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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2013Open to Public
Inspection

- Do not enter Social Security numbers on this form as it may be made public.
 ► Information about Form 990 and its instructions is at www.irs.gov/form990

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

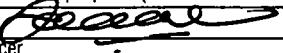
B Check if applicable	C Name of organization		D Employer identification number
<input type="checkbox"/> Address change	DIRECT RELIEF		95-1831116
<input type="checkbox"/> Name change	Doing Business As		
<input type="checkbox"/> Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
<input type="checkbox"/> Terminated	27 SOUTH LA PATERA LANE		
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code		
<input type="checkbox"/> Application pending	GOLETA, CA 93117		
F Name and address of principal officer: BHUPI SINGH SAME AS ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ► WWW.DIRECTRELIEF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation: 1948	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVE THE HEALTH AND LIVES OF PEOPLE AFFECTED BY POVERTY OR EMERGENCY SITUATIONS.
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a)	3 33
4 Number of independent voting members of the governing body (Part VI, line 1b)	4 33
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5 62
6 Total number of volunteers (estimate if necessary)	6 137
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0
b Net unrelated business taxable income from Form 990-T, line 34	7b 0
8 Contributions and grants (Part VIII, line 1h)	Prior Year 387,953,377. Current Year 449,601,155.
9 Program service revenue (Part VIII, line 2g)	435,268. 360,057.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	966. 14,682.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-40,821. -24,626.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	388,348,790. 449,951,268.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year 346,450,341. Current Year 506,095,706.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,733,029. 6,239,386.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 40,333.
b Total fundraising expenses (Part IX, column (D), line 25) ► 1,613,622.	
17 Other expenses (Part IX, column (A), lines 11a-11c, 11f-24e)	36,601,362. 33,399,059.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	388,784,732. 545,774,484.
19 Revenue less expenses. Subtract line 18 from line 12	-435,942. -95,823,216.
Net Assets or Fund Balances	Beginning of Current Year 206,375,312. End of Year 111,933,798.
20 Total assets (Part X, line 16)	3,063,487. 3,606,028.
21 Total liabilities (Part X, line 26)	203,311,825. 108,327,770.
22 Net assets or fund balances Subtract line 21 from line 20	

Part II Signature Block

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

Sign Here	► Signature of officer  BHUPI SINGH, EVP, COO & CFO Type or print name and title	Date 12/23/14
Paid Preparer Use Only	Print/Type preparer's name Firm's name ► Firm's address ►	Preparer's signature Date Firm's EIN ► Phone no.
		Check if self-employed PTIN

May the IRS discuss this return with the preparer shown above? (see instructions)

332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

17/30

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

- 1** Briefly describe the organization's mission:

IMPROVE THE HEALTH AND LIVES OF PEOPLE AFFECTED BY POVERTY OR
EMERGENCY SITUATIONS BY MOBILIZING AND PROVIDING ESSENTIAL MEDICAL
RESOURCES NEEDED FOR THEIR CARE.

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

If "Yes," describe these new services on Schedule O.

- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code _____) (Expenses \$ 462,882,878. including grants of \$ 437,114,441.) (Revenue \$ 337,413.)

DIRECT RELIEF WORKS WITH OVER 350 HEALTHCARE-PROVIDER PARTNERS IN 72 COUNTRIES INTERNATIONALLY. DURING THE YEAR, DIRECT RELIEF PROVIDED APPROXIMATELY \$437.11 MILLION IN AID TO THESE PARTNERS, CONSISTING OF \$434.86 MILLION OF ESSENTIAL MEDICINES AND MEDICAL SUPPLIES AND \$2.25 MILLION OF CASH GRANTS. DIRECT RELIEF'S 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 PROVIDING MATERIAL ASSISTANCE TO PRIMARY HEALTHCARE CLINICS, COMBATING HIV/AIDS, HEALTH CARE PROVIDER TRAINING, EMERGENCY PREPAREDNESS, AND DISASTER RESPONSE.

4b (Code _____) (Expenses \$ 78,773,303. including grants of \$ 68,981,265.) (Revenue \$ 22,644.)

DIRECT RELIEF RUNS THE LARGEST CHARITABLE MEDICINES PROGRAM IN THE U.S., PROVIDING FREE MEDICATIONS AND SUPPLIES TO SAFETY-NET CLINICS AND HEALTH CENTERS, TO SERVE THEIR LOW-INCOME AND UNINSURED PATIENTS. DIRECT RELIEF WORKS WITH MORE THAN 1,200 CLINICS AND HEALTH CENTERS IN THE U.S., AND IS LICENSED TO DISTRIBUTE PHARMACEUTICALS IN EVERY STATE. DIRECT RELIEF IS THE ONLY NONPROFIT HUMANITARIAN AID ORGANIZATION IN THE U.S. TO BE DESIGNATED AS A VERIFIED-ACCREDITED WHOLESALE DISTRIBUTOR BY THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY. DURING THE YEAR, DIRECT RELIEF PROVIDED APPROXIMATELY \$68.98 MILLION IN ASSISTANCE IN THE U.S., CONSISTING OF \$68.3 MILLION OF MEDICINES AND MEDICAL SUPPLIES AND \$651 THOUSAND OF CASH GRANTS. SINCE 2004, DIRECT RELIEF HAS PROVIDED OVER \$410 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 ► 541,656,181.

