUTION PROGRAM
A COMMUNITY CLINIC, INC 335 MARKET STREET SUNBURY, PA 17801	20-4051982	501C3	0.	38,340.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS HEALTH LOUISIANA, ST. CHARLES COMMUNITY HEALTH CENTER - 843 MILLING AVENUE - LULING, LA 70070	47-0852944	501C3	0.	35,667.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP AZDA 5333 N. 7TH ST., B212 PHOENIX, AZ 85014	13-1623888	501C3	0.	6,314.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ADA CAMP JOHN WARVEL 8604 ALLISONVILLE ROAD, #140 INDIANAPOLIS, IN 46250	13-1623888	501C3	0.	7,471.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP NEEDLEPOINT AND DAYPOINT ADA, 5100 GAMBLE DRIVE, SUITE 394 ST. LOUIS PARK, MN 55416	13-1623888	501C3	0.	11,856.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP SIOUX 1323 23RD ST. SOUTH, SUITE A FARGO, ND 58103	13-1623888	501C3	0.	6,761.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADVANTAGE HEALTH CENTERS 15400 WEST MCNICHOLS DETROIT, MI 48235	38-2724796	501C3	0.	106,689.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADVENTIST COMMUNITY SERVICES MULTI-AGENCY WAREHOUSE - 350 EASTVIEW DRIVE - CENTRAL ISLIP, NY 11722	02-0592766	501C3	0.	372,655.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AGAPE CLINIC GRACE UNITED METHODIST CHURCH - 4105 JUNIUS STREET - DALLAS, TX 75246	14-1847977	501C3	0.	183,180.	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 - 1900 FRUITVALE AVE STE 3E - OAKLAND, CA 94601-2469	94-6000501	501C3	0.	225,669.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALBRECHT FREE CLINIC 1110 OAK STREET WEST BEND, WI 53095	39-1839654	501C3	0.	27,988.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALCONA HEALTH CENTERS 177 N. BARLOW ROAD LINCOLN, MI 48742	38-2170985	501C3	0.	151,129.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ALLIANCE MEDICAL CLINIC 1381 UNIVERSITY STREET HEALDSBURG, CA 95448	94-2308748	501C3	0.	14,858.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALTAMED HEALTH SERVICES ADMINISTRATION - 2040 CAMFIELD STREET - LOS ANGELES, CA 90040	95-2810095	501C3	0.	15,179.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN INDIAN HEALING CENTER 7630 PAINTER AVENUE WHITTIER, CA 90602	95-4835249	501C3	0.	91,117.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS 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	501C3	0.	17,069.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN RED CROSS IN-KIND DONATIONS TEAM - 431 18TH STREET NW - WASHINGTON, DC 20006	53-0196605	501C3	0.	85,237.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICARES FREE CLINICS 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501C3	0.	10,606.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMISTAD COMMUNITY HEALTH CENTER 1533 BROWNLEE AVENUE, SUITE 100 CORPUS CHRISTI, TX 78404	20-3008507	501C3	0.	14,794.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMPLA HEALTH DEL NORTE CLINICS, INC - 935 MARKET STREET - YUBA CITY, CA 95991-4210	94-2210447	501C3	0.	5,125.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMRIT DAVAA WORLD HEALTH 1357 N. HIGHLAND AVE. LOS ANGELES, CA 90028	20-8818368	501C3	0.	10,946.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ANDERSON VALLEY HEALTH CENTER 13500 AIRPORT ROAD BOONVILLE, CA 95415	94-2347424	501C3	0.	34,659.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501C3	0.	115,060.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANN SILVERMAN COMMUNITY HEALTH CLINIC - 595 W. STATE STREET - DOYLESTOWN, PA 18901	23-2892823	501C3	0.	87,182.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTELOPE VALLEY COMMUNITY CLINIC 45074 10TH STREET WEST, SUITE 109 LANCASTER, CA 93534	26-0574826	501C3	0.	319,983.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTLERS FIRST BAPTIST CHURCH FREE CLINIC - 208 NE B STREET - ANTLERS, OK 74523	73-1092316	501C3	0.	176,752.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARLINGTON FREE CLINIC 2921 S. 11TH STREET ARLINGTON, VA 22204	54-1671883	501C3	0.	19,095.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET #3 BANDERA, TX 78003	77-0697361	501C3	0.	5,116.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASHLAND COMMUNITY HEALTH CENTER 501 MAIN ASHLAND, MT 59003	81-0512837	501C3	0.	109,205.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN HEALTH SERVICES 818 WEBSTER STREET OAKLAND, CA 94607	94-2235908	501C3	0.	25,552.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ASIAN HUMAN SERVICES FAMILY HEALTH CENTER - 2424 W. PETERSON AVENUE - CHICAGO, IL 60659	01-0567661	501C3	0.	34,313.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN PACIFIC HEALTH CARE VENTURE 1530 HILLHURST AVENUE ATTN: JOHN H LOS ANGELES, CA 90027	95-4177752	501C3	0.	421,185.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY RD AUGUSTA REGIONAL FREE CLINIC - FISHERSVILLE, VA 22939	54-1651896	501C3	0.	23,366.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BARTZ-ALTADONNA COMMUNITY HEALTH CENTER - 43322 GINGHAM AVE. SUITE 104 & 105 - LANCASTER, CA 93535	27-3261289	501C3	0.	67,162.	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	501C3	0.	252,245.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEACH HEALTH CLINIC 3396 HOLLAND ROAD STE 102 VIRGINIA BEACH, VA 23452	54-1366960	501C3	0.	25,706.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEAUREGARD AGAPE COMMUNITY CLINIC 213 WEST 2ND STREET DERIDDER, LA 70634	06-1822290	501C3	0.	6,398.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BECKLEY HEALTH RIGHT 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501C3	0.	16,673.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BELL GARDENS FAMILY MEDICAL CENTER FAMILY HEALTH CARE CENTERS OF LA - 6501 SOUTH GARFIELD AVENUE - BELL GARDENS, CA 90201	95-1641454	501C3	0.	367,853.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BEN ARCHER HEALTH CENTER 1600 THORPE ROAD LAS CRUCES, NM 88012	51-0158976	501C3	0.	23,679.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHEL FREE HEALTH CLINIC 1650 CARROL DRIVE BILOXI, MS 39531	26-1794984	501C3	0.	55,455.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA HEALTH CENTER 133 STETSON DRIVE CHARLOTTE, NC 28262	56-2015959	501C3	0.	27,015.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA HEALTH CLINIC 409 W. FERGUSON TYLER, TX 75702	26-0036674	501C3	0.	58,777.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BIG HORN VALLEY HEALTH CENTER 10 4TH STREET, SUITE B HARDIN, MT 59034	27-3113428	501C3	0.	16,820.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BILL MOORE COMMUNITY HEALTH CLINIC 1460 N. LAKE AVENUE, STE. 105 PASADENA, CA 91104	95-4410426	501C3	0.	31,788.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLACKSTONE VALLEY COMMUNITY HEALTH CENTER - 39 EAST AVENUE - PAWTUCKET, RI 02860	51-0183476	501C3	0.	11,750.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLAND COUNTY MEDICAL CLINIC 12301 GRAPEFIELD ROAD BASTIAN, VA 24314	54-1074890	501C3	0.	20,401.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOND COMMUNITY HEALTH CENTER 1720 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301	59-2426414	501C3	0.	17,359.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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BOONE FREE MEDICAL CLINIC 703 ARDEN STREET BOONE, IA 50036	42-1428706	501C3	0.	14,685.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOONE TRAIL MEDICAL CENTER FIRST CHOICE COMMUNITY HEALTH - 1000 MEDICAL CENTER ROAD - MAMERS, NC 27552	56-1205213	501C3	0.	24,855.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRAZOS VALLEY COMMUNITY ACTION AGENCY, INC. - 3370 SOUTH TEXAS AVENUE, SUITE B - BRYAN, TX 77802	74-2397671	501C3	0.	7,484.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BREAD OF HEALING CLINIC 1821 NORTH 16TH STREET MILWAUKEE, WI 53205	81-0669867	501C3	0.	136,798.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BREATHITT COUNTY FAMILY HEALTH CENTER - 265 HWY 15 SOUTH, SUITE 3 - JACKSON, KY 41339	04-3779582	501C3	0.	293,093.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRIDGE COMMUNITY HEALTH CLINIC PRIMARY CONNECTION HEALTH CARE - 1810 N. 2ND STREET - WAUSAU, WI 54403	39-1759404	501C3	0.	7,706.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRIDGES TO HEALTH 1251 WEST KEM ROAD MARION, IN 46952	20-5405181	501C3	0.	89,604.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROAD STREET CLINIC FOUNDATION 534 NORTH 35TH STREET SUITE K MOREHEAD CITY, NC 28557	56-1853604	501C3	0.	31,463.	PURCHASED PRICE 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	501C3	0.	7,366.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