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>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 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>	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 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>	5 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>	6 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>	7 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>	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 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>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
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>	11a 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>	11b 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>	11c 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>	11d 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>	11e 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>	11f 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>	12a 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>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a 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>	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16 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>	17 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>	18 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>	19 X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b X	

Part IV Checklist of Required Schedules (continued)

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

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1b	50 0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1c	X
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	62
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	3b 4a	X
b If "Yes," enter the name of the foreign country ► SOUTH AFRICA See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

- 1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- 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?
- b 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

	Yes	No
1a		33
1b		33
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

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

- 10a Did the organization have local chapters, branches, or affiliates?
- b 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?
- b 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
- b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c 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?
- a The organization's CEO, Executive Director, or top management official
- b Other officers or key employees of the organization
- If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).
- 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11a	X	
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a		X
16b		

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.
 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 or note to any line in this Part VII X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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			
(1) JOHN ROMO CHAIR	10.00 1.00	X		X			0.	0.	0.
(2) RITA MOYA VICE CHAIR/COMMITTEE CHAIR	5.00 1.00	X		X			0.	0.	0.
(3) J. MICHAEL GILES TREASURER	5.00	X		X			0.	0.	0.
(4) LAWRENCE DAM SECRETARY	5.00 1.00	X		X			0.	0.	0.
(5) MARI MITCHEL ASSISTANT SECRETARY	5.00 1.00	X		X			0.	0.	0.
(6) PATRICK ENTHOVEN COMMITTEE CHAIR	5.00 1.00	X					0.	0.	0.
(7) LINDA GLUCK COMMITTEE CHAIR	5.00	X					0.	0.	0.
(8) GREGG L. FOSTER COMMITTEE CHAIR	5.00	X					0.	0.	0.
(9) ANGEL ISCOVICH, M.D. COMMITTEE CHAIR	5.00 1.00	X					0.	0.	0.
(10) RICK RONEY COMMITTEE CHAIR	5.00	X					0.	0.	0.
(11) MARK SCHWARTZ COMMITTEE CHAIR	5.00	X					0.	0.	0.
(12) GEORGE SHORT COMMITTEE CHAIR	5.00 1.00	X					0.	0.	0.
(13) STEVE WEINTRAUB DIRECTOR	2.00	X					0.	0.	0.
(14) BERT GREEN, M.D. DIRECTOR	2.00	X					0.	0.	0.
(15) BOBBIE RUBIN DIRECTOR	2.00	X					0.	0.	0.
(16) DANTE DI LORETO DIRECTOR	2.00	X					0.	0.	0.
(17) DAVID GIBBS DIRECTOR	2.00	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			
(18) DOROTHY GARDNER DIRECTOR	2.00 1.00	X					0.	0.	0.
(19) ERNEST J. GETTO DIRECTOR	2.00	X					0.	0.	0.
(20) GARY R. TOBEY DIRECTOR	2.00	X					0.	0.	0.
(21) JEANNE NEWMAN DIRECTOR	2.00	X					0.	0.	0.
(22) JOANNA KERNS DIRECTOR	2.00	X					0.	0.	0.
(23) JULIE RABINOVITZ DIRECTOR	2.00	X					0.	0.	0.
(24) KENDALL BISHOP DIRECTOR	2.00	X					0.	0.	0.
(25) MARY-LOUISE SCULLY, M.D. DIRECTOR	2.00 1.00	X					0.	0.	0.
(26) NANCY KOPPELMAN DIRECTOR	2.00 1.00	X					0.	0.	0.
1b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							1,693,440.	0.	187,871.
d Total (add lines 1b and 1c)							1,693,440.	0.	187,871.

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

(A) Name and business address	NONE	(B) Description of services	(C) Compensation

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 ► 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 (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(27) PATRICIA AOYAMA DIRECTOR	2.00	X					0.	0.	0.
(28) PATTY DEDOMINIC DIRECTOR	2.00	X					0.	0.	0.
(29) HON. PAUL G. FLYNN DIRECTOR	2.00	X					0.	0.	0.
(30) SHARON BRADFORD DIRECTOR	2.00	X					0.	0.	0.
(31) THOMAS J. CUSACK DIRECTOR	2.00	X					0.	0.	0.
(32) SCOTT HEDRICK DIRECTOR, THROUGH 10/31/13	2.00	X					0.	0.	0.
(33) WILLIAM ESREY DIRECTOR, THROUGH 09/30/13	2.00	X					0.	0.	0.
(34) THOMAS E. TIGHE PRESIDENT & CEO	40.00		X				361,265.	0.	31,825.
(35) BHUPI SINGH EVP, COO & CFO	40.00		X				300,140.	0.	25,273.
(36) KERRI MURRAY VP, MARKETING, DEVELOPMENT	40.00			X			222,112.	0.	17,282.
(37) ANTHOULA RANDOPoulos VP, PHILANTHROPIC INVESTMENT	40.00			X			150,625.	0.	23,290.
(38) ROSS COMSTOCK DIRECTOR OF IT	40.00				X		143,726.	0.	21,913.
(39) ANDREW SCHROEDER DIRECTOR, RESEARCH & ANALYSIS	40.00				X		149,214.	0.	20,671.
(40) SARAVANAN SELVARAJ SAP APPLICATIONS MANAGER	40.00				X		134,030.	0.	18,191.
(41) BRETT WILLIAMS DIRECTOR, INTERNATIONAL PROGRAMS	40.00				X		116,474.	0.	11,875.
(42) DAMON TAUGHER DIRECTOR, DIRECT RELIEF USA	40.00				X		115,854.	0.	17,551.
Total to Part VII, Section A, line 1c							1,693,440.		187,871.