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BROWARD COMMUNITY & FAMILY HEALTH CENTER - 5010 HOLLYWOOD BLVD SUITE 100-B - HOLLYWOOD, FL 33021	59-3489664	501C3	0.	124,404.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROWNSVILLE COMMUNITY HEALTH CENTER - 191 EAST PRICE ROAD - BROWNSVILLE, TX 78521	74-2176836	501C3	0.	34,184.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BUDDHIST TZU CHI FREE CLINIC 1000 SOUTH GARFIELD AVENUE ALHAMBRA, CA 91801	95-4457939	501C3	0.	25,688.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CABIN CREEK HEALTH CENTER 5722 CABIN CREEK DRIVE DAWES, WV 25054	55-0709223	501C3	0.	47,246.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CACHE VALLEY CHC PHARMACY 1515 NORTH 400 EAST #104 NORTH LOGAN, UT 84341	87-0269232	501C3	0.	84,135.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CALDWELL COUNTY FREE CLINIC 206 WEST MAIN STREET PO BOX 832 PRINCETON, KY 42445	61-1316804	501C3	0.	70,870.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMILLUS HEALTH CONCERN, INC 336 NW 5TH STREET MIAMI, FL 33128	53-0196617	501C3	0.	262,974.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BLUEBONNET 2613 STERLING PANORAMA CT AUSTIN, TX 78738	90-0137641	501C3	0.	5,441.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP BUCK/NEVADA DIABETES ASSOCIATION - 18 STEWART STREET - RENO, NV 89501	88-0386000	501C3	0.	8,663.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CAMP CONRAD-CHINNOCK 4700 JENKS LAKE ROAD, EAST ANGELUS OAKS, CA 92305	95-3897543	501C3	0.	8,331.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP HO MITA KODA 14040 AUBURN RD. NEWBURY, OH 44065	34-0762558	501C3	0.	9,192.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP IVY, INC. 172 I.B. HOWARD ROAD WILLIAMSON, GA 30292	36-4694430	501C3	0.	5,822.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KORELITZ 4555 LAKE FOREST DR., STE 396 CINCINNATI, OH 45242	13-1623888	501C3	0.	5,163.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP KUDZU 5885 GLENRIDGE DR. SUITE 160 ATLANTA, GA 30328	58-2449646	501C3	0.	5,130.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LEO 304 "O" ST. SE TUMWATER, WA 98501	91-1676490	501C3	0.	6,013.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP MCCUMBER 15151 LITTLE RON ROAD CHICO, CA 95973	94-3233706	501C3	0.	5,204.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP MIDICHA - CAMP COPNECONIC 10407 NORTH FENTON RD. FENTON, MI 48430	13-1623888	501C3	0.	11,377.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	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	501C3	0.	9,218.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CAMP SWEENEY 10687 FM 678 WHITESBORO, TX 76273	75-6002547	501C3	0.	28,284.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPITAL CITY RESCUE MISSION FREE CLINIC - 259 S PEARL STREET - ALBANY, NY 12202	56-2663290	501C3	0.	96,301.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPITOL CITY FAMILY HEALTH CENTER 3140 FLORIDA BLVD. BATON ROUGE, LA 70806	72-1395500	501C3	0.	193,725.	PURCHASED PRICE 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	501C3	0.	7,706.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CASA ESPERANZA 618 CACIQUE STREET SANTA BARBARA, CA 93103	77-0502754	501C3	0.	24,936.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CASWELL FAMILY MEDICAL CENTER 439 US HWY 158 WEST YANCEYVILLE, NC 27379	59-1812757	501C3	0.	8,139.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATAHOULA PARISH HOSPITAL DISTRICT NO. 2 - 307 CHISUM STREET - SICILY ISLAND, LA 71368	72-0838896	501C3	0.	20,836.	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	501C3	0.	27,404.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATHOLIC CHARITIES 609 E. HALEY STREET SANTA BARBARA, CA 93103	95-1690973	501C3	0.	42,002.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CATHOLIC CHARITIES FREE HEALTH CARE CENTER - 212 NINTH STREET SUITE 301 - PITTSBURGH, PA 15222	65-1307739	501C3	0.	23,766.	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	501C3	0.	21,899.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENLA MEDICATION ACCESS PROGRAM CMAP - 1101 4TH STREET, SUITE 203 - ALEXANDRIA, LA 71301	02-0751416	501C3	0.	172,675.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL CITY CONCERN/OLD TOWN CLINIC - 727 W BURNSIDE STREET - PORTLAND, OR 97209	93-0728816	501C3	0.	8,583.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA FAMILY HEALTH CENTER - 2400 STATE ROAD 415 - SANFORD, FL 32771	59-1741286	501C3	0.	17,194.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA HEALTH CARE 936 E PARKER STREET LAKELAND, FL 33801	59-1404594	501C3	0.	171,484.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL MISSISSIPPI HEALTH SERVICES - 1134 WINTER STREET - JACKSON, MS 39204	64-0426295	501C3	0.	159,098.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL VIRGINIA HEALTH SERVICES 25892 JAMES MADISON HIGHWAY RTE. 1 NEW CANTON, VA 23123	54-0887287	501C3	0.	16,319.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO DE SALUD DE LARES, INC. CARR 111 KM 1.9 AVE. LOS PATRIOTAS LARES, PR 00669	66-0426506	501C3	0.	5,125.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CENTRO SAN VICENTE 8061 ALAMEDA EL PASO, TX 79915	74-2505561	501C3	0.	30,179.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTROMED SOUTH PARK CLINIC PHARMACY - 6315 SOUTH ZARZAMORA - SAN ANTONIO, TX 78211	74-1787031	501C3	0.	169,009.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHARITABLE CHRISTIAN MEDICAL CLINIC OF HOPE - 1408 S. HERVEY STREET - HOPE, AR 71801	71-0803496	501C3	0.	61,348.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHARITABLE PHARMACY OF CENTRAL OHIO - 200 EAST LIVINGSTON AVENUE - COLUMBUS, OH 43215	27-0147099	501C3	0.	6,570.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHARLES DREW HEALTH CENTER 2915 GRANT STREET OMAHA, NE 68111	47-0666715	501C3	0.	9,869.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	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	501C3	0.	47,008.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHC OF ARKANSAS 420 WEST 4TH STREET, SUITE A NORTH LITTLE ROCK, AR 72114	71-0610075	501C3	0.	108,296.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHEROKEE HEALTH SYSTEMS KNOXVILLE 2018 WESTERN AVENUE KNOXVILLE, TN 37921	62-0637925	501C3	0.	24,723.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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	501C3	0.	387,596.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CHILDREN AND COMMUNITY HEALTH CENTER - 120 S. CENTRAL EXPRESSWAY, SUITE 102 - MCKINNEY, TX 75070	20-0637782	501C3	0.	15,496.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHILDREN'S HEALTH FUND 215 WEST 125TH STREET, SUITE 301 NEW YORK, NY 10027	13-3468427	501C3	0.	30,417.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHINATOWN SERVICE CENTER 767 N. HILL ST. SUITE 200A LOS ANGELES, CA 90012	95-2918844	501C3	0.	116,534.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHIPPEWA VALLEY FREE CLINIC 836 RICHARD DRIVE EAU CLAIRE, WI 54701	39-1840231	501C3	0.	10,205.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST CLINIC 5504 FIRST STREET KATY, TX 77493	35-2179708	501C3	0.	38,693.	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	501C3	0.	38,624.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN CLINIC OF HOWARD COUNTY 100 S. MAIN STREET NASHVILLE, AR 71852	20-5772465	501C3	0.	29,763.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN COMMUNITY ACTION ADULT HEALTH CENTER - 200 SOUTH MILL STREET - LEWISVILLE, TX 75057	23-7319371	501C3	0.	10,205.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN COMMUNITY CARE CLINIC 220 W. SOUTH STREET BENTON, AR 72015	71-0829146	501C3	0.	10,244.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CHRISTIAN HEALTH CENTER, HEBER SPRINGS - 501 WEST MAIN STREET, PMB #233 - HEBER SPRINGS, AR 72543	71-0852792	501C3	0.	18,994.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHURCH HEALTH CENTER OF MEMPHIS, INC. - 1210 PEABODY AVENUE - MEMPHIS, TN 38104	58-1716113	501C3	0.	7,467.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHURCH HILL FREE CLINIC 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501C3	0.	70,412.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITIZENS HEALTH CENTER 1650 N COLLEGE AVENUE INDIANAPOLIS, IN 46202	35-1515887	501C3	0.	10,992.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY OF FREMONT MEDICAL RESERVE CORPS - 3300 CAPITOL AVENUE #A - FREMONT, CA 94538	94-6027361	GOVT ENTITY	0.	9,487.	PURCHASED PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY OF NEW ORLEANS 1300 PERDIDO STREET NEW ORLEANS, LA 70112	72-6000969	501C3	0.	14,794.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CITY SQUARE CLINIC 2835 GRAND AVE DALLAS, TX 75215	75-2332948	501C3	0.	36,335.	ESTIMATED WHOLESALE 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 39150-4262	64-0651149	501C3	0.	515,321.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLEARWATER FREE CLINIC 707 NORTH FT. HARRISON AVENUE CLEARWATER, FL 33755	59-1852871	501C3	0.	95,417.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CLEAVER FAMILY WELLNESS CLINIC 4368 SANTA ANITA AVENUE EL MONTE, CA 91731	95-1765149	501C3	0.	111,473.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA DE SALUD DEL VALLE DE SALINAS - 440 AIRPORT BLVD., STE. A - SALINAS, CA 93905	94-2652757	501C3	0.	20,587.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA MSR. OSCAR A ROMERO 123 S ALVARADO STREET LOS ANGELES, CA 90057	95-3881333	501C3	0.	932,642.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CLINICA SIERRA VISTA ADMINISTRATION - 1430 TRUXTUN AVENUE, SUITE 400 - BAKERSFIELD, CA 93301	95-2707101	501C3	0.	20,406.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COASTAL FAMILY HEALTH CENTER 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501C3	0.	198,834.	PURCHASED PRICE 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	501C3	0.	47,383.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COLUMBIA RIVER COMMUNITY HEALTH SERVICES - 450 TATONE STREET - BOARDMAN, OR 97818	20-1056268	501C3	0.	44,943.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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	501C3	0.	19,306.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMITTEE OF PIKE COUNTY FAMILY - 227 VALLEYVIEW DRIVE - WAVERLY, OH 45690	31-0718042	501C3	0.	117,711.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY ACTION CORPORATION OF SOUTH TEXAS - 700 FLOURNEY ROAD, SUITE 2A - ALICE, TX 78332	74-1679824	501C3	0.	74,901.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CENTER FOR FORSYTH COUNTY - 2135 NEW WALKERTOWN ROAD - WINSTON SALEM, NC 27101	58-1403699	501C3	0.	265,453.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC 703 N. FIRST STREET MCCALL, ID 83638	26-1375911	501C3	0.	6,502.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS - 52 AUNT DORA DRIVE - HIGHLANDS, NC 28741	65-1251915	501C3	0.	81,738.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC-BOONE 141 HEALTH CENTER DRIVE SUITE B BOONE, NC 28607	20-8607858	501C3	0.	5,665.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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	501C3	0.	28,222.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF JOPLIN 701 S. JOPLIN STREET JOPLIN, MO 64801	43-1643962	501C3	0.	47,029.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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	501C3	0.	65,997.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501C3	0.	181,647.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY HEALTH ALLIANCE 1055 S. WELLS AVENUE SUITE 150 RENO, NV 89502	88-0293149	501C3	0.	13,787.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ALLIANCE OF PASADENA - 1855 N. FAIR OAKS AVENUE, SUITE 200 - PASADENA, CA 91103	95-4536824	501C3	0.	189,309.	ESTIMATED WHOLESALE 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	501C3	0.	226,771.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH AND SOCIAL SERVICES CENTER - CHASS - 5635 WEST FORT STREET - DETROIT, MI 48209	38-3094394	501C3	0.	152,788.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ASSN. OF SPOKANE CHAS - 203 NORTH WASHINGTON SUITE 300 - SPOKANE, WA 99201	91-1641797	501C3	0.	205,105.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE SYSTEMS ADMINISTRATION - 616 FERNCREST DRIVE - SANDERSVILLE, GA 31082	58-2001101	501C3	0.	14,794.	PURCHASED PRICE 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	501C3	0.	17,412.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER OF SOUTH CENTRAL TEXAS - 228 ST. GEORGE STREET - GONZALES, TX 78629	74-1548089	501C3	0.	325,425.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER OF SOUTHEAST KANSAS - 3011 N. MICHIGAN - PITTSBURG, KS 66762	75-3002264	501C3	0.	77,747.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY HEALTH CENTER OF WEST PALM BEACH - 2100 WEST 45TH STREET, SUITE A8 - WEST PALM BEACH, FL 33407	26-3611337	501C3	0.	12,053.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF SOUTHEASTERN IOWA - 1706 WEST AGENCY ROAD - WEST BURLINGTON, IA 52655	42-1527584	501C3	0.	37,199.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF THE CENTRAL COAST - 2180 JOHNSON AVENUE SUITE A - SAN LUIS OBISPO, CA 93401	95-3253302	501C3	0.	266,476.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS, INC. MARY MAHONEY MEMORIAL HEALTH CENTER - 12716 NE 36TH STREET - SPENCER, OK 73084	73-0930123	501C3	0.	566,357.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINIC OF BUTLER COUNTY - 103 BONNIE DRIVE - BUTLER, PA 16002	20-4852135	501C3	0.	31,351.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CLINICS OF NORTHEAST TEXAS DBA TOTAL HEALTHCARE CENTER - 928 N. GLENWOOD - TYLER, TX 75702	20-3663617	501C3	0.	136,614.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CONNECTION 9912 E 21ST STREET TULSA, OK 74129	04-3766364	501C3	0.	21,710.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH DEVELOPMENT 200 SOUTH EVANS UVALDE, TX 78801	74-2269739	501C3	0.	69,226.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH FREE CLINIC 947 14TH AVENUE SE CEDAR RAPIDS, IA 52401	13-4228071	501C3	0.	67,148.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY HEALTH NET 1202 STATE STREET ERIE, PA 16501	25-1490791	501C3	0.	5,517.	ESTIMATED WHOLESALE PRICE	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	501C3	0.	97,398.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH OF SOUTH FLORIDA 10300 SW 216TH STREET MIAMI, FL 33190	59-1372690	501C3	0.	190,893.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SERVICE AGENCY 4500 WESLEY STREET GREENVILLE, TX 75401	75-1528614	501C3	0.	98,049.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SERVICES 500 ALBANY AVENUE HARTFORD, CT 06120	06-0863942	501C3	0.	15,491.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH SYSTEMS, INC. DBA ACCESS HEALTH - 252 RURAL ACRES DRIVE - BECKLEY, WV 25801	55-0490878	501C3	0.	116,747.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH WORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501C3	0.	6,138.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTHCARE NETWORK 60 MADISON AVE., 5TH FLOOR NEW YORK, NY 10010	13-3083068	501C3	0.	106,878.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HELPING HANDS CLINIC 34C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501C3	0.	259,410.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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COMMUNITY MEDICINE PHARMACY 1131 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501C3	0.	18,049.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY OUTREACH CLINIC 442 MCCLAIN STREET SILVERTON, OR 97381	93-0281321	501C3	0.	18,760.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY VOLUNTEERS IN MEDICINE 300 B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501C3	0.	20,603.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITYHEALTH 2611 W. CHICAGO AVENUE CHICAGO, IL 60622	36-3831793	501C3	0.	13,573.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMWELL HEALTH TRI-COUNTY COMMUNITY HEALTH CENTER - PO BOX 227 - NEWTON GROVE, NC 28366-0227	58-1319204	501C3	0.	13,474.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSIONATE CARE CLINIC 102 A AIRPORT ROAD MILLEDGEVILLE, GA 31061	74-3157081	501C3	0.	30,334.	ESTIMATED WHOLESALE 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	501C3	0.	67,687.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSIONATE HEALTH CENTER, INC 740 N STATE ROAD 25 ROCHESTER, IN 46975	32-0237943	501C3	0.	8,147.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPREHENSIVE COMMUNITY HEALTH CENTERS, INC. - 801 S. CHEVY CHASE DRIVE, SUITE 20 - GLENDALE, CA 91205	42-1553807	501C3	0.	12,756.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CONTRA COSTA EMS CONTRA COSTA COUNTY MRC - 1340 ARNOLD DRIVE, SUITE 126 - MARTINEZ, CA 94553	94-6000509	GOVT ENTITY	0.	11,859.	PURCHASED PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	41-2058756	501C3	0.	102,432.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORNERSTONE ASSISTANCE NETWORK 3500 NOBLE FORT WORTH, TX 76111	75-2417646	501C3	0.	9,652.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORNING AREA HEALTH CENTER, INC. 1300 CREASON ROAD CORNING, AR 72422	71-0715998	501C3	0.	44,424.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD STREET CORPUS CHRISTI, TX 78408	74-2642761	501C3	0.	15,290.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COUNCIL ON ALCOHOLISM & DRUG ABUSE 232 E. CANON PERDIDO STREET SANTA BARBARA, CA 93102	95-1878858	501C3	0.	13,732.	PURCHASED PRICE ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COVENANT COMMUNITY CARE 559 WEST GRAND BLVD DETROIT, MI 48216	38-3533998	501C3	0.	140,199.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COWLITZ FREE MEDICAL CLINIC 1230 7TH AVE LONGVIEW, WA 98632	91-2016542	501C3	0.	20,591.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CRISIS CONTROL MINISTRY 200 E. TENTH STREET WINSTON SALEM, NC 27101	23-7348168	501C3	0.	26,579.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CROSS AND CROWN CLINIC 1008 NORTH MCKINLEY STREET OKLAHOMA CITY, OK 73106	73-1608071	501C3	0.	30,688.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSS OVER MINISTRY HEALTH CARE CENTER - 108 COWARDIN AVE. - RICHMOND, VA 23224	54-1371067	501C3	0.	55,682.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSS TIMBERS HEALTH CLINICS 1100 REYNOSA DELEON, TX 76444	75-2113670	501C3	0.	390,693.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROSSINGS COMMUNITY CLINIC 2208 W. HEFNER ROAD, STE. B OKLAHOMA CITY, OK 73120	86-1115863	501C3	0.	114,205.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CROWLEY HOUSE OF HOPE CLINIC 208 N MAGNOLIA CROWLEY, TX 76036	75-2625043	501C3	0.	53,246.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CURTIS V. COOPER PRIMARY HEALTH WESTSIDE URBAN HEALTH CENTER - 106 E BROAD ST - SAVANNAH, GA 31401-2917	58-1136296	501C3	0.	39,993.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DAMIAN FAMILY CARE CENTERS PROJECT SAMARITAN HEALTH SERVICES - 137-50 JAMAICA AVENUE - JAMAICA, NY 11435	22-3433831	501C3	0.	172,571.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DAVID RAINES COMMUNITY HEALTH CENTERS - 1625 DAVID RAINES ROAD - SHREVEPORT, LA 71107	58-2000630	501C3	0.	88,723.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DAVIDSON MEDICAL MINISTRIES CLINIC 420 N. SALISBURY STREET LEXINGTON, NC 27292	56-1746266	501C3	0.	21,277.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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DECORAH COMMUNITY FREE CLINIC 604 W. BROADWAY STREET DECORAH, IA 52101	20-1081005	501C3	0.	16,519.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DENVER INDIAN HEALTH AND FAMILY SERVICES, INC. - 1633 FILLMORE ST. GL1 - DENVER, CO 80206	84-0724261	501C3	0.	44,413.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIVERSITY HEALTH CENTER, INC. 213 NORTH MCDONALD STREET LUDOWICI, GA 31316	20-5746618	501C3	0.	25,436.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIVISION OF PEDIATRIC ENDOCRINOLOGY CAMP ADAM FISHER - 1446 HARPER ST., DUGAS BG-1012 - AUGUSTA, GA 30912	54-2101275	501C3	0.	7,119.	ESTIMATED WHOLESALE PRICE	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	501C3	0.	17,573.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOLORES COUNTY HEALTH ASSOCIATION 495 WEST 4TH STREET DOVE CREEK, CO 81324	84-0674759	501C3	0.	9,188.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOWNRIVER COMMUNITY SERVICES ALGONAC MEDICAL CENTER - 555 ST. CLAIR RIVER DRIVE - ALGONAC, MI 48001	38-2080825	501C3	0.	393,738.	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	501C3	0.	26,217.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DR. VIRGIL GIANELLI MEDICAL CLINIC ST. MARYS DINING ROOM - 545 W. SONORA STREET - STOCKTON, CA 95203	94-2687280	501C3	0.	486,749.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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EAST BAY COMMUNITY ACTION PROGRAM 6 JOHN H. CHAFFEE BLVD. NEWPORT, RI 02840	05-0310024	501C3	0.	40,850.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST HARTFORD COMMUNITY HEALTHCARE 94 CONNECTICUT BLVD EAST HARTFORD, CT 06108	06-1416492	501C3	0.	8,139.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST TEXAS COMMUNITY HEALTH SERVICE - 1401 S. UNIVERSITY DRIVE - NACOGDOCHES, TX 75961	75-2184369	501C3	0.	22,280.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST VALLEY COMMUNITY HEALTH CENTER - 420 S. GLENDORA AVENUE - WEST COVINA, CA 91790	23-7068586	501C3	0.	14,910.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EASTERN PANHANDLE FREE CLINIC CHARLES TOWN HEALTH RIGHT - 1212 N. MILDRED STREET - RANSON, WV 25438	55-0778553	501C3	0.	7,291.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAU CLAIRE COOPERATIVE HEALTH CENTERS, INC. - 1228 HARDEN STREET - COLUMBIA, SC 29204	57-0965445	501C3	0.	84,934.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EISNER PEDIATRIC & FAMILY MEDICAL CENTER - 1530 S. OLIVE STREET - LOS ANGELES, CA 90015	95-1690966	501C3	0.	134,692.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EL PROYECTO DEL BARRIO 8902 WOODMAN AVENUE ARLETA, CA 91331	95-2662606	501C3	0.	105,304.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ERIC B. CHANDLER HEALTH CENTER 277 GEORGE STREET NEW BRUNSWICK, NJ 08901	22-3273811	501C3	0.	10,736.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ESCAMBIA COMMUNITY CLINICS, INC 2200 NORTH PALAFOX STREET PENSACOLA, FL 32501	59-3105246	501C3	0.	14,794.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ETOWAH BAPTIST CHARITY PHARMACY 18901 E. ETOWAH ROAD NOBLE, OK 73068	73-1637078	501C3	0.	9,413.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ETOWAH FREE COMMUNITY CLINIC 423 SOUTH 3RD STREET GADSDEN, AL 35901	82-0562064	501C3	0.	163,243.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD, STE. E EUNICE, LA 70535	27-0213992	501C3	0.	93,980.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EXCELTH, INC. 1515 POYDRAS STREET, STE. 1070 NEW ORLEANS, LA 70112	72-1193464	501C3	0.	706,495.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAIRFAX MEDICAL FACILITIES, INC 212 NORTH MAIN STREET FAIRFAX, OK 74637-3023	83-0410970	501C3	0.	37,080.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAIRVIEW COMMUNITY HEALTH CENTER 615 7TH AVE. BOWLING GREEN, KY 42101	61-1386859	501C3	0.	91,584.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAITH COMMUNITY PHARMACY 7033 BURLINGTON PIKE, SUITE #4 FLORENCE, KY 41042	61-1378914	501C3	0.	67,795.	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 ATTN: BARRY ST. LOUIS, MO 63111	23-7076112	501C3	0.	161,014.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FAMILY HEALTH CARE OF NORTHWEST OHIO - 1052 S. WASHINGTON STREET - VAN WERT, OH 45891	34-1977316	501C3	0.	70,196.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTER OF CLARK COUNTY - 1319 DUNCAN AVENUE - JEFFERSONVILLE, IN 47130	35-1842342	501C3	0.	25,856.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA - 2232 GRAND AVENUE PHARMACY - FORT MYERS, FL 33901	59-1741273	501C3	0.	13,867.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CLINIC OF CARROLL COUNTY - 901 PRINCE WILLIAM ROAD, SUITE A - DELPHI, IN 46923	26-1553382	501C3	0.	114,007.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH PARTNERSHIP CLINIC 13707 WEST JACKSON STREET WOODSTOCK, IL 60098	36-4277029	501C3	0.	144,982.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH SERVICES ADMINISTRATION - 794 EASTLAND DR - TWIN FALLS, ID 83301	82-0371093	501C3	0.	143,289.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTHCARE NETWORK 305 EAST CENTER AVE. VISALIA, CA 93291	94-2525145	501C3	0.	7,688.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY MEDICAL & DENTAL CENTERS 1302 RIVER STREET PALATKA, FL 32177	59-1792958	501C3	0.	29,692.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, 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	501C3	0.	65,042.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FCYD CAMP UTADA 1995 WEST 9000 SOUTH (BASEMENT) WEST JORDAN, UT 84088	87-0642251	501C3	0.	12,156.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST BAPTIST MEDICAL/DENTAL CLINIC - 1607 CHERRY STREET - VICKSBURG, MS 39181	64-0334158	501C3	0.	27,912.	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	501C3	0.	14,794.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLINT HILLS COMMUNITY CLINIC 401 HOUSTON ST. MANHATTAN, KS 66502	20-2306015	501C3	0.	16,332.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLORIDA DIABETES CAMP CMS BUILDING A, 1701 SW 16TH AVE, SUITE 2129 - GAINESVILLE, FL 32608	23-7098099	501C3	0.	16,720.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FOODBANK OF SOUTHERN CALIFORNIA 1444 SAN FRANCISCO AVENUE LONG BEACH, CA 90813	95-3557056	501C3	0.	387,837.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FORT BEND FAMILY HEALTH CENTER ACCESSHEALTH - 400 AUSTIN STREET - RICHMOND, TX 77469	74-1951476	501C3	0.	144,393.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FOUR RIVERS HEALTH CLINIC 932 WEST IDAHO AVENUE SUITE 100 ONTARIO, OR 97914	93-1304536	501C3	0.	184,500.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FOX CITIES COMMUNITY CLINIC 1814 NORTH APPLETON ROAD MENASHA, WI 54952	20-2090446	501C3	0.	29,879.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FRANKLIN C FETTER FAMILY HEALTH CENTER - 51 NASSAU STREET - CHARLESTON, SC 29403	57-0604703	501C3	0.	208,205.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRANKLIN COUNTY VOLUNTEERS IN MEDICINE CLINIC - 109 N. CHURCH STREET - LOUISBURG, NC 27549	32-0070225	501C3	0.	5,898.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRANKLIN PRIMARY HEALTH CENTER 1303 DR. MARTIN LUTHER KING JR. AV MOBILE, AL 36603	63-0695975	501C3	0.	14,794.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF GOOCHLAND 1800 SANDY HOOK ROAD, STE. 120 GOOCHLAND, VA 23063	20-2533136	501C3	0.	116,329.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF NEWTON 350 SPARTA AVE BLDG A SPARTA, NJ 07871	45-4224214	501C3	0.	483,256.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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	501C3	0.	25,808.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINIC OF SW WASHINGTON 4100 PLOMONDON STREET VANCOUVER, WA 98661	91-1707542	501C3	0.	34,259.	ESTIMATED WHOLESALE 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	501C3	0.	26,111.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE CLINICS OF IOWA 3200 GRAND AVENUE DES MOINES, IA 50312	42-1428706	501C3	0.	83,687.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FREE MEDICAL CLINIC OF DARLINGTON COUNTY - 203 GROVE STREET - DARLINGTON, SC 29532	58-2445265	501C3	0.	14,160.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF DUBOIS 47 WEST LONG AVENUE DUBOIS, PA 15801	25-1804763	501C3	0.	88,123.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF OAK RIDGE, INC. - 320 ROBERTSVILLE ROAD SUITE 1 - OAK RIDGE, TN 37830	90-0715369	501C3	0.	31,909.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRIENDS OF FAMILY HEALTH CENTER 501 S. IDAHO STREET, #190 LA HABRA, CA 90631	27-1316512	501C3	0.	5,095.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
G. A. CARMICHAEL FAMILY HEALTH CENTER - 1668 WEST PEACE STREET - CANTON, MS 39046-0588	64-0580940	501C3	0.	216,584.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GALES CREEK CAMP 7110 SW FIR LOOP, SUITE 170 PORTLAND, OR 97223	93-6010464	501C3	0.	5,359.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	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 SUITE A-114 - TEXAS CITY, TX 77591	76-0619014	501C3	0.	64,533.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GARFIELD HEALTH CENTER 210 N. GARFIELD AVE., SUITE 203 MONTEREY PARK, CA 91754	76-0733752	501C3	0.	49,879.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GASTON FAMILY HEALTH SERVICES 991 W. HUDSON BLVD GASTONIA, NC 28052	58-1958398	501C3	0.	173,490.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GATEWAY HEALTH CLINIC 100 NORTH TILLOTSON AVE MUNCIE, IN 47304	35-1327507	501C3	0.	24,819.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GAY MEN'S HEALTH CRISIS 446 WEST 33 STREET 6TH FLOOR NEW YORK, NY 10001	13-3130146	501C3	0.	22,939.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GENERATIONS FAMILY HEALTH CENTER 40 MANSFIELD AVENUE WILLIMANTIC, CT 06226	22-3158253	501C3	0.	196,777.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GEORGIA FARMWORKER HEALTH PROGRAM GEORGIA DEPT. OF COMMUNITY HEALTH - 920 SOUTH WEST STREET - BAINBRIDGE, GA 39819	58-6000359	501C3	0.	31,552.	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	GOVT ENTITY	0.	13,115.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD FAITH CLINIC 711 COOK DRIVE ATHENS, TN 37303	62-1624210	501C3	0.	136,083.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD HEALTH CLINIC 91555 OVERSEAS HIGHWAY, #2 TAVERNIER, FL 33070	04-3745805	501C3	0.	5,887.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEIGHBOR COMMUNITY HEALTH CLINIC - 2282 EAST 32ND AVENUE - COLUMBUS, NE 68602	13-4249732	501C3	0.	149,265.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD NEWS CARE CENTER 7855 SW 104TH STREET, STE. 210 MIAMI, FL 33156	59-0914210	501C3	0.	5,125.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501C3	0.	165,924.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CARE CLINIC 501 WEST US HIGHWAY 60 MOUNTAIN VIEW, MO 65548	56-2418664	501C3	0.	10,862.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH, AR 72901	71-0863639	501C3	0.	47,385.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE, SUITE 311 PARKERSBURG, WV 26105	55-0708491	501C3	0.	11,028.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH AND WELLNESS CENTER - 175 SAMARITAN DRIVE - JASPER, GA 30143	58-2576315	501C3	0.	33,912.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH CENTER OF COBB - 1605 ROBERTA DRIVE SOUTHWEST - MARIETTA, GA 30008	32-0045238	501C3	0.	102,957.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH CLINIC 136 EAST PLYMOUTH AVENUE DELAND, FL 32720	30-0408193	501C3	0.	11,385.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH CLINIC OF PASCO - 5334 ASPEN STREET - NEW PORT RICHEY, FL 34652	59-3072334	501C3	0.	9,259.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN HEALTH SERVICES 1725 E. 19TH STREET LOWER LEVEL, S TULSA, OK 74104	73-1559561	501C3	0.	144,017.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GOOD SAMARITAN HOUSE 213 N. MAIN STREET DEARING, GA 30808	02-6434516	501C3	0.	58,785.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SAMARITAN SHELTER ADMINISTRATION - 731 S. LINCOLN STREET - SANTA MARIA, CA 93458	77-0133375	501C3	0.	37,724.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD COMMUNITY CLINIC 240 E. WASHINGTON STREET MARTINSVILLE, IN 46151	35-1365963	501C3	0.	25,618.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD FREE MEDICAL CLINIC 307 NORTH BROAD STREET CLINTON, SC 29325	57-0996466	501C3	0.	43,714.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD MEDICAL AND DENTAL FOUNDATION - 20 12TH AVE. NW - ARDMORE, OK 73401	73-1509801	501C3	0.	72,423.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE CLINIC 800 WEST CANAL DRIVE KENNEWICK, WA 99336	77-0592408	501C3	0.	48,904.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE MEDICAL CLINIC 211 SOUTH 8TH STREET MAYFIELD, KY 42066	61-1351519	501C3	0.	64,603.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501C3	0.	78,594.	ESTIMATED WHOLESALE 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	501C3	0.	16,476.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GRAND PRAIRIE CHARITABLE CHRISTIAN MEDICAL CLINIC - 115 NORTH ADAMS STREET - DEWITT, AR 72042	71-0851962	501C3	0.	13,276.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRAND PRAIRIE WELLNESS CENTER 1710 SMALL STREET GRAND PRAIRIE, TX 75050	75-2877107	501C3	0.	116,438.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRANT PARK CLINIC 1340 BOULEVARD SE ATLANTA, GA 30315	58-1577640	501C3	0.	109,909.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER BADEN MEDICAL SERVICES 7450 ALBERT ROAD, 3RD FLOOR BRANDYWINE, MD 20613	52-0961414	501C3	0.	22,167.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER GREENWOOD UNITED MINISTRY FREE MEDICAL CLINIC - 1404 EDGEFIELD STREET - GREENWOOD, SC 29646	57-1012393	501C3	0.	8,003.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER HICKORY COOPERATIVE CHRISTIAN MINISTRY - 31 1ST AVENUE SE - HICKORY, NC 28602	56-0934855	501C3	0.	16,278.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER KILLEEN FREE CLINIC 718 N. 2ND STREET, STE. A KILLEEN, TX 76541	74-2724725	501C3	0.	29,599.	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 SUITE 102 - WOODBRIIDGE, VA 22192	83-0435138	501C3	0.	21,270.	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	501C3	0.	98,470.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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GREEN RIVER MEDICAL CENTER 585 W. MAIN GREEN RIVER, UT 84525	87-0409346	501C3	0.	7,795.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501C3	0.	33,171.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUADALUPE SENIOR CENTER 4545 TENTH STREET GUADALUPE, CA 93434	23-7440070	OTHER	0.	6,881.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS 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	GOVT ENTITY	0.	14,638.	PURCHASED PRICE ESTIMATED WHOLESALE 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	501C3	0.	36,650.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
H STREET CLINIC 1329 NORTH H STREET SAN BERNARDINO, CA 92405	20-8191393	501C3	0.	316,256.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HAMILTON HEALTH CENTER 110 S 17TH STREET HARRISBURG, PA 17104	23-1858363	501C3	0.	181,764.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HANNIBAL FREE CLINIC 3145 HIGHWAY 61 NORTH HANNIBAL, MO 63401	14-1979983	501C3	0.	10,205.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARBOR COMMUNITY ADULT CLINIC 593 W. 6TH STREET SAN PEDRO, CA 90731	23-7103245	501C3	0.	121,444.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HARM REDUCTION SERVICES 2800 STOCKTON BLVD. SACRAMENTO, CA 95817	68-0300656	501C3	0.	46,520.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARMONY HEALTH CLINIC VOLUNTEERS IN MEDICINE - 201 EAST ROOSEVELT ROAD - LITTLE ROCK, AR 72206	20-5691313	501C3	0.	49,606.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARRISONBURG COMMUNITY HEALTH CENTER - 563-A NEFF AVENUE - HARRISONBURG, VA 22801	02-0813294	501C3	0.	5,280.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HASTINGS FAMILY PLANNING, INC. 422 N. HASTINGS AVE. SUITE 204 HASTINGS, NE 68901	47-0564556	501C3	0.	33,202.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALING HANDS HEALTH CENTER 210 MEMORIAL DRIVE BRISTOL, TN 37620	62-1677000	501C3	0.	9,434.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALING HANDS MINISTRIES 8515 GREENVILLE AVENUE, SUITE N112 DALLAS, TX 75243	65-1259379	501C3	0.	143,161.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH ACCESS, INCORPORATED 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501C3	0.	33,149.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH ALLIANCE FOR THE UNINSURED 5929 N. MAY AVENUE, SUITE 511 OKLAHOMA CITY, OK 73112	26-1789292	501C3	0.	10,992.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH AND HOPE CLINIC, INC. 9999 CHEMSTRAND RD. PENSACOLA, FL 32514	26-4336638	501C3	0.	53,648.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEALTH AND WELLNESS CENTER 1505 E. MAIN, SUITE A STIGLER, OK 74462	20-0368759	501C3	0.	11,425.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE ACCESS 330 MAINE LAWRENCE, KS 66044	48-1062114	501C3	0.	49,520.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE CENTER FOR THE HOMELESS DBA ORANGE BLOSSOM FAMILY HEALTH CENTER - 232 NORTH ORANGE BLOSSOM TRAIL - ORLANDO, FL 32805	59-3185020	501C3	0.	22,720.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE FOR THE HOMELESS 421 FALLSWAY BALTIMORE, MD 21202	52-1576404	501C3	0.	77,715.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE NETWORK 904 STATE STREET RACINE, WI 53404	42-1299913	501C3	0.	44,720.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH FOR ALL 1328 A MEMORIAL DRIVE BRYAN, TX 77802	74-2624477	501C3	0.	118,205.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH HELP DBA WHITE HOUSE CLINICS - 1010 MAIN STREET SOUTH - MCKEE, KY 40447	61-0843731	501C3	0.	91,265.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH INTERVENTION SERVICES 15 ANDRE SE GRAND RAPIDS, MI 49507	38-3273825	501C3	0.	16,513.	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	501C3	0.	12,563.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEALTH PARTNERS INC 3070 CRAIN HIGHWAY #101 P.O. BOX 1 WALDORF, MD 20601	52-1767044	501C3	0.	43,666.	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	501C3	0.	18,196.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERSHIP CLINIC OF JOHNSON COUNTY - 7171 WEST 95TH STREET, SUITE 100 - OVERLAND PARK, KS 66212	48-1115529	501C3	0.	58,640.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE SUITE MOORESVILLE, NC 28115	20-1020941	501C3	0.	14,588.	ESTIMATED WHOLESALE 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	501C3	0.	10,250.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH WEST - LAVA CLINIC 85 SOUTH 5TH WEST P.O. BOX 178 LAVA HOT SPRINGS, ID 83246	82-0324100	501C3	0.	103,613.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE CONNECTION, INC. 1401 STEFFEN AVENUE CINCINNATI, OH 45215	31-0822524	501C3	0.	22,940.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE FOR THE HOMELESS 2505 FANNIN STREET, 2ND FLOOR HOUSTON, TX 77002	76-0647934	501C3	0.	26,905.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE NETWORK OF SOUTHWEST FLORIDA - 1454 MADISON AVENUE - IMMOKALEE, FL 34142	59-1741277	501C3	0.	15,849.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEALTHFINDERS COLLABORATIVE 710 DIVISION STREET NORTHFIELD, MN 55057	20-1805262	501C3	0.	10,070.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHLINK PRIMARY CARE CLINIC 2027 PULASKI HIGHWAY, SUITE 206 HAVRE DE GRACE, MD 21078	26-2462359	OTHER	0.	39,705.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHNET OF ROCK COUNTY, INC. 23 W. MILWAUKEE STREET SUITE 201 JANESVILLE, WI 53548	39-1778804	501C3	0.	56,217.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHPOINT FAMILY CARE ADMINISTRATION - 1401 MADISON AVENUE - COVINGTON, KY 41011	61-0729915	501C3	0.	163,962.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501C3	0.	86,827.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHREACH COMMUNITY HEALTH CENTERS - ADMINISTRATION - 10 WATER STREET, SUITE 305 - WATERVILLE, ME 04901	01-6023664	501C3	0.	6,606.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHREACH INC. 3333 GREENBAY ROAD, SUITE 1.376 NORTH CHICAGO, IL 60088	36-3816410	501C3	0.	9,607.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART CITY HEALTH CENTER 236 SIMPSON AVENUE ELKHART, IN 46635	35-1875364	501C3	0.	19,389.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART OF FLORIDA HEALTH CENTER 1025 SW 1ST AVENUE OCALA, FL 34471	59-3060378	501C3	0.	287,427.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEART OF KANSAS 1905 19TH STREET GREAT BEND, KS 67530	48-1165405	501C3	0.	5,517.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEARTLAND COMMUNITY HEALTH CLINIC 1701 W. GARDEN STREET PEORIA, IL 61605	37-1270794	501C3	0.	12,209.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEARTLAND HEALTH OUTREACH 1015 W. LAWRENCE AVENUE CHICAGO, IL 60640	36-3775696	501C3	0.	52,231.	ESTIMATED WHOLESALE 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	501C3	0.	26,853.	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	501C3	0.	7,529.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HMONG HEALTH ALLIANCE HMONG WOMAN'S HERITAGE ASSOCIATION - 6000 J STREET - SACRAMENTO, CA 95819-6117	68-0350323	501C3	0.	7,641.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOMELESS HEALTH CARE CENTER CHATTANOOGA - 717 EAST 11TH STREET - CHATTANOOGA, TN 37403	62-6000636	501C3	0.	13,541.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 411 E. JEFFERSON STREET WAXAHACHIE, TX 75165	75-2813621	501C3	0.	50,610.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC 1600 5TH AVENUE S JASPER, AL 35501	20-3327980	501C3	0.	20,968.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HOPE CLINIC OF GARLAND TEXAS 808 WEST AVE. A GARLAND, TX 75040	75-2960314	501C3	0.	12,589.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501C3	0.	5,747.	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	501C3	0.	70,998.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORISONS UNLIMITED HEALTHCARE 164 B STREET LIVINGSTON, CA 95334	72-1532350	501C3	0.	292,810.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HORIZON HEALTH CARE, INC. HOWARD CLINIC - 208 SOUTH MAIN STREET - HOWARD, SD 57321	46-0341255	501C3	0.	304,422.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOT SPRINGS HEALTH PROGRAM 590 MEDICAL PARK DRIVE MARSHALL, NC 28753	56-0986537	501C3	0.	15,491.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501C3	0.	7,999.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDIAN HEALTH COUNCIL PHARMACY 50100 GOLSH ROAD VALLEY CENTER, CA 92082	95-2506788	501C3	0.	14,272.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INDIANA HEALTH CENTERS, INC. 8003 CASTLEWAY DRIVE INDIANAPOLIS, IN 46250	31-1003977	501C3	0.	129,035.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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INHEALTH COMMUNITY WELLNESS FREE CLINIC - 109 EAST BLUFF STREET - BOSCOBEL, WI 53805	33-1170597	501C3	0.	177,743.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INNIS COMMUNITY HEALTH CENTER 6450 LA HIGHWAY 1 INNIS, LA 70747	72-1505179	501C3	0.	112,731.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INTERIOR COMMUNITY HEALTH CENTER 1606 23RD AVENUE FAIRBANKS, AK 99701	92-0147354	501C3	0.	10,900.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IPFW - LAFAYETTE STREET FAMILY HEALTH CLINIC - 2700 SOUTH LAFAYETTE STREET, SUITE 200 - FT. WAYNE, IN 46806	35-6002041	501C3	0.	17,450.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISABEL COMMUNITY CLINIC 118 N. MAIN STREET ISABEL, SD 57633	46-0348705	501C3	0.	132,716.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLA VISTA YOUTH PROJECTS 6842 PHELPS ROAD GOLETA, CA 93117	95-3007419	501C3	0.	20,139.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLANDS COMMUNITY MEDICAL SERVICES 15 MEDICAL CENTER LOOP VINALHAVEN, ME 04863	01-6012835	501C3	0.	56,546.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JC LEWIS HEALTH CENTER UNION MISSION, INC. - 125 FAHM STREET - SAVANNAH, GA 31401	58-0827524	501C3	0.	93,150.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JEANIE SCHMIDT FREE CLINIC 13525 DULLES TECHNOLOGY DRIVE HERNDON, VA 20172	71-0877944	501C3	0.	8,139.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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JEFFERSON COMMUNITY HEALTH CARE CENTER - AVONDALE - 4028 US HWY 90W - AVONDALE, LA 70094	56-2439708	501C3	0.	290,533.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JEFFERSON COMPREHENSIVE HEALTH CENTER - 225 COMMUNITY DRIVE - FAYETTE, MS 39069	64-0667610	501C3	0.	451,619.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JESSIE HOPKINS HINCHEE FOUNDATION 825 N. KELLOGG AVENUE SANTA BARBARA, CA 93111	95-3489222	501C3	0.	7,170.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JESSIE TRICE COMMUNITY HEALTH 5607 N W 27TH AVE, SUITE 1 MIAMI, FL 33142	59-1235617	501C3	0.	14,794.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOHNSON CITY DOWNTOWN CLINIC EAST TENNESSEE STATE UNIVERSITY - 2151 CENTURY LANE - JOHNSON CITY, TN 37604	62-6021046	501C3	0.	8,583.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOHNSTOWN FREE MEDICAL CLINIC 340 MAIN STREET JOHNSTOWN, PA 15901	23-2922409	501C3	0.	11,703.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JONESBORO CHURCH HEALTH CENTER 500 KITCHEN JONESBORO, AR 72401	71-0707863	501C3	0.	87,983.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOSEPH P. ADDABBO FAMILY HEALTH CENTER - 120 RICHARDS STREET - BROOKLYN, NY 11231	06-1181226	501C3	0.	25,094.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KANSAS CITY CARE CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501C3	0.	108,010.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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KATAHDIN VALLEY HEALTH CENTER 30 HOULTON STREET PATTEN, ME 04765	23-7411014	501C3	0.	32,473.	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	501C3	0.	28,211.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KCS HEALTH CENTER 7212 ORANGETHORPE AVE. SUITE 9A BUENA PARK, CA 90621	95-3245254	501C3	0.	64,483.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KEVIN'S COMMUNITY CENTER 153 SOUTH MAIN STREET NEWTOWN, CT 06470	61-1436909	501C3	0.	59,272.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KIDS COME FIRST 1556 S. SULTANA AVE. ONTARIO, CA 91761	33-0969025	501C3	0.	156,204.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
KLICKITAT VALLEY HEALTH 310 S. ROOSEVELT GOLDENDALE, WA 98620	91-6001738	501C3	0.	5,763.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA CLINICA CRISTIANA 380 WILSON LAKE SHORES MUSCLE SHOALS, AL 35661	20-1624284	501C3	0.	41,868.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA FAMILIA MEDICAL CENTER 1035 ALTO STREET SANTA FE, NM 87501	85-0220875	501C3	0.	5,125.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LA MAESTRA FAMILY CLINIC, INC. 4060 FAIRMOUNT AVENUE SAN DIEGO, CA 92105	33-0473171	501C3	0.	94,279.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LAFAYETTE COMMUNITY HEALTH CARE CLINIC - 1317 JEFFERSON STREET - LAFAYETTE, LA 70501	72-1221982	501C3	0.	48,098.	PURCHASED PRICE 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	501C3	0.	115,572.	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 SUITE B OCONOMOWOC, WI 53066	39-2006388	501C3	0.	20,472.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE COUNTY FREE CLINIC 54 S. STATE STREET, SUITE 302 PAINESVILLE, OH 44077	34-1081191	501C3	0.	70,559.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAKE COUNTY PRIMARY CARE 710 CARL PARKINS PARKWAY TIPTONVILLE, TN 38079	62-1026947	501C3	0.	52,538.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LANAI COMMUNITY HEALTH CENTER ADMINISTRATION - 624 A HOUSTON STREET - LANAI, HI 96763	20-2509287	501C3	0.	54,427.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LAS ISLAS MEDICAL GROUP 2400 SOUTH C STREET OXNARD, CA 93033	77-0285222	501C3	0.	27,635.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEE COUNTY VOLUNTEERS IN MEDICINE COMPASSIONATE CARE CLINIC - 1154 LEE BLVD. SUITE 2 - LEHIGH ACRES, FL 33936	01-0941498	501C3	0.	136,736.	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	501C3	0.	212,688.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LELAND MEDICAL CLINIC DELTA HEALTH ALLIANCE - 201 BAKER BLVD. - LELAND, MS 38756	47-0915576	501C3	0.	9,788.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEO POCHA CLINIC 435 N. LAST CHANCE GULCH HELENA, MT 59601	81-0304870	501C3	0.	122,387.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIFELONG MEDICAL CARE ADMINISTRATION - 2344 SIXTH STREET - BERKELEY, CA 94710	94-2502308	501C3	0.	217,434.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIGHTHOUSE MEDICAL MINISTRIES 2801 S. ROBINSON AVENUE OKLAHOMA CITY, OK 73109	20-0503733	501C3	0.	159,196.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIONS CAMP MERRICK 3650 RICK HAMILTON PLACE NANJEMOY, MD 20662	52-1289731	501C3	0.	6,564.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LISBON AND EAST LIVERPOOL COMMUNITY HEALTH CENTERS - 7880 LINCOLLE PLACE - LISBON, OH 44432	34-6565185	501C3	0.	109,522.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY BLVD. FREDERICKSBURG, VA 22401	54-1677934	501C3	0.	8,892.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LONE STAR COMMUNITY HEALTH CENTER 605 S. CONROE MEDICAL DR. CONROE, TX 77304	30-0038860	501C3	0.	27,214.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LORAIN COUNTY FREE CLINIC 3323 PEARL AVENUE LORAIN, OH 44055	34-1506180	501C3	0.	49,057.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LOS ANGELES CHRISTIAN HEALTH CENTERS - 311 WINSTON STREET - LOS ANGELES, CA 90013	95-4315734	501C3	0.	7,928.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOUDOUN FREE CLINIC 224 A CORNWALL ST NW LEESBURG, VA 20176-2701	54-1921059	501C3	0.	14,128.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOW COUNTRY HEALTH CARE SYSTEM 333 REVOLUTIONARY TRAIL FAIRFAX, SC 29827	58-2366697	501C3	0.	8,139.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MACON VOLUNTEER CLINIC 376 ROGERS AVENUE MACON, GA 31204	74-3055376	501C3	0.	14,990.	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	501C3	0.	127,905.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANATEE COUNTY RURAL HEALTH SERVICES - 12271 US HIGHWAY 301 NORTH - PARRISH, FL 34219	59-1773262	501C3	0.	24,555.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANNA MEDICAL CLINIC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501C3	0.	27,876.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANTACHIE RURAL HEALTH CARE 5681 HIGHWAY 363 MANTACHIE, MS 38855	64-0646692	501C3	0.	29,455.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARTHA'S VILLAGE AND KITCHEN MEDICAL CLINIC - 83791 DATE AVENUE - INDIO, CA 92201	33-0777892	501C3	0.	160,976.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MARTIN LUTHER KING HEALTH CENTER 827 MARGARET PLACE, SUITE 201 SHREVEPORT, LA 71101	72-1079721	501C3	0.	35,368.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM - 101 AVENUE F NORTH - BAY CITY, TX 77414	20-0537948	501C3	0.	99,518.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATHEW 25 INC. 413 EAST JEFFERSON BLVD. FORT WAYNE, IN 46802	35-1484951	501C3	0.	49,410.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDCARE UNITED CHARITABLE PHARMACY 711 STANTON L. YOUNG BLVD. SUITE 1 OKLAHOMA CITY, OK 73104	45-3361897	501C3	0.	202,529.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL ASSOCIATES PLUS @ BELL TERRACE - 2467 GOLDEN CAMP ROAD - AUGUSTA, GA 30906	31-1591242	501C3	0.	168,566.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDLINK GEORGIA, INC. 11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501C3	0.	302,052.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDPLEX CLINICS (SHELBY CNTY HEALTHCARE) - 877 JEFFERSON AVENUE - MEMPHIS, TN 38103	62-1113169	501C3	0.	83,684.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEND MEDICAL CLINIC 10641 N SAN FERNANDO RD PACOIMA, CA 91331	23-7306337	501C3	0.	10,284.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY HEALTH CENTER 700 OGLETHORPE AVENUE SUITE C7 ATHENS, GA 30606	58-2603523	501C3	0.	14,117.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MERCY MEDICAL CLINIC 802 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501C3	0.	55,779.	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	501C3	0.	57,960.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROCREST FAMILY MEDICAL CLINIC ONE MEDICAL PARKWAY, STE.149 FARMERS BRANCH, TX 75234	75-2616002	501C3	0.	216,679.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROWEST FREE MEDICAL PROGRAM 105 HUDSON ROAD SUDBURY, MA 01776	04-3822273	501C3	0.	6,243.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIAMI BEACH COMMUNITY HEALTH CENTER - 710 ALTON ROAD PHARMACY DEPARTMENT - MIAMI BEACH, FL 33139	59-1829984	501C3	0.	35,418.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MID DELTA HEALTH SYSTEMS 245 MADISON STREET CLARENDON, AR 72029	71-0638760	501C3	0.	37,695.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIDDLESEX COUNTY LTRG SAYREVILLE SENIOR SENTER, 3RD FLOOR - 423 MAIN STREET - SAYREVILLE, NJ 00872	22-1520408	501C3	0.	23,046.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIDDLETOWN COMM HEALTH CENTER 10 BENTON AVENUE MIDDLETOWN, NY 10940	14-1588402	501C3	0.	11,151.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIDUPPER CAPE COMMUNITY HEALTH CENTER HARBOR HEALTH SERVICES - 30 ELM AVENUE - HYANNIS, MA 02601	23-7100550	501C3	0.	17,320.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH STREET ARLINGTON, TX 76010	75-2354962	501C3	0.	218,990.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION FORT WORTH 4401 VERMONT AVENUE FORT WORTH, TX 76115	75-2720337	501C3	0.	26,294.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION MEDICAL CLINIC 2125 E. LA SALLE STREET COLORADO SPRINGS, CO 80909	68-0506812	501C3	0.	95,689.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION NEIGHBORHOOD HEALTH CENTER 240 SHOTWELL ROAD SAN FRANCISCO, CA 94110	94-2284365	501C3	0.	11,342.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION OF MERCY ADMINISTRATION MD/PA CLINICS - 22 S. MARKET STREET, SUITE 6D - FREDERICK, MD 21701	86-0704883	501C3	0.	192,593.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSOURI HIGHLANDS HEALTH CARE 110 SOUTH SECOND STREET ELLINGTON, MO 63638	43-1068291	501C3	0.	15,611.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOBILE COUNTY HEALTH DEPARTMENT 251 N. BAYOU STREET MOBILE, AL 36652	63-6001641	GOVT ENTITY	0.	178,759.	PURCHASED PRICE ESTIMATED WHOLESALE 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	501C3	0.	11,633.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MORENO VALLEY FAMILY HEALTH CENTER COMMUNITY HEALTH SYSTEMS, INC. - 22675 ALESSANDRO BLVD - MORENO VALLEY, CA 92553	33-0056551	501C3	0.	180,629.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MORTON COMPREHENSIVE HEALTH SERVICES - 1334 N LANSING AVE - TULSA, OK 74106-5907	73-1177858	501C3	0.	48,172.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOSES LAKE COMMUNITY HEALTH CENTER 605 COOLIDGE DRIVE PHARMACY MOSES LAKE, WA 98837	91-1537371	501C3	0.	52,714.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN COMPREHENSIVE HEALTH CORPORATION - 226 MEDICAL PLAZA LANE - WHITESBURG, KY 41858	61-0712406	501C3	0.	485,117.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN FAMILY COMMUNITY HEALTH CENTER - 1905 BLAKE AVENUE SUITE 101 - GLENWOOD SPRINGS, CO 81601	84-0742145	501C3	0.	221,793.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN HEALTH & COMMUNITY SERVICE CAMPO - 31115 HIGHWAY 94 - CAMPO, CA 91906	33-0164420	501C3	0.	12,155.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN HOME CHRISTIAN CLINIC 421 WEST WADE STREET MOUNTAIN HOME, AR 72653	71-0835511	501C3	0.	48,222.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
M-POWER MINISTRIES 4022 FOURTH AVENUE S BIRMINGHAM, AL 35222	31-1639601	501C3	0.	48,722.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MQVN COMMUNITY DEVELOPMENT CORP NOELA CHC - 4626 ALCEE FORTIER BLVD., SUITE E - NEW ORLEANS, LA 70129	20-4929600	501C3	0.	14,794.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MUSLIM COMMUNITY CENTER FOR HUMAN SERVICES - 7600 GLENVIEW DRIVE - RICHLAND HILLS, TX 76180-8341	75-2580088	501C3	0.	180,818.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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N.E.W. COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301	39-1200636	501C3	0.	72,254.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ASSOCIATION OF CHRISTIAN CHURCHES - 7025 WEST TIDWELL ROAD, SUITE H108 - HOUSTON, TX 77092	20-5077098	501C3	0.	11,756.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ASSOCIATION OF FREE AND CHARITABLE CLINICS - 1800 DIAGONAL ROAD, SUITE 600 - ALEXANDRIA, VA 22314	56-2273242	501C3	0.	5,259.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ORGANIZATION FOR RENAL DISEASE (NORD) - 11018 AQUA VISTA STREET #19 - STUDIO CITY, CA 91602-3162	95-4738511	501C3	0.	5,978.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIVE AMERICAN HEALTH CENTER ADMINISTRATIVE OFFICES - 1151 HARBOR BAY PARKWAY, SUITE 203 - ALAMEDA, CA 94501	23-7135928	501C3	0.	12,285.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD CLINIC 1323 S. YAKIMA AVENUE TACOMA, WA 98405	91-1318144	501C3	0.	24,348.	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	501C3	0.	20,514.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HEIGHTS CLINIC 8000 NE 58TH AVENUE VANCOUVER, WA 98665	91-2009672	501C3	0.	18,382.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEW HOPE CLINIC 201 WEST BOILING SPRING ROAD SOUTHPORT, NC 28461	31-1614379	501C3	0.	9,808.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NEWARK COMMUNITY HEALTH CENTERS 101 LODLOW STREET NEWARK, NJ 07114	22-2747589	501C3	0.	110,996.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501C3	0.	121,292.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC - 7761 GARDEN GROVE BLVD. - GARDEN GROVE, CA 92841	33-0477323	501C3	0.	156,861.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NOAH - NEIGHBORHOOD OUTREACH ACCESS TO HEALTH - 3634 NORTH DRINKWATER BLVD - SCOTTSDALE, AZ 85251	27-3188239	501C3	0.	10,976.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NODAWAY VALLEY FREE CLINIC 823 SOUTH 17TH STREET CLARINDA, IA 51632	35-2165957	501C3	0.	6,275.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH CENTRAL TEXAS COMMUNITY HEALTH CARE - P.O. BOX 720 - WICHITA FALLS, TX 76307	75-2429644	501C3	0.	31,341.	ESTIMATED WHOLESALE 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	501C3	0.	123,929.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH EAST MEDICAL SERVICES 1520 STOCKTON STREET 1ST FLOOR PHA SAN FRANCISCO, CA 94133	94-1722562	501C3	0.	25,662.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH HUDSON COMMUNITY ACTION CORPORATION - ADMINISTRATION - 800 31 STREET - UNION CITY, NJ 07087	22-1818699	501C3	0.	20,679.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