Part VIII Statement of Revenue

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

X

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 246,584.				
	b Membership dues	1b				
	c Fundraising events	1c 217,257.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 37,264.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 449,100,050.				
	g Noncash contributions included in lines 1a-1f \$	430,296,998.				
	h Total. Add lines 1a-1f	449,601,155.				
Program Service Revenue	2 a PROGRAM MANAGEMENT FEE	Business Code				
		541610	360,057.	360,057.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	360,057.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	►			14,682.	
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
	6 a Gross rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	►				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less: cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)	►					
8 a Gross income from fundraising events (not including \$ 217,257. of contributions reported on line 1c) See Part IV, line 18	a 0.					
b Less: direct expenses	b 24,626.		-24,626.		-24,626.	
c Net income or (loss) from fundraising events	►					
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	►					
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	►					
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	►					
12 Total revenue. See instructions.	►	449,951,268.	360,057.	0.	-9,944.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	68,971,696.	68,971,696.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	9,569.	9,569.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	437,114,441.	437,114,441.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,155,814.	235,414.	598,945.	321,455.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,057,106.	2,848,398.	638,724.	569,984.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	158,842.	113,664.	23,062.	22,116.
9 Other employee benefits	552,751.	348,416.	114,433.	89,902.
10 Payroll taxes	314,873.	192,326.	70,238.	52,309.
11 Fees for services (non-employees):				
a Management				
b Legal	66,908.	7,500.	59,408.	
c Accounting	48,523.	4,638.	43,224.	661.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	40,333.			40,333.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,172,670.	842,259.	224,970.	105,441.
12 Advertising and promotion	37,052.	1,009.	29,429.	6,614.
13 Office expenses	126,352.	17,606.	52,902.	55,844.
14 Information technology	207,642.	139,757.	10,695.	57,190.
15 Royalties				
16 Occupancy	909,206.	833,655.	43,317.	32,234.
17 Travel	498,277.	419,642.	45,013.	33,622.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	172,477.	62,839.	20,280.	89,358.
20 Interest	37,754.	32,977.	2,840.	1,937.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,024,470.	814,290.	128,508.	81,672.
23 Insurance	60,344.	44,470.	13,831.	2,043.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INVENTORY ADJ-SEE SCH O	25,197,664.	25,197,664.		
b FREIGHT/TRANSPORTATION	2,573,764.	2,573,764.		
c SUPPLIES	416,601.	365,280.	23,341.	27,980.
d WEB HOSTING	287,175.	252,484.	29,171.	5,520.
e All other expenses	562,180.	212,423.	332,350.	17,407.
25 Total functional expenses. Add lines 1 through 24e	545,774,484.	541,656,181.	2,504,681.	1,613,622.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	466,044.	1	369,440.
	2 Savings and temporary cash investments	943,222.	2	206,361.
	3 Pledges and grants receivable, net	676,907.	3	902,308.
	4 Accounts receivable, net	10,294.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net	5,216.	7	1,106.
	8 Inventories for sale or use	195,388,255.	8	99,201,591.
	9 Prepaid expenses and deferred charges	275,781.	9	470,509.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	11,104,765.		
	10a Less: accumulated depreciation	10b 5,121,786.	6,806,850.	10c 5,982,979.
	11 Investments - publicly traded securities	4,499.	11	2,712,315.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,798,244.	15	2,087,189.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	206,375,312.	16	111,933,798.
Liabilities	17 Accounts payable and accrued expenses	490,962.	17	816,679.
	18 Grants payable	313,185.	18	469,020.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,376,733.	23	1,336,165.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	882,607.	25	984,164.
	26 Total liabilities. Add lines 17 through 25	3,063,487.	26	3,606,028.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	199,944,378.	27	102,091,348.
	28 Temporarily restricted net assets	3,367,447.	28	6,236,422.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	203,311,825.	33	108,327,770.
	34 Total liabilities and net assets/fund balances	206,375,312.	34	111,933,798.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	449,951,268.
2 Total expenses (must equal Part IX, column (A), line 25)	2	545,774,484.
3 Revenue less expenses. Subtract line 2 from line 1	3	-95,823,216.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	203,311,825.
5 Net unrealized gains (losses) on investments	5	2,490.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	836,671.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	108,327,770.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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

	Yes	No
2a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	

Form 990 (2013)

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

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 <input type="checkbox"/> Type I	b <input type="checkbox"/> Type II	c <input type="checkbox"/> Type III - Functionally integrated	d <input type="checkbox"/> 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?

(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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(ii) A family member of a person described in (i) above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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
Total						

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	338,248,826.	404,747,879.	299,222,205.	387,953,377.	449,601,155.	1879773442.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	338,248,826.	404,747,879.	299,222,205.	387,953,377.	449,601,155.	1879773442.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						998,871,676.
6 Public support. Subtract line 5 from line 4						880,901,766.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	338,248,826.	404,747,879.	299,222,205.	387,953,377.	449,601,155.	1879773442.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,325.	17,620.	9,818.	966.	14,682.	47,411.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1879820853.
12 Gross receipts from related activities, etc. (see instructions)					12	1,678,404.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	46.86 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	48.11 %
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2013. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests - 2012. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A
Part IV

Supplemental Information. 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 C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

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

- Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its
instructions is at www.irs.gov/form990.

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

Employer identification number

DIRECT BELIEF

SE 1831116

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

1

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) 2013

I HA

332041
11-08-13

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1,514.
j Total. Add lines 1c through 1i			1,514.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Part IV Supplemental Information

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:

EXPLANATION: DIRECT RELIEF PAYS AN ANNUAL MEMBERSHIP FEE TO

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

U.S. NONGOVERNMENTAL ORGANIZATIONS. FOR THE YEAR ENDED JUNE 30, 2014,

THE TOTAL AMOUNT PAID TO INTERACTION WAS \$18,692. INTERACTION INFORMED

DIRECT RELIEF THAT 8.1% (\$1,514) OF THE MEMBERSHIP DUES ARE USED FOR

Part IV Supplemental Information (continued)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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? Yes 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? Yes 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).
- | | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> 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
2a	
2b	
2c	
2d	

- a Total number of conservation easements
- b Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
- 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.
- 1b 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
1c	
1d	
1e	
1f	

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	30,566,600.	30,256,901.	29,274,496.	28,429,715.	31,306,636.
b Contributions	452,180.	863,913.	1,992,728.	582,986.	179,402.
c Net investment earnings, gains, and losses	4,597,850.	3,682,539.	-497,517.	3,301,012.	1,899,350.
d Grants or scholarships	1,430,993.	4,108,626.	450,787.	2,969,313.	4,895,531.
e Other expenditures for facilities and programs					
f Administrative expenses	184,155.	128,127.	62,019.	69,904.	60,142.
g End of year balance	34,001,482.	30,566,600.	30,256,901.	29,274,496.	28,429,715.