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NORTH ORANGE COUNTY REGIONAL HEALTH FOUNDATION - 901 W. ORANGETHORPE AVE - FULLERTON, CA 92832	33-0970731	501C3	0.	19,421.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST COMMUNITY CLINIC 2250 W MAIN STREET, SUITE 301 ALHAMBRA, CA 91801-1758	95-2687213	501C3	0.	118,638.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST MISSISSIPPI HEALTHCARE, INC. - 12 EAST BRUNSWICK AVE. - BYHALIA, MS 38611	64-0620763	501C3	0.	34,143.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST MISSOURI HEALTH COUNCIL 1416 CROWN DRIVE KIRKSVILLE, MO 63501	43-1606173	501C3	0.	7,376.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEAST VALLEY HEALTH CORPORATION CORPORATE OFFICE - 1172 NORTH MACLAY AVE. - SAN FERNANDO, CA 91340	23-7120632	501C3	0.	20,500.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHEASTERN OKLAHOMA COMMUNITY HEALTH CENTERS, INC ADMINISTRATION - 116 E. MAIN STREET - HULBERT, OK 74441	73-1622831	501C3	0.	56,409.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHERN GREENBRIER HEALTH CLINIC RT 9 SINKING CREEK ROAD WILLIAMSBURG, WV 24991	55-0593134	501C3	0.	103,239.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHERN HEALTH CENTERS, INC. 15397 STATE HIGHWAY 32 LAKEWOOD, WI 54138	39-1550213	501C3	0.	102,317.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHERN NECK FREE HEALTH CLINIC 51 WILLIAM B GRAHAM COURT KILMARNOCK, VA 22482	54-1679279	501C3	0.	67,849.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTHERN OSWEGO COUNTY HEALTH SERVICES - 61 DELANO STREET - PULASKI, NY 13142	16-1022661	501C3	0.	95,383.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHLAND COMMUNITY HEALTH CENTER ADMINISTRATION - 104 N. MAIN STREET - TURTLE LAKE, ND 58575	33-1029318	501C3	0.	239,468.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST ARKANSAS FREE HEALTH CENTER - 1100 NORTH WOOSLEY AVENUE - FAYETTEVILLE, AR 72703	59-1691790	501C3	0.	8,948.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST HEALTH SERVICES 2303 VILLAGE DRIVE ST. JOSEPH, MO 64506	43-1323669	501C3	0.	9,176.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST LOUISIANA INTERFAITH PHARMACY - 909 OLIVE - SHREVEPORT, LA 71104	72-1479289	501C3	0.	32,467.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST MICHIGAN HEALTH SERVICES, INC. TRAVERSE CITY CLINIC - 10767 TRAVERSE HIGHWAY - TRAVERSE CITY, MI 49684-5549	26-1779673	501C3	0.	87,389.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OAKHURST MEDICAL CENTER 770 VILLAGE SQUARE DR. STONE MOUNTAIN, GA 30083	58-1413957	501C3	0.	34,861.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OAKLAND MEDICAL RESERVE CORPS OAKLAND EMERGENCY OPERATIONS CENTER - 1605 MARTIN LUTHER KING JR. WAY - OAKLAND, CA 94612	94-6000384	GOVT ENTITY	0.	11,859.	PURCHASED PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OAKLAND PRIMARY HEALTH SERVICES 46 NORTH SAGINAW PONTIAC, MI 48342	76-0710111	501C3	0.	12,091.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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OASIS HEALTH CENTER 66 BARIBEAU DRIVE, STE. 9/10 BRUNSWICK, ME 04011	01-0497587	501C3	0.	7,756.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OASIS OF HOPE CENTER 522 LEONARD STREET NW GRAND RAPIDS, MI 49504	20-2781312	501C3	0.	7,243.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OCEAN HEALTH INITIATIVES 101 2ND STREET LAKEWOOD TOWNSHIP, NJ 08701	06-1691342	501C3	0.	37,963.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OCRM HEALTH CARE SERVICES ONE HOPE DRIVE ATTN: JEWEL LOFF/ HURTT FAMILY CLINIC - TUSTIN, CA 92782	33-0906866	501C3	0.	116,226.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONEWORLD COMMUNITY HEALTH CENTER 4920 SOUTH 30TH STREET, STE. 103 OMAHA, NE 68107	47-0548990	501C3	0.	95,325.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ONSLow COMMUNITY OUTREACH CARING COMMUNITY CLINIC - 600 COURT STREET - JACKSONVILLE, NC 28540	56-1705813	501C3	0.	7,763.	ESTIMATED WHOLESALE PRICE	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	501C3	0.	89,536.	PURCHASED PRICE ESTIMATED WHOLESALE 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	501C3	0.	12,749.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN BIBLE MEDICAL CLINIC 824 SOUTH UNION BLVD COLORADO SPRINGS, CO 80910	84-1345520	501C3	0.	109,783.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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OPEN DOOR CLINIC OF ALAMANCE COUNTY - 1214 VAUGHN ROAD, SUITE 103 - BURLINGTON, NC 27217	56-1794210	501C3	0.	16,959.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	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	501C3	0.	185,649.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH CENTER 1350 SW FOURTH STREET HOMESTEAD, FL 33030	83-0375996	501C3	0.	293,110.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH CLINIC 2201 W DOLARWAY RD #2 ELLENSBURG, WA 98926	65-1185178	501C3	0.	62,405.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPEN DOOR HEALTH SERVICES ADMINISTRATION - 3715 S. MADISON ST. - MUNCIE, IN 47302	35-2018494	501C3	0.	10,205.	ESTIMATED WHOLESALE PRICE	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	501C3	0.	22,268.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPTIMUS HEALTH CARE 982 E. MAIN STREET BRIDGEPORT, CT 06608	06-0972166	501C3	0.	23,826.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ORANGE COUNTY FREE CLINIC 13296-A JAMES MADISON HIGHWAY ORANGE, VA 22960	25-1922019	501C3	0.	36,827.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ORANGEBURG-CALHOUN FREE MEDICAL CLINIC - 860 HOLLY STREET - ORANGEBURG, SC 29116	26-3762573	501C3	0.	7,805.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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OUR LADY OF GUADALUPE 227 N. NOPAL STREET SANTA BARBARA, CA 93103	95-2158892	501C3	0.	22,105.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTPATIENT MEDICAL CENTER 1640 BREAZEALE SPRINGS STREET NATCHITOCHE, LA 71457	72-0828785	501C3	0.	15,103.	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	501C3	0.	179,848.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUTREACH HEALTH SERVICES 130 N. HIGH STREET SHUBUTA, MS 39360	64-0736857	501C3	0.	119,741.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OWENSBORO MEDICAL HEALTH SYSTEM 811 E. PARISH AVE. OWENSBORO, KY 42303	61-1286361	501C3	0.	265,727.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OZANAM CHARITABLE PHARMACY 571 DAUPHIN STREET MOBILE, AL 36602	72-1386236	501C3	0.	46,845.	PURCHASED PRICE 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	501C3	0.	254,322.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PANCARE OF FLORIDA, INC. CHC BAY COUNTY - 431 OAK AVENUE - PANAMA CITY, FL 32401	91-2189932	501C3	0.	598,959.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARISH NURSING PROGRAM ST. FRANCIS FOUNDATION - 2323 DE LA VINA STREET SUITE 104 - SANTA BARBARA, CA 93105	95-1644629	501C3	0.	14,001.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PARK DUVALLE COMMUNITY HEALTH CENTER - 3015 WILSON AVENUE - LOUISVILLE, KY 40211	61-0666209	501C3	0.	61,093.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERING FOR HEALTH 501 HOWARD AVENUE SUITE 204B ALTOONA, PA 16601	25-1842308	501C3	0.	136,828.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERS FOR HEALING 109 W. BLACKWELL STREET TULLAHOMA, TN 37388	62-1834800	501C3	0.	21,206.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP HEALTH CENTER 205 WOODROW WILSON DRIVE VALDOSTA, GA 31602	58-2405825	501C3	0.	76,161.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERSHIP HEALTH CENTER 401 WEST RAILROAD STREET MISSOULA, MT 59802	36-3843543	501C3	0.	44,570.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PCC COMMUNITY WELLNESS CENTER 14 WEST LAKE STREET OAK PARK, IL 60302	36-3828320	501C3	0.	13,281.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEDIPLACE 502 S. OLD ORCHARD, STE. 126 LEWISVILLE, TX 75067	75-2512752	501C3	0.	6,068.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENINSULA COMMUNITY HEALTH SERVICES OF ALASKA - 230 E. MARYDALE AVENUE, SUITE 1 - SOLDOTNA, AK 99669-7648	92-0177803	501C3	0.	207,645.	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	501C3	0.	13,405.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PENOBSCOT COMMUNITY HEALTH CARE 103 MAINE AVENUE BANGOR, ME 04401	01-0514750	501C3	0.	108,530.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEOPLE'S COMMUNITY HEALTH CENTERS 2524 KIRK AVENUE 2ND FLOOR BALTIMORE, MD 21218	52-0905681	501C3	0.	368,541.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEOPLE'S HEALTH & WELLNESS CLINIC 553 N. MAIN STREET BARRE, VT 05641	03-0343290	501C3	0.	32,311.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PERSON FAMILY MEDICAL CENTER 702 NORTH MAIN STREET ROXBORO, NC 27573	58-1387324	501C3	0.	54,383.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PETALUMA HEALTH CENTER 1179 NORTH MCDOWELL BLVD PETALUMA, CA 94954	68-0437840	501C3	0.	11,746.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH DISTRICT HEALTH CENTERS - 500 S. BROAD STREET ROOM 380 - PHILADELPHIA, PA 19146-1613	23-6003047	GOVT ENTITY	0.	34,602.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PHILADELPHIA HEALTH MANAGEMENT CORP - 260 S BROAD ST HEALTHCARE FOR THE HOMELESS PROJECT - PHILADELPHIA, PA 19102-5021	23-7221025	501C3	0.	32,194.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PIEDMONT HEALTH SERVICES 299 LLOYD STREET CARRBORO, NC 27510	56-0952737	501C3	0.	56,753.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PLAINS MEDICAL CENTER 820 FIRST STREET LIMON, CO 80828	84-1125934	501C3	0.	38,237.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PLANO CHILDREN'S MEDICAL CLINIC 1407 14TH STREET PLANO, TX 75074	75-2391166	501C3	0.	14,812.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRECISION VALLEY FREE CLINIC 268 RIVER STREET SPRINGFIELD, VT 05156	03-0364846	501C3	0.	9,357.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PREMIER COMMUNITY HEALTHCARE ADMINISTRATIVE OFFICE - 37912 CHURCH AVENUE - DADE CITY, FL 33525	59-1964612	501C3	0.	15,491.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRESTON-TAYLOR COMMUNITY HEALTH CENTERS - 725 N. PIKE STREET - GRAFTON, WV 26354	55-0665614	501C3	0.	23,115.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY CARE AND HOPE CLINIC 1453A HOPE WAY MURFREESBORO, TN 37129	62-1482091	501C3	0.	144,902.	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	501C3	0.	8,110.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRIMARY HEALTH CARE CENTER OF DADE 13570 N. MAIN STREET TRENTON, GA 30752	58-1410404	501C3	0.	77,434.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROGRAM FOR HEALTH CARE TO UNDERSERVED POPULATIONS - UPMC MONTEFIORE HOSPITAL SUITE 933W, 200 LOTHROP STREET - PITTSBURGH,	23-2919472	501C3	0.	30,473.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROHEALTH RURAL HEALTH SERVICES, INC. - 1325 WEST MAIN STREET - FRANKLIN, TN 37064	62-1779945	501C3	0.	1,024,087.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PROJECT VIDA 3607 RIVERA EL PASO, TX 79905	68-0541648	501C3	0.	14,037.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROTEUS MIGRANT HEALTH 3850 MERLE HAY ROAD, STE. 100 DES MOINES, IA 50310	42-1186501	501C3	0.	29,422.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROVIDENCE COMMUNITY HEALTH CENTERS - 375 ALLENS AVENUE - PROVIDENCE, RI 02905	05-0368134	501C3	0.	32,682.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUEBLO COMMUNITY HEALTH CENTER 110 EAST ROUTH AVENUE PCHC PHARMAC PUEBLO, CO 81004	84-0921521	501C3	0.	63,527.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUGET SOUND CHRISTIAN CLINIC 2150 NORTH 122ND STREET SEATTLE, WA 98133	33-1052418	501C3	0.	6,150.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
QUEENSCARE FAMILY CLINICS 1300 N. VERMONT AVENUE #505 LOS ANGELES, CA 90027	95-3702136	501C3	0.	59,265.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAMBO MEMORIAL HEALTH CENTER MUSKINGUM RESPIRATORY CLINIC - 711 MAIN STREET - ZANESVILLE, OH 43701	20-8814374	501C3	0.	81,733.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RANDOLPH FAMILY HEALTH CARE AT MERCER - 1831 N FAYETTEVILLE STREET - ASHEBORO, NC 27203	56-1799394	501C3	0.	29,497.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPHAEL COMMUNITY FREE CLINIC 1807 WATER STREET KERRVILLE, TX 78028	74-2819628	501C3	0.	29,170.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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RAPHAEL HEALTH CENTER 401 EAST 34TH STREET INDIANAPOLIS, IN 46205	35-1948768	501C3	0.	22,563.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPIDES PRIMARY HEALTH CARE CENTER 1217 WILLOW GLEN RIVER ROAD ALEXANDRIA, LA 71302	72-1252422	501C3	0.	181,793.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REDWOOD COAST MEDICAL SERVICES 46900 OCEAN DRIVE GUALALA, CA 95445	94-2395606	501C3	0.	60,849.	ESTIMATED WHOLESALE 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	501C3	0.	10,511.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REFUAH HEALTH CENTER, INC. 728 N MAIN ST SPRING VALLEY, NY 10977	13-3652555	501C3	0.	31,289.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REGENCE HEALTH NETWORK HOMELESS CLINIC - 200 S. TYLER - AMARILLO, TX 79101	75-1414940	501C3	0.	10,902.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RICHMOND AREA HIGH BLOOD PRESSURE 1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501C3	0.	82,592.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RITTER CENTER 16 RITTER STREET SAN RAFAEL, CA 94901	94-2675517	501C3	0.	51,026.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RIVERVIEW HEALTH SERVICES, INC. 722 REYNOLDS AVENUE KANSAS CITY, KS 66101	48-1072716	501C3	0.	38,592.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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RKM PRIMARY CARE 11990 JACKSON STREET CLINTON, LA 70722	72-1443732	501C3	0.	75,654.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANOKE CHOWAN COMMUNITY HEALTH CENTER - 120 HEALTH CENTER ROAD - AHOSKIE, NC 27910	42-1638714	501C3	0.	29,615.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROBESON HEALTH CARE CORPORATION 60 COMMERCE PLAZA PEMBROKE, NC 28372	58-1622664	501C3	0.	19,848.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROTACARE BAY AREA, INC. P.O. BOX 18430 SAN JOSE, CA 95158-8430	77-0328723	501C3	0.	131,826.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROTACARE NORTH HELPLINE 12726 33RD AVE NE SUITE 100 SEATTLE, WA 98125	91-1811292	501C3	0.	9,728.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RURAL HEALTH CLINIC OF THE CUMBERLANDS, INC. - 9400 SPARTA HIGHWAY - CROSSVILLE, TN 38572	20-5562191	501C3	0.	147,449.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RURAL MEDICAL SERVICE, INC. NEWPORT - 613 WEST BROADWAY - NEWPORT, TN 37821	62-1102683	501C3	0.	127,178.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUSK COUNTY COMMUNITY HEALTH CENTER - 1115 US HWY 259 S. - HENDERSON, TX 75654	43-2016287	501C3	0.	70,534.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTHERFORD COMMUNITY HEALTH CENTER 187 WEST MAIN STREET SPINDALE, NC 28160	56-2478341	501C3	0.	93,254.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501C3	0.	33,629.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RXPARTNERS 2300 FRUGE LAKE CHARLES, LA 70601	02-0675336	501C3	0.	31,905.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SABAN FREE CLINIC 8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501C3	0.	79,147.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS 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	501C3	0.	86,877.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFE HARBOR FREE CLINIC 693 ISLAND VIEW DR. CAMANO ISLAND, WA 98282	26-3825107	501C3	0.	55,951.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFE HARBOR FREE CLINIC ADMIN OFFICE - 9902 270TH STREET NW UNIT A - STANWOOD, WA 98292	26-3825107	501C3	0.	119,670.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFER ALTERNATIVES THROUGH NETWORKING & EDUCATION - 8015 FREEPORT BLVD. - SACRAMENTO, CA 95832	94-3390723	501C3	0.	155,058.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITAN HOMELESS CLINIC 921 SOUTH EDWIN C MOSES BLVD DAYTON, OH 45417	13-1053698	501C3	0.	31,737.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMUEL DIXON FAMILY HEALTH CENTER 30257 SAN MARTINEZ ROAD CASTAIC, CA 91384	95-4278726	501C3	0.	318,395.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SAN BERNARDINO COUNTY SHERIFF MEDICAL RESERVE CORPS - 3993 JURUPA AVE. SUITE 102 - RIVERSIDE, CA 92506	23-7197052	GOVT ENTITY	0.	16,603.	PURCHASED PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN DIEGO COUNTY MEDICAL RESERVE CORPS - 6255 MISSION GORGE RD - SAN DIEGO, CA 92120	95-6000934	GOVT ENTITY	0.	14,231.	PURCHASED PRICE	PHARMACEUTICALS 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	501C3	0.	24,047.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE CLINIC 2615 FANNIN HOUSTON, TX 77002	53-0196617	501C3	0.	32,876.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE FOOTHILL FAMILY COMMUNITY CLINIC - ADMINISTRATION - 2680 SOUTH WHITE RD., SUITE 170 - SAN JOSE, CA 95148	77-0440944	501C3	0.	49,982.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA COUNTY EXECUTIVE OFFICE - 105 EAST ANAPAMU STREET, SUITE 3 - SANTA BARBARA, CA 93103	95-6002833	GOVT ENTITY	0.	119,551.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA FOODBANK 4554 HOLLISTER AVENUE SANTA BARBARA, CA 93110	77-0169214	501C3	0.	449,041.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA NEIGHBORHOOD CLINICS ADMINISTRATION OFFICE - 1900 STATE STREET, SUITE G - SANTA BARBARA, CA 93101	77-0496382	501C3	0.	224,941.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA RESCUE MISSION 535 E. YANONALI STREET SANTA BARBARA, CA 93103	95-6134271	501C3	0.	12,761.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SANTA CRUZ COUNTY MEDICAL SOCIETY 1975 SOQUEL DR #215 SANTA CRUZ, CA 95065	94-1641637	OTHER	0.	14,231.	PURCHASED PRICE	PHARMACEUTICALS EQUIPMENT	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	501C3	0.	11,887.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA MARIA'S CHILDREN AND FAMILY CENTER - 9209 COLIMA ROAD, SUITE 4400 - WHITTIER, CA 90605	27-1879748	501C3	0.	605,678.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAVE A LIFE WELLNESS CENTER 2580 PABLO AVE. OAKLAND, CA 94612	71-0902919	501C3	0.	22,832.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SB COUNTY OFFICE OF EDUCATION 4400 CATHEDRAL OAKS ROAD SANTA BARBARA, CA 93160	95-6000940	GOVT ENTITY	0.	26,242.	PURCHASED PRICE ESTIMATED WHOLESALE 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	501C3	0.	29,809.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SCRANTON PRIMARY HEALTH CARE CENTER - 959 WYOMING AVENUE - SCRANTON, PA 18509	23-2024511	501C3	0.	50,427.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEA MAR COMMUNITY HEALTH CENTERS 1040 SOUTH HENDERSON STREET SEATTLE, WA 98108	91-1020139	501C3	0.	91,761.	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, SUITE 200 SEATTLE, WA 98144	91-0869056	501C3	0.	13,308.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SEMO HEALTH NETWORK SOUTHEAST MISSOURI HEALTH NETWORK - 311 MAIN STREET - NEW MADRID, MO 63869	43-1253101	501C3	0.	271,251.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SERVE THE PEOPLE COMMUNITY HEALTH CENTER - 1206 EAST 17TH STEET, SUITE 101 - SANTA ANA, CA 92701	27-0421556	501C3	0.	300,366.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SETEBAID SERVICES, INC. 179 SHIRLEY DRIVE WINFIELD, PA 17889	23-2979076	501C3	0.	6,087.	ESTIMATED WHOLESALE PRICE	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	501C3	0.	162,568.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHALOM FREE CLINIC 1190 E. FIRST AVENUE CHICO, CA 95926	71-1023304	501C3	0.	11,119.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHASTA COMMUNITY HEALTH CENTER 1035 PLACER STREET REDDING, CA 96001	68-0165855	501C3	0.	35,400.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHELBY COMMUNITY HEALTH CENTER 1640 E. STATE ROAD 44, STE. B SHELBYVILLE, IN 46176	30-0174146	501C3	0.	98,896.	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	501C3	0.	103,718.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERD'S HOPE NEIGHBORHOOD HEALTH CENTER - ONE CHILDREN'S WAY SLOT 512-12 - LITTLE ROCK, AR 72202	20-8811505	501C3	0.	92,668.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SHINGLETOWN MEDICAL CENTER 31292 ALPINE MEADOWS ROAD SHINGLETOWN, CA 96088	68-0063054	501C3	0.	9,653.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHOSHONE COMMUNITY HEALTH CLINIC 114 W. RIVERSIDE AVENUE KELLOGG, ID 83837	82-0498125	501C3	0.	77,772.	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	501C3	0.	70,298.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SISKIYOU COMMUNITY HEALTH CLINIC 1701 NW HAWTHORNE AVE., STE 201 GRANTS PASS, OR 97526	93-0628804	501C3	0.	16,775.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SMITH MEDICAL CLINIC 116 BASKERVILL DRIVE PAWLEYS ISLAND, SC 29585	57-0786699	501C3	0.	5,419.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SNAKE RIVER COMMUNITY CLINIC 215 TENTH STREET LEWISTON, ID 83501	31-1726460	501C3	0.	126,463.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH BAY FAMILY HEALTHCARE CENTER 23430 HAWTHORNE BLVD., STE. 210 TORRANCE, CA 90505	23-7049937	501C3	0.	198,851.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH CENTRAL FAMILY HEALTH CENTER 1111 E. VERNON AVE. ATTN: DISPENSA LOS ANGELES, CA 90011	95-3877793	501C3	0.	204,250.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH CENTRAL PRIMARY CARE CENTER 609 1/2 N. IRWIN AVENUE OCILLA, GA 31774	58-2019024	501C3	0.	432,944.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SOUTH COUNTY COMMUNITY CLINIC 101 PINE MANOR DRIVE CONROE, TX 77385	75-2634623	501C3	0.	9,023.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH GEORGIA FARMWORKER HEALTH PROJECT - 1462 CLIFTON ROAD, SUITE 280 - ATLANTA, GA 30322	58-0566256	501C3	0.	48,819.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH PLAINS RURAL HEALTH 1000 FM 300 LEVELLAND, TX 79336	75-2123252	501C3	0.	182,690.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST COMMUNITY HEALTH SYSTEMS ST. HELENA CHC - 490 SITMAN STREET - GREENSBURG, LA 70441	72-1212880	501C3	0.	251,213.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST MISSISSIPPI RURAL HEALTH INITIATIVE - 5488 US HWY 49 - HATTIESBURG, MS 39401	64-0625076	501C3	0.	387,945.	PURCHASED PRICE 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	501C3	0.	70,104.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEASTERN DIABETES EDUCATION SERVICES - 500 CHASE PARK SOUTH, SUITE 104 - BIRMINGHAM, AL 35244	63-1091899	501C3	0.	6,636.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHWEST VIRGINIA COMMUNITY HEALTH SYSTEMS - 319 FIFTH AVENUE - SALTVILLE, VA 24370-0729	54-2046110	501C3	0.	1,312,492.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SQUIRREL HILL HEALTH CENTER 4516 BROWNS HILL ROAD PITTSBURGH, PA 15217-2950	20-1163755	501C3	0.	68,411.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ST PETERSBURG FREE CLINIC 863 THIRD AVENUE N ST PETERSBURG, FL 33701	23-7208280	501C3	0.	16,132.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST VINCENT DE PAUL CHARITABLE PHARMACY - 1125 BANK ST. - CINCINNATI, OH 45214	30-0272954	501C3	0.	216,116.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. ANTHONY FREE MEDICAL CLINIC 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-1513140	501C3	0.	88,836.	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	501C3	0.	51,340.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JAMES-SANTEE FAMILY HEALTH CENTER - 1189 TIBWIN ROAD - MCCLELLANVILLE, SC 29458	57-0722653	501C3	0.	16,424.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOHN'S HEALTH AND FAMILY SERVICE CENTER - CATHOLIC CHARITIES - 24 ABEEL STREET - NEW BRUNSWICK, NJ 08901	22-2423496	501C3	0.	17,031.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOHN'S WELL CHILD AND FAMILY CENTER LOS ANGELES - 5701 S. HOOVER STREET - LOS ANGELES, CA 90037	95-4067758	501C3	0.	105,136.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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	501C3	0.	240,751.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOSEPH'S/CANDLER HEALTH SYSTEMS, INC. - 11705 MERCY BLVD. - SAVANNAH, GA 31419	58-2288758	501C3	0.	201,586.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ST. LUKE'S CLINIC 132 SEYMOUR AVENUE JACKSON, MI 49202	32-0038675	501C3	0.	30,871.	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	501C3	0.	149,752.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. MARY'S HEALTH WAGON 233 CHASE STREET, SUITE 100 CLINTWOOD, VA 24228	04-3739083	501C3	0.	48,049.	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	501C3	0.	22,181.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT COMMUNITY CLINIC 2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	71-0502872	501C3	0.	25,856.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL CLINIC 420 W. WATKINS PHOENIX, AZ 85003	86-0096789	501C3	0.	74,230.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL COMMUNITY PHARMACY - 502 GRAMMONT STREET - MONROE, LA 71201	90-0014479	501C3	0.	86,475.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL VILLAGE FAMILY HEALTHCARE CENTER - 1501 IMPERIAL AVENUE - SAN DIEGO, CA 92101	33-0492302	501C3	0.	21,653.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DEPAUL COMMUNITY HEALTH CARE INC. - 21297 OLEAN BLVD UNIT B - PORT CHARLOTTE, FL 33952	65-0958642	501C3	0.	34,974.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ST. VINCENT'S HOUSE CLINIC 2817 POST OFFICE STREET GALVESTON, TX 77550	74-1384864	501C3	0.	57,756.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT'S 4200 CALLE REAL SANTA BARBARA, CA 93110	95-1643367	501C3	0.	6,167.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
STEPHEN F. AUSTIN CHC 1111 W. ADOUE STREET ALVIN, TX 77511	41-2273820	501C3	0.	45,623.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	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	501C3	0.	104,055.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SU CLINICA FAMILIAR 1706 TREASURE HILLS BLVD HARLINGEN, TX 78550	74-2357970	501C3	0.	14,794.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SULZBACHER HEALTH CENTER 611 EAST ADAMS STREET JACKSONVILLE, FL 32202	59-3229898	501C3	0.	179,146.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUMTER FAMILY HEALTH CENTER PHARMACY - 1278 N. LAFAYETTE DRIVE - SUMTER, SC 29150	57-1095992	501C3	0.	50,571.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUNRISE MONFORT FAMILY CLINIC 2930 11TH AVENUE EVANS, CO 80620	84-0613289	501C3	0.	84,939.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUNSET COMMUNITY HEALTH CENTER 2060 W. 24TH STREET YUMA, AZ 85364	86-0893305	501C3	0.	10,205.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SUNSHINE COMMUNITY HEALTH CENTER 34300 TALKEETNA SPUR ROAD TALKEETNA, AK 99676	92-0117838	501C3	0.	30,671.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SWOPE HEALTH SERVICES CENTRAL 3801 BLUE PARKWAY KANSAS CITY, MO 64130	43-0957840	501C3	0.	39,821.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TARZANA TREATMENT CENTER 8330 RESEDA BLVD NORTHRIDGE, CA 91324	94-2219349	501C3	0.	296,630.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEAM RUBICON 1030 W. HILLCREST BLVD. INGLEWOOD, CA 90301	27-1720480	501C3	0.	104,217.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TECHE ACTION CLINIC 1115 WEBER STREET FRANKLIN, LA 70538	72-6073441	501C3	0.	20,147.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TEXAS LIONS CAMP 5920 SARATOGA BLVD., SUITE 510 CORPUS CHRISTI, TX 78414	74-1189679	501C3	0.	7,879.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE ATHENS NURSES CLINIC 496 REESE STREET ATHENS, GA 30601	58-2490925	501C3	0.	115,872.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CLINIC INC. 3834 S. WESTERN AVENUE LOS ANGELES, CA 90062	23-7351622	501C3	0.	106,510.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD ROAD CONCORD, NC 28025	58-2131301	501C3	0.	102,465.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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THE COMMUNITY FREE CLINIC OF NEWPORT NEWS - 727 25TH STREET - NEWPORT NEWS, VA 23607	27-3510814	501C3	0.	114,420.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE DR. ALBERT B. CLEAGE, SR. MEMORIAL HEALTH CENTER - 700 SEWARD - DETROIT, MI 48202	11-3754940	501C3	0.	79,858.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE EFFORT COMMUNITY HEALTH CENTER 1820 J STREET SACRAMENTO, CA 95811	94-1713704	501C3	0.	43,693.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FLOATING HOSPITAL 41-40 27TH STREET LONG ISLAND CITY, NY 11101	13-1624169	501C3	0.	249,554.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FREE CLINIC AND PHARMACY OF TRANSYLVANIA COUNTY - 89 C HOSPITAL DRIVE - BREVARD, NC 28712	43-1980011	501C3	0.	51,281.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FREE CLINIC OF ROME 101 B JOHN MADDOX DRIVE ROME, GA 30165	20-5296305	501C3	0.	55,427.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE GOOD SAMARITAN MEDICAL CLINIC 520 COLLEGE STREET COLUMBUS, MS 39701	64-0926626	501C3	0.	7,686.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE GREAT PHYSICIAN'S PHARMACY CLINIC - 1925 W. MAIN - DURANT, OK 74701	73-0768828	501C3	0.	40,706.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HALEY CENTER 122 WEST CENTRAL AVENUE WINTER HAVEN, FL 33880	59-0766974	501C3	0.	59,030.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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THE HEARTS AND HANDS CLINIC, INC. 127 NORTH COLLEGE STREET STATESBORO, GA 30458	26-4597700	501C3	0.	38,519.	ESTIMATED WHOLESALE 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	501C3	0.	163,758.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE KITCHEN CLINIC 1630 N. JEFFERSON AVENUE SPRINGFIELD, MO 65803	43-1384531	501C3	0.	39,113.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE MEDINA HEALTH MINISTRY 970 E. WASHINGTON STREET SUITE 104 MEDINA, OH 44256	30-0092944	501C3	0.	18,858.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE BUILDING C PHOENIX, AZ 85009	86-0839580	501C3	0.	28,023.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE OPEN DOOR CLINIC 130 WEST CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501C3	0.	22,570.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE PEOPLE'S CITY MISSION FREE MEDICAL CLINIC - 401 N. 2ND STREET - LINCOLN, NE 68508	26-3819766	501C3	0.	29,220.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE SALVATION ARMY, HOSPITALITY HOUSE - 423 CHAPALA STREET - SANTA BARBARA, CA 93101	94-1156347	501C3	0.	11,891.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON STREET GREEN COVE SPRINGS, FL 32043	76-0828154	501C3	0.	30,280.	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.)