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

a Board designated or quasi-endowment ► 99.93 %

b Permanent endowment ► .07 %

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:

	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.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,363,950.		1,363,950.
b Buildings		3,296,295.	1,326,288.	1,970,007.
c Leasehold improvements				
d Equipment		1,945,196.	1,330,821.	614,375.
e Other		4,499,324.	2,464,677.	2,034,647.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 5,982,979.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) DISTRIBUTION PAYABLE-ANNUITIES	14,931.	
(3) CAPITAL LEASE OBLIGATION	10,704.	
(4) OTHER CURRENT LIABILITIES	35,612.	
(5) ACCRUED PAYROLL EXPENSES	884,317.	
(6) DEFERRED COMPENSATION	38,600.	
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	984,164.	

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

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

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

- 1 Total revenue, gains, and other support per audited financial statements
- 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:
 - a Net unrealized gains on investments
 - b Donated services and use of facilities
 - c Recoveries of prior year grants
 - d Other (Describe in Part XIII.)
 - e Add lines 2a through 2d
- 3 Subtract line 2e from line 1
- 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:
 - a Investment expenses not included on Form 990, Part VIII, line 7b
 - b Other (Describe in Part XIII.)
 - c Add lines 4a and 4b
- 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

1	
2a	
2b	
2c	
2d	
2e	
3	
4a	
4b	
4c	
5	

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

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

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

1	
2a	
2b	
2c	
2d	
2e	
3	
4a	
4b	
4c	
5	

Part XIII Supplemental Information.

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

PART V, LINE 4:EXPLANATION: BOARD DESIGNATED ENDOWMENT: DIRECT RELIEF FOUNDATIONMAINTAINS CUSTODY OF THE BOARD RESTRICTED INVESTMENT FUND (BRIF), WHICH ISA BOARD DESIGNATED ENDOWMENT. DIRECT RELIEF FOUNDATION WAS FORMED AS ASUPPORTING ORGANIZATION OF DIRECT RELIEF. THE FOUNDATION IS ORGANIZED TOOPERATE SOLELY AND EXCLUSIVELY TO SUPPORT, BENEFIT, OR CARRY OUT THEPURPOSES OF DIRECT RELIEF.THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR CURRENT AND FUTUREOPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES FUNDING TO PAY FOR ALLOF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGEMENT AND GENERALEXPENSES. FOR THE YEAR ENDED JUNE 30, 2014, THE DIRECT RELIEF FOUNDATION332054
09-25-13

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)

TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVERING ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE COMPENSATION OF THE CEO.

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 APPROVED THE DISTRIBUTION OF \$45,000 TO DIRECT RELIEF FOR THE FISCAL YEAR ENDED JUNE 30, 2014.

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION, UNDER THE PROVISIONS OF ASC 740, INCOME TAXES, HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL AS OF JUNE 30, 2014.

THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE JUNE 2011 FOR ITS FEDERAL FILING AND FOR YEARS BEFORE JUNE 2010 FOR ITS STATE FILINGS.

PART X, LINE 6:

EXPLANATION: THE ORGANIZATION IS PARTY TO A NON-QUALIFIED DEFERRED COMPENSATION AGREEMENT WITH THE SURVIVING SPOUSE OF A CO-FOUNDER OF THE ORGANIZATION. UNDER THE TERMS OF THE AGREEMENT, BEGINNING JANUARY 1, 1971, THE ORGANIZATION IS OBLIGATED TO MAKE MONTHLY PAYMENTS IN ACKNOWLEDGEMENT OF HIS 23 YEARS OF SERVICE. AS OF JUNE 30, 2014, THE PRESENT VALUE OF THE

Part XIII Supplemental Information (continued)

FUTURE ESTIMATED PAYMENTS DUE WAS \$38,600.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Employer identification number

DIRECT RELIEF

95-1831116

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

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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		133,784.
EAST ASIA AND THE PACIFIC	0	0	GRANT MAKING		1,342,845.
EUROPE	0	0	GRANT MAKING		5,000.
MIDDLE EAST AND NORTH AFRICA	0	0	GRANT MAKING		10,291.
SOUTH AMERICA	0	0	GRANT MAKING		54,651.
SOUTH ASIA	0	0	GRANT MAKING		484,249.
SUB-SAHARAN AFRICA	0	0	GRANT MAKING		225,762.
SUB-SAHARAN AFRICA	1	3	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO AFRICAN DOCTORS AND MEDICAL CLINICS	159,352.
3 a Sub-total ..	1	3			2,415,934.
b Total from continuation sheets to Part I	1	3			435,004,126.
c Totals (add lines 3a and 3b)	2	6			437,420,060.

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

Schedule F (Form 990) 2013

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	1	3	PROGRAM SERVICES	COORDINATION OF MEDICAL SUPPORT TO HAITIAN DOCTORS AND MEDICAL CLINICS	188,903.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	98,866,722.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	39,115,441.
EUROPE	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	1,729,328.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	10,545,004.
NORTH AMERICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	69,532.
RUSSIA AND THE NEWLY INDEPENDENT STATES	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	849,196.
SOUTH AMERICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	27,635,353.
SOUTH ASIA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	10,246,779.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	PROVISION OF PHARMACEUTICALS, MEDICAL EQUIPMENT, AND SUPPLIES	245,757,868.
Totals ►	1	3			435,004,126.

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

1 (a) Name of organization	2 (b) IRS code section and EIN (if applicable)	3 (c) Region	4 (d) Purpose of grant	5 (e) Amount of cash grant	6 (f) Manner of cash disbursement	7 (g) Amount of non-cash assistance	8 (h) Description of non-cash assistance	9 (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	28,479.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	STRENGTHENING HEALTHCARE SYSTEMS	25,000.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	SUPPLY CHAIN COORDINATION FOR HAITI PROGRAM	25,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	FEMPLANT PROGRAM	15,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/TSUNAMI RELIEF & RECOVERY	200,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/TSUNAMI RELIEF & RECOVERY	175,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	JAPAN EARTHQUAKE/TSUNAMI RELIEF & RECOVERY	100,000.	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

▲ 249
▼ 74

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

Schedule F (Form 990)

DIRECT RELIEF

95-1831116

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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)
		JAPAN	EARTHQUAKE/TSUNAMI RELIEF & RECOVERY	90,000. WIRE		0.		
	EAST ASIA AND THE PACIFIC	JAPAN	EARTHQUAKE/TSUNAMI RELIEF & RECOVERY	70,000. WIRE		0.		
	EAST ASIA AND THE PACIFIC	JAPAN	EARTHQUAKE/TSUNAMI RELIEF & RECOVERY	25,000. WIRE		0.		
	EAST ASIA AND THE PACIFIC	MALNUTRITION PROJECT		21,000. WIRE		0.		
	EAST ASIA AND THE PACIFIC	MIDWIFERY PROGRAM & PHILIPPINES TYPHOON RELIEF & RECOVERY		80,000. WIRE		0.		
	EAST ASIA AND THE PACIFIC	PHILIPPINES TYPHOON RELIEF & RECOVERY		235,000. WIRE		0.		
	EAST ASIA AND THE PACIFIC	PHILIPPINES TYPHOON RELIEF & RECOVERY		100,000. WIRE		0.		
	EAST ASIA AND THE PACIFIC	PHILIPPINES TYPHOON RELIEF & RECOVERY		70,000. WIRE		0.		
	EAST ASIA AND THE PACIFIC	PHILIPPINES TYPHOON RELIEF & RECOVERY		60,000. 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)								
(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	PHILIPPINES TYPHOON RELIEF & RECOVERY	50,000. WIRE	0.				
	EAST ASIA AND THE PACIFIC	PHILIPPINES TYPHOON RELIEF & RECOVERY	50,000. WIRE	0.				
	EUROPE	RARE DISEASES PROGRAM	5,000. WIRE	0.				
	MIDDLE EAST AND NORTH AFRICA	RARE DISEASES PROGRAM	10,291. WIRE	0.				
	SOUTH AMERICA	DIABETES PREVENTION PROGRAM	17,500. WIRE	0.				
	SOUTH AMERICA	RIO BENI HEALTHCARE PROJECT, BOLIVIA	31,051. WIRE	0.				
	SOUTH AMERICA	STRENGTHENING HEALTHCARE SYSTEMS	6,100. WIRE	0.				
	SOUTH ASIA	AUTISM CENTRE SUPPORT, LIVER TRANSPLANT PROGRAM	346,200. WIRE	0.				
	SOUTH ASIA	MATERNAL & CHILD HEALTH EDUCATION	37,131. 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)
		SOUTH ASIA	MATERNAL & CHILD HEALTH EDUCATION	10,000.00	WIRE	0.		
		SOUTH ASIA	MIDWIFERY PROGRAM	15,000.00	WIRE	0.		
		SOUTH ASIA	RARE DISEASES PROGRAM	25,000.00	WIRE	0.		
		SOUTH ASIA	RARE DISEASES PROGRAM	5,000.00	WIRE	0.		
		SOUTH ASIA	UPGRADE NICU	45,918.00	WIRE	0.		
		SUB-SAHARAN AFRICA	CHILDHOOD PNEUMONIA PROGRAM	64,000.00	WIRE	0.		
		SUB-SAHARAN AFRICA	MATERNITY CENTER	20,000.00	WIRE	0.		
		SUB-SAHARAN AFRICA	MENTAL HEALTH PROGRAM IN GHANA	20,000.00	WIRE	0.		
		SUB-SAHARAN AFRICA	OBSTETRIC FISTULA REPAIR/PREVENTION PROGRAM	96,715.00	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	OBSTETRIC FISTULA REPAIR PREVENTION PROGRAM	25,000.00	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	CENTRAL AMERICA AND THE CARIBBEAN			0.		3,758,205	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		3,701,969	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		2,982,579	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		2,552,877	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		2,462,472	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		1,990,549	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		1,924,999	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		1,615,469	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		1,234,383	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Schedule F (Form 990)

DIRECT RELIEF

95-1831116

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.		1,192,594	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		1,098,339	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		1,094,840	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		1,063,375	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		1,027,898	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		1,015,692	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		947,358	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		909,072	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		746,889	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
	CENTRAL AMERICA AND THE CARIBBEAN			0.		722,728. PHARMACEUTICALS
	CENTRAL AMERICA AND THE CARIBBEAN			0.		695,855. EQUIPMENT
	CENTRAL AMERICA AND THE CARIBBEAN			0.		668,080. EQUIPMENT
	CENTRAL AMERICA AND THE CARIBBEAN			0.		610,768. EQUIPMENT
	CENTRAL AMERICA AND THE CARIBBEAN			0.		532,017. EQUIPMENT
	CENTRAL AMERICA AND THE CARIBBEAN			0.		427,340. PHARMACEUTICALS
	CENTRAL AMERICA AND THE CARIBBEAN			0.		392,863. EQUIPMENT
	CENTRAL AMERICA AND THE CARIBBEAN			0.		381,425. PHARMACEUTICALS
	CENTRAL AMERICA AND THE CARIBBEAN			0.		310,460. EQUIPMENT