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THOMAS E. LANGLEY MEDICAL CENTER 1425 SOUTH US 301 SUMTERVILLE, FL 33585	59-1664577	501C3	0.	131,336.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRANSITION HOUSE 425 E. COTA STREET SANTA BARBARA, CA 93101	77-0099755	501C3	0.	24,652.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRAVERSE HEALTH CLINIC ADMINISTRATIVE SITE - 3155 LOGAN VALLEY ROAD - TRAVERSE CITY, MI 49684	30-0224028	501C3	0.	14,948.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREASURE COAST COMMUNITY HEALTH 12196 COUNTY ROAD 512 FELLSMERE, FL 32948	59-3219191	501C3	0.	22,861.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRIAD HEALTH SYSTEMS 872 US 42 WEST WARSAW, KY 41095	20-8963925	501C3	0.	36,572.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-CAP FAMILY PLANNING DUBOIS COUNTY - 607 THIRD AVENUE - JASPER, IN 47546	35-1121163	501C3	0.	16,370.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-CITY HEALTH CENTER 39500 LIBERTY STREET FREMONT, CA 94538	23-7255435	501C3	0.	11,660.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-COUNTY MEDICAL CENTER, INC. 316 S MAIN ST EVERGREEN, AL 36401-3313	63-1056564	501C3	0.	218,797.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRINITY CLINIC OF CALVIN 507 4TH STREET CALVIN, OK 74531	62-0535346	501C3	0.	17,664.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

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TRI-TOWN COMMUNITY ACTION AGENCY 1126 HARTFORD AVENUE JOHNSTON, RI 02919	05-0309695	501C3	0.	24,665.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TROUP CARES CLINIC 301 MEDICAL DR., SUITE 501 LAGRANGE, GA 30240-4144	20-8176300	501C3	0.	223,109.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UBI CARITAS 4450 HIGHLAND AVENUE BEAUMONT, TX 77705	76-0558225	501C3	0.	6,759.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UMMA COMMUNITY CLINIC 711 WEST FLORENCE AVENUE LOS ANGELES, CA 90044	95-4666712	501C3	0.	96,088.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UMPQUA COMMUNITY HEALTH CENTER 150 KENNETH FORD DRIVE ROSEBURG, OR 97470	93-1070304	501C3	0.	262,774.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNION GOSPEL MISSION 3211 IRVING BLVD DALLAS, TX 75247	75-6003612	501C3	0.	10,689.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNION GOSPEL MISSION CLINIC 1300 NORTH 1ST STREET YAKIMA, WA 98901	23-7050061	501C3	0.	48,944.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNITED NEIGHBORHOOD HEALTH SERVICES CAYCE FAMILY CLINIC - 617 S. EIGHTH STREET - NASHVILLE, TN 37206	62-1032792	501C3	0.	109,824.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSAL HEALTH FOUNDATION 2020 EAST 1ST STREET LOS ANGELES, CA 90033	91-2167533	501C3	0.	256,137.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