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. 282,862. PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN	0. 271,557. PHARMACEUTICALS, MEDICAL SUPPLIES ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN	0. 249,936. PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN	0. 213,670. PHARMACEUTICALS ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN	0. 213,670. PHARMACEUTICALS ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN	0. 211,905. PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN	0. 211,284. PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN	0. 193,737. PHARMACEUTICALS, MEDICAL SUPPLIES ESTIMATED WHOLESALE PRICE

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.		178,365.	PURCHASED PRICE, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		168,070.	PURCHASED PRICE, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		162,867.	PURCHASED PRICE, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		157,254.	PURCHASED PRICE, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		156,430.	PURCHASED PRICE, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		154,993.	PURCHASED PRICE, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		145,404.	MEDICAL SUPPLIES	PURCHASED PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		144,283.	PURCHASED PRICE, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.		130,838.	PURCHASED PRICE, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

Schedule F (Form 990)

DIRECT RELIEF

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
1		CENTRAL AMERICA AND THE CARIBBEAN		0.		117,254	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		116,521	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		116,447	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		112,958	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		103,884	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		98,865	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		92,337	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		89,340	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		87,107	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

Schedule F (Form 990)

DIRECT RELIEF

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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
CENTRAL AMERICA AND THE CARIBBEAN			0.		86,608.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN			0.		80,039.	PHARMACEUTICALS, MEDICAL SUPPLIES ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN			0.		79,861.	PHARMACEUTICALS ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN			0.		65,000.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN			0.		55,027.	PHARMACEUTICALS, EQUIPMENT ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN			0.		54,707.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN			0.		53,612.	PHARMACEUTICALS ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN			0.		53,283.	PHARMACEUTICALS, EQUIPMENT ESTIMATED WHOLESALE PRICE
CENTRAL AMERICA AND THE CARIBBEAN			0.		43,506.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT ESTIMATED WHOLESALE PRICE

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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.		43,108	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		42,596	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		41,062	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		38,927	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		34,248	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		34,084	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		33,508	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		28,866	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		27,788	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

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

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, Line 1)								
1	(a) Name of organization (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	CENTRAL AMERICA AND THE CARIBBEAN			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	CENTRAL AMERICA AND THE CARIBBEAN			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 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)
1		CENTRAL AMERICA AND THE CARIBBEAN		0.		9,969	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		9,447	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		8,651	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
		CENTRAL AMERICA AND THE CARIBBEAN		0.		8,632	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		15,059,960	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		7,357,541	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		2,905,597	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		EAST ASIA AND THE PACIFIC		0.		2,320,907	PHARMACEUTICALS, MEDICAL SUPPLIES, 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.		1,503,866	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
	EAST ASIA AND THE PACIFIC			0.		1,364,868	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
	EAST ASIA AND THE PACIFIC			0.		801,846	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE	
	EAST ASIA AND THE PACIFIC			0.		792,868	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
	EAST ASIA AND THE PACIFIC			0.		784,686	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
	EAST ASIA AND THE PACIFIC			0.		704,153	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
	EAST ASIA AND THE PACIFIC			0.		590,381	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
	EAST ASIA AND THE PACIFIC			0.		445,872	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	
	EAST ASIA AND THE PACIFIC			0.		377,894	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE	

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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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, 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.		34,817.	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.		32,787.	EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.		29,705.	EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.		29,364.	EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.		22,369.	EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.		20,185.	EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.		14,746.	EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.		8,629.	EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	EAST ASIA AND THE PACIFIC			0.		5,204.	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 and EIN (if applicable)	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement
	EUROPE			0.		1,591,628. EQUIPMENT
	EUROPE			0.		137,700. PHARMACEUTICALS
	MIDDLE EAST AND NORTH AFRICA			0.		3,414,239. PHARMACEUTICALS
	MIDDLE EAST AND NORTH AFRICA			0.		2,162,191. PHARMACEUTICALS
	MIDDLE EAST AND NORTH AFRICA			0.		2,075,760. PHARMACEUTICALS
	MIDDLE EAST AND NORTH AFRICA			0.		1,458,000. PHARMACEUTICALS
	MIDDLE EAST AND NORTH AFRICA			0.		1,076,945. EQUIPMENT
	MIDDLE EAST AND NORTH AFRICA			0.		351,000. PHARMACEUTICALS
	NORTH AMERICA			0.		54,024. PHARMACEUTICALS

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1 (a) Name of organization (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	NORTH AMERICA			0.	15,508	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		397,044	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		106,247	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		104,399	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		80,500	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		71,155	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		64,373	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		18,362	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
	RUSSIA AND THE NEWLY INDEPENDENT STATES		0.		7,116	MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

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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
	SOUTH AMERICA				0.	12,667,565
	SOUTH AMERICA				0.	4,390,418
	SOUTH AMERICA				0.	2,391,898
	SOUTH AMERICA				0.	1,203,637
	SOUTH AMERICA				0.	1,203,481
	SOUTH AMERICA				0.	918,047
	SOUTH AMERICA				0.	512,808
	SOUTH AMERICA				0.	427,340
	SOUTH AMERICA				0.	427,340

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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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SOUTH AMERICA			0.			388,684 PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SOUTH AMERICA			0.			372,218 PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SOUTH AMERICA			0.			299,700 PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SOUTH AMERICA			0.			263,123 PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	SOUTH AMERICA			0.			240,807 PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SOUTH AMERICA			0.			213,670 PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SOUTH AMERICA			0.			175,746 MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	SOUTH AMERICA			0.			145,389 PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE

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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.				ESTIMATED WHOLESALE PRICE
		SOUTH AMERICA		0.		143,008	PHARMACEUTICALS	
		SOUTH AMERICA		0.		135,480	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	
		SOUTH AMERICA		0.		126,094	PHARMACEUTICALS	
		SOUTH AMERICA		0.		115,134	PHARMACEUTICALS	
		SOUTH AMERICA		0.		114,553	PHARMACEUTICALS	
		SOUTH AMERICA		0.		79,049	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	
		SOUTH AMERICA		0.		50,431	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	
		SOUTH AMERICA		0.		50,341	MEDICAL SUPPLIES, EQUIPMENT	
		SOUTH AMERICA		0.		41,602	PHARMACEUTICALS	
		SOUTH AMERICA		0.			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
	SOUTH AMERICA			0.		37,998. EQUIPMENT
	SOUTH AMERICA			0.		20,924. PHARMACEUTICALS
	SOUTH AMERICA			0.		19,703. EQUIPMENT
	SOUTH AMERICA			0.		17,771. EQUIPMENT
	SOUTH AMERICA			0.		6,820. EQUIPMENT
	SOUTH AMERICA			0.		6,734. EQUIPMENT
	SOUTH AMERICA			0.		5,878. PHARMACEUTICALS
	SOUTH AMERICA			0.		5,517. EQUIPMENT
	SOUTH ASIA			0.		5,214,688. EQUIPMENT

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		1,015,549.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		843,851.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		674,454	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		515,785	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		457,392	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		386,100	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		192,241	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		181,951.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SOUTH ASIA		0.		103,800	EQUIPMENT	PURCHASED PRICE

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1	(a) Name of organization (b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	SOUTH ASIA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SOUTH ASIA			0.		84,208	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SOUTH ASIA			0.		74,702	MEDICAL SUPPLIES	PURCHASED PRICE
	SOUTH ASIA			0.		67,218	PHARMACEUTICALS, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SOUTH ASIA			0.		65,871	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SOUTH ASIA			0.		64,800	PHARMACEUTICALS	PURCHASED PRICE
	SOUTH ASIA			0.		55,131	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT
	SOUTH ASIA			0.		49,311	PHARMACEUTICALS, MEDICAL SUPPLIES	PHARMACEUTICALS, MEDICAL SUPPLIES
	SOUTH ASIA			0.		48,600	PHARMACEUTICALS	PHARMACEUTICALS
							ESTIMATED WHOLESALE 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.		18 , 699.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	SOUTH ASIA			0.		14 , 828.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	SOUTH ASIA			0.		13 , 524.	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		78 , 583 . 897	PHARMACEUTICALS, MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		54 , 044 . 055	PHARMACEUTICALS	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		41 , 772 . 973	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		15 , 675 , 942	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		15 , 041 , 056	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		7 , 412 , 012	PHARMACEUTICALS, MEDICAL SUPPLIES, 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 and EIN (if applicable)	(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
	SUB-SAHARAN AFRICA				0.	
	SUB-SAHARAN AFRICA					7,138,611. PHARMACEUTICALS
	SUB-SAHARAN AFRICA					ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA				0.	
	SUB-SAHARAN AFRICA					3,943,181. MEDICAL SUPPLIES
	SUB-SAHARAN AFRICA					PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA				0.	
	SUB-SAHARAN AFRICA					3,763,041. MEDICAL SUPPLIES
	SUB-SAHARAN AFRICA					PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA				0.	
	SUB-SAHARAN AFRICA					2,726,489. MEDICAL SUPPLIES
	SUB-SAHARAN AFRICA					PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA				0.	
	SUB-SAHARAN AFRICA					2,091,454. PHARMACEUTICALS
	SUB-SAHARAN AFRICA					ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA				0.	
	SUB-SAHARAN AFRICA					1,393,816. EQUIPMENT
	SUB-SAHARAN AFRICA					PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA				0.	
	SUB-SAHARAN AFRICA					1,359,189. PHARMACEUTICALS
	SUB-SAHARAN AFRICA					ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA				0.	
	SUB-SAHARAN AFRICA					1,128,565. PHARMACEUTICALS
	SUB-SAHARAN AFRICA					PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT
	SUB-SAHARAN AFRICA				0.	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.				PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		865,212	PHARMACEUTICALS, MEDICAL SUPPLIES	
	SUB-SAHARAN AFRICA			0.		808,680	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		608,483	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		605,602	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		361,695	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		359,991	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		341,945	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		320,980	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		320,505	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE

Schedule F (Form 990)

DIRECT RELIEF

95-1831116

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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
		SUB-SAHARAN AFRICA		0.			PHARMACEUTICALS, MEDICAL SUPPLIES, 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.		79,527.	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		75,362	MEDICAL SUPPLIES	PURCHASED PRICE
	SUB-SAHARAN AFRICA			0.		70,010	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		68,886	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		60,427	PHARMACEUTICALS, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		60,115	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		60,039	MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		57,176	MEDICAL SUPPLIES	PURCHASED PRICE
	SUB-SAHARAN AFRICA			0.		48,697	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

Schedule F (Form 990)

DIRECT RELIEF

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Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
(a) Name of organization 1	(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.	44,882 EQUIPMENT	MEDICAL SUPPLIES , EQUIPMENT	ESTIMATED WHOLESALE PRICE	
		SUB-SAHARAN AFRICA		0.	41,429 EQUIPMENT	PHARMACEUTICALS , MEDICAL SUPPLIES , EQUIPMENT	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE	
		SUB-SAHARAN AFRICA		0.	29,658 MEDICAL SUPPLIES	PHARMACEUTICALS , MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE	
		SUB-SAHARAN AFRICA		0.	27,668 MEDICAL SUPPLIES	PHARMACEUTICALS , MEDICAL SUPPLIES	PURCHASED PRICE	
		SUB-SAHARAN AFRICA		0.	27,652 EQUIPMENT	PHARMACEUTICALS , MEDICAL SUPPLIES , EQUIPMENT	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE	
		SUB-SAHARAN AFRICA		0.	27,412 EQUIPMENT	PHARMACEUTICALS , MEDICAL SUPPLIES , EQUIPMENT	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE	
		SUB-SAHARAN AFRICA		0.	21,367 EQUIPMENT	PHARMACEUTICALS , MEDICAL SUPPLIES , EQUIPMENT	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE	
		SUB-SAHARAN AFRICA		0.	21,331 MEDICAL SUPPLIES	PHARMACEUTICALS , MEDICAL SUPPLIES	PURCHASED PRICE	
		SUB-SAHARAN AFRICA		0.	20,632 EQUIPMENT	PHARMACEUTICALS , MEDICAL SUPPLIES , EQUIPMENT	PURCHASED PRICE , ESTIMATED WHOLESALE PRICE	