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UNIVERSITY COMMUNITY HEALTH SERVICES - 601 BENTON AVENUE SECOND FLOOR - NASHVILLE, TN 37204	62-1438461	501C3	0.	8,031.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY OF MIAMI PEDIATRIC MOBILE CLINIC - 1601 NW 12TH AVENUE SUITE 4067 - MIAMI, FL 33136	59-0624458	501C3	0.	5,744.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UPPER VALLEY COMMUNITY HEALTH SERVICES - 20 NORTH 3RD EAST - SAINT ANTHONY, ID 83445	82-0527562	501C3	0.	635,899.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
URBAN HEALTH PLAN, INC 1065 SOUTHERN BLVD. BRONX, NY 10459	23-7360305	501C3	0.	237,083.	PURCHASED PRICE ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VALLEY COMMUNITY CLINIC 6801 COLDWATER CYN AVENUE NORTH HOLLYWOOD, CA 91605	23-7050082	501C3	0.	59,171.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VALLEY FAMILY HEALTH CARE 1441 NE 10TH AVENUE PAYETTE, ID 83661	82-0371383	501C3	0.	207,373.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VALLEY WIDE HEALTH SYSTEMS 1710 1ST STREET ALAMOSA, CO 81101	84-0706945	501C3	0.	38,804.	PURCHASED PRICE ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769432	501C3	0.	820,388.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VNCOC ASIAN HEALTH CENTER 9862 CHAPMAN AVENUE, SUITE B GARDEN GROVE, CA 92841	95-3403526	501C3	0.	85,025.	ESTIMATED WHOLESAL PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501C3	0.	6,070.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 15 NORTHRIDGE DRIVE HILTON HEAD, SC 29926	57-0959206	501C3	0.	55,989.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 41 EAST DUVAL STREET JACKSONVILLE, FL 32202	75-3002172	501C3	0.	42,797.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKES BARRE, PA 18701	20-3531527	501C3	0.	35,499.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 1039 SOUTH DUCHESNE ST. CHARLES, MO 63301	43-1791543	501C3	0.	28,289.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501C3	0.	127,202.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE OF BARTHOLOMEW - 836 JACKSON STREET - COLUMBUS, IN 47201	35-1907774	501C3	0.	8,139.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE OF MONROE COUNTY, INC. - 811 WEST 2ND STREET - BLOOMINGTON, IN 47403	20-4383915	501C3	0.	129,367.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE SOUTHERN NEVADA - 4770 HARRISON DRIVE #200 - LAS VEGAS, NV 89121	39-2072453	501C3	0.	20,542.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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WALDEN HOUSE/HAIGHT ASHBURY FREE CLINIC MISSION STREET - ADMINISTRATION - 1735 MISSION STREET - SAN FRANCISCO, CA 94103	94-6129071	501C3	0.	10,686.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WATTS HEALTHCARE CORPORATION JORDAN WELLNESS CENTER - 10300 COMPTON AVENUE - LOS ANGELES, CA 90002	75-3046480	501C3	0.	10,250.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLNESS POINTE 1107 E. MARSHALL AVENUE BLDG #2 - SIDE RECEIVING DOOR - LONGVIEW, TX 75601	75-2723993	501C3	0.	163,217.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESLEY HEALTH CENTER 1300 SOUTH 10TH STREET PHOENIX, AZ 85034	86-0133770	501C3	0.	8,880.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST PLAINS CHRISTIAN CLINIC 1115 ALASKA ST., SUITE 212 WEST PLAINS, MO 65775	27-1307333	501C3	0.	40,805.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WEST VIRGINIA HEALTH RIGHT 1520 WASHINGTON STREET E. CHARLESTON, WV 25311	31-1066881	501C3	0.	104,509.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931	501C3	0.	176,472.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHATLEY HEALTH SERVICES, INC. 2731 M. L. KING, JR. BLVD TUSCALOOSA, AL 35401	63-0727781	501C3	0.	206,962.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHEELING HEALTH RIGHT 61-29TH STREET WHEELING, WV 26003	31-1149085	501C3	0.	29,058.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

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WHITE BIRD MEDICAL CLINIC 341 E. 12TH AVENUE EUGENE, OR 97401	93-0585814	501C3	0.	45,563.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILLBRIDGE OF SANTA BARBARA 2904 STATE STREET, SUITE A SANTA BARBARA, CA 93105	57-1194195	501C3	0.	12,181.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILLIAM F. RYAN COMMUNITY HEALTH CENTER - 110 WEST 97TH STREET - NEW YORK, NY 10025	13-2884976	501C3	0.	84,305.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WILMINGTON COMMUNITY CLINIC 1009 N. AVALON BLVD. WILMINGTON, CA 90744	95-3137803	501C3	0.	11,969.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WIRT COUNTY HEALTH SERVICES ASSOCIATION RIVER VALLEY HEALTH + WELLNESS - 1301 ELIZABETH PIKE - ELIZABETH, WV 26143	31-0942184	501C3	0.	10,930.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WOMEN'S CLINIC AND FAMILY COUNSELING CENTER - 9911 W. PICO BLVD., #500 - LOS ANGELES, CA 90035	95-2800022	501C3	0.	41,150.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WOMEN'S HEALTH CONNECTIONS 205 EAST BRAZOS PALESTINE, TX 75801	20-0776090	501C3	0.	373,372.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WORLD CARES CENTER 520 8TH AVENUE SUITE 1100A NEW YORK CITY, NY 10018	41-2024802	501C3	0.	9,731.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
YES COMMUNITY COUNSELING CENTER 75 GRAND AVENUE MASSAPEQUA, NY 11758	11-2451332	501C3	0.	17,875.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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YOUNGSTOWN COMMUNITY HEALTH CENTER ONE HEALTH OHIO - 726 WICK AVENUE - YOUNGSTOWN, OH 44505	34-1609341	501C3	0.	55,320.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ZAREPHATH HEALTH CENTER 595 WESTON CANAL ROAD SOMERSET, NJ 08873	31-1812810	501C3	0.	434,071.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ZUFALL HEALTH CENTER DOVER 18 WEST BLACKWELL DOVER, NJ 07801	22-3125397	501C3	0.	20,659.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
SUPPORT VICTIMS OF OAK CREEK SHOOTING AND THEIR FAMILIES. TO COVER COSTS OF MEDICAL BILLS, FUNERAL EXPENSES, PSYCHOLOGICAL COUNSELING, AND SUSTAINING THE LIVES OF SURVIVORS AND THEIR FAMILIES.	13	181,813.	0.		

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, 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





**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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 (e.g., maid, chauffeur, chef)		
<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 (e.g., maid, chauffeur, chef)									
<p><b>b</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 .....</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" 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				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" 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									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	X								
	<b>4b</b>	X								
	<b>4c</b>	X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	X								
	<b>5b</b>	X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	X								
	<b>6b</b>	X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>									

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

Schedule J (Form 990) 2012

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

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

**Note.** The sum of columns (B)(i)-(iii) 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THOMAS E. TIGHE PRESIDENT & CEO	(i)	350,007.	0.	0.	12,500.	17,660.	380,167.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BHUPI SINGH EVP, COO & CFO	(i)	290,541.	0.	0.	12,500.	10,232.	313,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KERRI MURRAY VP, MARKETING, DEVELOPMENT	(i)	202,160.	0.	0.	10,250.	6,942.	219,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANTHOULA RANDOPOULOS VP, PHILANTHROPIC INVESTMENT	(i)	140,623.	0.	0.	7,128.	14,588.	162,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROSS COMSTOCK DIRECTOR OF IT	(i)	132,570.	0.	0.	6,875.	10,586.	150,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANDREW SCHROEDER DIRECTOR, RESEARCH & ANALYSIS	(i)	137,071.	0.	0.	6,000.	10,586.	153,657.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
GEORGE SHORT	BOARD MEMBER	1,015.	LEGAL SERVI		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: GEORGE SHORT

(D) DESCRIPTION OF TRANSACTION: LEGAL SERVICES

DIRECT RELIEF MADE PAYMENTS FOR LEGAL SERVICES TO THE LAW FIRM WHERE MR.

SHORT IS A SHAREHOLDER. THIS FIRM ALSO PROVIDED DIRECT RELIEF WITH PRO

BONO SERVICES WHICH AMOUNTED TO AN ESTIMATED \$23,069 IN VALUE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**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.**

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 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	47	295,128.	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	945	372,739,640.	EST. WHOLESALE PRICE
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( SOFTWARE ) .....	X	5	1,275,624.	FMV
26	Other ▶ ( MISC SUPPLIES ) .....	X	11	6,400.	FMV
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 .....	<b>29</b>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------

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

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

FORM 990, PART VI, SECTION A, LINE 4: THE ORGANIZATION'S ARTICLES OF

INCORPORATION, FILED WITH THE CALIFORNIA SECRETARY OF STATE, WERE AMENDED

TO REFLECT A CHANGE TO THE ORGANIZATION'S NAME TO "DIRECT RELIEF." THE

ORGANIZATION HAD FORMERLY BEEN DOING BUSINESS AS "DIRECT RELIEF

INTERNATIONAL."

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

WHEN A DIRECTOR, OFFICER, BOARD COMMITTEE MEMBER OR EMPLOYEE HAS A CONFLICT

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

Schedule O (Form 990 or 990-EZ) (2012)

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

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 2012.

FORM 990, PART VI, SECTION C, LINE 19: DIRECT RELIEF MAKES ITS GOVERNING  
 DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, COMPENSATION



Name of the organization  
DIRECT RELIEF

Employer identification number  
95-1831116

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

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

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

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

THE COMPENSATION REPORTED IS FOR THE CALENDAR YEAR 2012, 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 AND 75% OF THE  
COO/CFO'S COMPENSATION WAS PAID FROM FUNDS PROVIDED BY THE DIRECT  
RELIEF FOUNDATION.

FORM 990, PART VIII, LINE 1G

VALUATION OF IN-KIND RESOURCES (NONCASH CONTRIBUTIONS):

DIRECT RELIEF IS THE ONLY NONPROFIT ORGANIZATION IN THE UNITED STATES

LICENSED TO DISTRIBUTE PHARMACEUTICAL PRODUCTS IN ALL 50 U.S. STATES

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

FOR U.S. FOOD AND DRUG ADMINISTRATION (FDA)-APPROVED PHARMACEUTICALS, BRANDED AND GENERIC, THE VALUATION BASIS IS THE "WHOLESALE ACQUISITION COST" (WAC) AS PUBLISHED IN THE THOMSON REUTERS REDBOOK, AN INDUSTRY-RECOGNIZED DRUG AND PRICING REFERENCE GUIDE FOR PHARMACEUTICALS IN THE UNITED STATES.

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
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WAC IS THE STANDARD USED BY MANY U.S. STATES AS THE FEDERAL UPPER LIMIT

PRICING FOR DRUGS PURCHASED UNDER THE MEDICAID PROGRAM. 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 WAC VALUE TO EACH SPECIFIC

PRODUCT'S NATIONAL DRUG CODE, WHICH RELATES TO THE SPECIFIC

MANUFACTURER AND FORMULATION OF A DRUG. THIS DISTINCTION IS SIGNIFICANT

BECAUSE IT REFLECTS, FOR EXAMPLE, THE LOWER PRICE (AND FAIR MARKET

VALUE) OF A GENERIC PRODUCT RECEIVED THROUGH DONATION, COMPARED TO

HIGHER-PRICED BRANDED PRODUCT.

FOR NON-FDA-APPROVED PHARMACEUTICALS, SUCH AS 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. AS IS THE CASE WITH FDA-APPROVED

FORMULATIONS, THE VALUE RELATES TO THE SPECIFIC PRODUCT FROM THE

SPECIFIC MANUFACTURER. 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 FOUNDATION) FOR A PARTICULAR DRUG, OR OTHER SUCH

REASONABLE BASES.

Name of the organization DIRECT RELIEF	Employer identification number 95-1831116
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FOR MEDICAL SUPPLIES AND EQUIPMENT, THE ORGANIZATION DETERMINES  
WHOLESALE VALUE BY REVIEWING THE PRICING INFORMATION ON THE SPECIFIC  
ITEM LISTED FOR SALE IN TRADE PUBLICATIONS, THROUGH ONLINE PRICING, AND  
THROUGH ITS OWN PURCHASING HISTORY. SUCH VALUATIONS TYPICALLY ARE  
SUBSTANTIALLY LOWER THAN PUBLISHED RETAIL PRICES.

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

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

OF COURSE, SIMILAR PRICING AND VALUATION DIFFERENCES ALSO EXIST FOR  
OTHER COMMODITIES AND SERVICES BEYOND PHARMACEUTICALS. IN THE U.S., FOR  
EXAMPLE, THE COMMODITY OF WATER MAY BE THE EASIEST EXAMPLE, SINCE THE  
PRICE THAT IS PAID FOR THE SAME COMPOUND, H<sub>2</sub>O, 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

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

THAT EVEN HIGHLY SKILLED SERVICES--SURGERY, COMPUTER PROGRAMMING,  
RESEARCH CONDUCTED BY PH.D.S--ARE DONE AT VASTLY DIFFERENT PRICES IN  
DIFFERENT COUNTRIES.

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

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

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

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

ACCURATE, EASY-TO-UNDERSTAND BASIS AND IS BEST TO INSTILL PUBLIC  
CONFIDENCE IN OUR FINANCIAL REPORTING.

FORM 990, PART IX, LINE 24A:

THE \$30,570,857 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 THE BRIF ON A MONTHLY  
BASIS. THE BALANCE DUE AS OF JUNE 30, 2013 CONSISTS OF THE FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A)	3,558,380
CURRENT YEAR APPROVED TRANSFERS	2,018,403
ACTUAL TRANSFERS TAKEN	(3,808,626)
<hr/>	
TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2013	\$ 1,768,157

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

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

THE AMOUNT REPORTED REPRESENTS THE NET TRANSFERS FROM DIRECT RELIEF  
FOUNDATION, WHICH INCLUDES:

CURRENT YEAR APPROVED TRANSFERS FROM FOUNDATION (A)	2,018,403
OTHER CURRENT YEAR APPROVED TRANSFER FROM FOUNDATION (B)	300,000
BEQUESTS/OTHER ASSETS TRANSFERRED TO FOUNDATION (C)	(863,913)
ACCRUED BEQUESTS/OTHER ASSETS RECEIVABLE (C)	533,088

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

\$ 1,987,578

(A) THE PURPOSE OF THE DIRECT RELIEF FOUNDATION IS TO PROVIDE A RESERVE FOR CURRENT AND FUTURE OPERATIONS. THE FOUNDATION ALSO HAS AGREED TO PROVIDE FUNDS FOR ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND ANY PORTION OF ITS MANAGEMENT AND GENERAL EXPENSES NOT COVERED BY ANNUAL DONATIONS RECEIVED BY DIRECT RELIEF. FOR THE YEAR ENDED JUNE 30, 2013, THE FOUNDATION TRUSTEES APPROVED TO PROVIDE FUNDS COVERING JUST UNDER 30% OF DIRECT RELIEF'S MANAGEMENT AND GENERAL EXPENSES. THIS INCLUDES THE FULL COMPENSATION OF THE CEO, 75% OF THE COMPENSATION OF THE COO/CFO, FULL COMPENSATION OF FUNDRAISING PERSONNEL, AND CERTAIN CAPITAL EXPENDITURES. DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM THE FOUNDATION TO PAY FOR THESE EXPENSES ON A MONTHLY BASIS.

(B) THE FOUNDATION TRUSTEES MAY ALSO APPROVE TO PROVIDE FUNDS TO DIRECT RELIEF TO COVER PROGRAM EXPENDITURES. IN 2012, DIRECT RELIEF RECEIVED A GENEROUS GIFT FROM THE ESTATE OF A DECEASED DONOR, TO SUPPORT THE ORGANIZATION'S MATERNAL AND CHILD HEALTH PROGRAMS. THE FOUNDATION MAINTAINS THE FUNDS, AND THE TRUSTEES HAVE APPROVED THE DISTRIBUTION OF \$300,000 TO DIRECT RELIEF PER YEAR, THROUGH THE FISCAL YEAR ENDED JUNE 30, 2017.

(C) 100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES, ANNUITIES, ETC., ARE TRANSFERRED TO THE DIRECT RELIEF FOUNDATION, UNLESS OTHERWISE SPECIFIED BY THE DONOR.

Name of the organization  
DIRECT RELIEF

Employer identification number  
95-1831116

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.

Multiple horizontal lines for listing non-cash property.



**Related Organizations and Unrelated Partnerships**

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

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

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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 27 SOUTH LA PATERA LANE GOLETA, CA 93117	OPERATES SOLELY AND EXCLUSIVELY FOR THE BENEFIT OF DIRECT RELIEF	CALIFORNIA	501(C)(3)	LINE 11A, TYPE I	DIRECT RELIEF	X	



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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 <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> 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 other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIRECT RELIEF FOUNDATION	Q	325.	CASH VALUE
(2) DIRECT RELIEF FOUNDATION - SEE PART VII	R	863,913.	CASH VALUE
(3) DIRECT RELIEF FOUNDATION - SEE PART VII	S	3,808,626.	CASH VALUE
(4)			
(5)			
(6)			



**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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

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

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

FUNDING PROVIDED BY DIRECT RELIEF FOUNDATION TO PAY FOR ALL OF DIRECT  
RELIEF'S FUNDRAISING EXPENSES AND JUST UNDER 30% OF MANAGEMENT AND  
GENERAL EXPENSES. THIS INCLUDES THE FULL COMPENSATION OF THE CEO, 75%  
OF THE COMPENSATION OF THE COO/CFO, FULL COMPENSATION OF FUNDRAISING  
PERSONNEL, AND CERTAIN CAPITAL EXPENDITURES.

THE FOUNDATION TRUSTEES MAY ALSO APPROVE TO PROVIDE FUNDS TO DIRECT  
RELIEF TO COVER PROGRAM EXPENDITURES. IN 2012, DIRECT RELIEF RECEIVED  
A GENEROUS GIFT FROM THE ESTATE OF A DECEASED DONOR, TO SUPPORT THE  
ORGANIZATION'S MATERNAL AND CHILD HEALTH PROGRAMS. THE FOUNDATION  
MAINTAINS THE FUNDS, AND THE TRUSTEES HAVE APPROVED THE DISTRIBUTION OF  
\$300,000 TO DIRECT RELIEF PER YEAR, THROUGH THE FISCAL YEAR ENDED JUNE  
30, 2017.

DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM THE BRIF ON A MONTHLY  
BASIS. THE BALANCE DUE AS OF JUNE 30, 2013 CONSISTS OF THE FOLLOWING:

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CURRENT YEAR APPROVED TRANSFERS	2,018,403
ACTUAL TRANSFERS TAKEN	(3,808,626)

**Part VII** Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2013 \$ 1,768,157

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

CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.