Schedule F (Form 990)

DIRECT RELIEF

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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.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.			PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE

Schedule F (Form 990)

DIRECT RELIEF

95-1831116

Page 2

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.		14,551	PHARMACEUTICALS, MEDICAL SUPPLIES	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		14,418	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		10,923	MEDICAL SUPPLIES	PURCHASED PRICE
	SUB-SAHARAN AFRICA			0.		9,376	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		9,257	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	PURCHASED PRICE, ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		8,786	PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		5,998	PHARMACEUTICALS	ESTIMATED WHOLESALE PRICE
	SUB-SAHARAN AFRICA			0.		5,015	MEDICAL SUPPLIES	ESTIMATED WHOLESALE PRICE

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be divided into three sections if additional space is needed.

Schedule F (Form 990) 2013

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

Part V Supplemental Information

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

PART I, LINE 2:

EXPLANATION: 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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form_990.

OMB No 1545-0047

2013

**Open To Public
Inspection**

Name of the organization

DIRECT BELIEF

Employer identification number

95-1831116

Part I

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

 - a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO

MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY

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 DR. WOMEN (event type)	(b) Event #2 SANTA YNEZ VALLEY FALL EVENT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	211,637.	5,620.		217,257.
2 Less: Contributions	211,637.	5,620.		217,257.
3 Gross income (line 1 minus line 2)				
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	8,052.	5,583.		13,635.
8 Entertainment				
9 Other direct expenses	9,771.	1,220.		10,991.
10 Direct expense summary Add lines 4 through 9 in column (d)				► 24,626.
11 Net income summary. Subtract line 10 from line 3, column (d)				► -24,626.

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))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				►
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				►

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

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:
- | | |
|-----|---|
| 13a | % |
| 13b | % |
- a The organization's facility
 b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: BOB CARTER COMPANIES

(I) ADDRESS OF FUNDRAISER: 400 MADISON DR, 204, SARASOTA, FL 34236

PART I, LINE 2B(V)

EXPLANATION: DURING THE YEAR ENDED JUNE 30, 2014, DIRECT RELIEF PAID

BOB CARTER COMPANIES \$40,333 TO CONDUCT A FEASIBILITY STUDY FOR A
 CAPITAL CAMPAIGN. DIRECT RELIEF ALSO REIMBURSED BOB CARTER COMPANIES A

Part IV Supplemental Information (continued)

TOTAL OF \$10,206 FOR TRAVEL EXPENSES THAT WERE INCURRED DURING THE
PERFORMANCE OF THESE SERVICES. TRAVEL EXPENSES WERE BILLED TO DIRECT
RELIEF BY BOB CARTER COMPANIES AT COST.

SCHEDULE I
(Form 990)

2013

OMB No 1545-0047
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

DIRECT RELIEF

**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.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	1 (b) EIN	1 (c) IRC section if applicable	1 (d) Amount of cash grant	1 (e) Amount of non-cash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of non-cash assistance	1 (h) Purpose of grant or assistance
CHCANY'S ATTN: ACCRG - 2013 CONF NEW YORK, NY 10006	13-2690296	501C3	50 , 000.	0.			HURRICANE SANDY RELIEF & RECOVERY
NEW JERSEY PRIMARY CARE ASSOC 3835 QUAKERBRIDGE RD, STE 201 HAMILTON, NJ 08619	22-2954710	501C3	50 , 000.	0.			HURRICANE SANDY RELIEF & RECOVERY
COMMUNITY HEALTH CENTERS, INC PO BOX 30589 MIDWEST CITY, OK 73140	73-0930123	501C3	182 , 306.	0.			MOORE, OK TORNADO RELIEF & RECOVERY
GREATER MERIDIAN HEALTH CLINIC 2701 DAVIS ST. MERIDIAN, MS 39301	64-0732893	501C3	25 , 000.	0.			TORNADO RELIEF & RECOVERY
THE CHILDREN'S CLINIC 2790 ATLANTIC AVENUE LONG BEACH, CA 90806	95-1643332	501C3	100 , 000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS
ZUFALL HEALTH CENTER 18 WEST BLACKWELL STREET DOVER, NJ 07801	22-3125397	501C3	100 , 000.	0.			HELPING BUILD HEALTHY COMMUNITIES INNOVATIONS IN CARE AWARDS

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

78

332101
10-29-13

734.

(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
CARE FOR THE HOMELESS 30 EAST 33RD STREET - 5TH FLOOR NEW YORK, NY 10016-5337	13-3666994	501C3	75,000.	0.			MOBILE HEALTH CLINIC UNIT
SOUTHEAST MO HEALTH NETWORK 420 SEMO DRIVE NEW MADRID, MO 63869	43-1253101	501C3	60,000.	0.			TO PURCHASE TRUCK TO PULL MOBILE MEDICAL UNIT
A COMMUNITY CLINIC, INC. 344 MARKET STREET SUNBURY, PA 17801	20-4051982	501C3	0.	6,470.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACCESS HEALTH LOUISIANA 843 MILLING AVENUE LULING, LA 70070	47-0852944	501C3	0.	25,252.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS PURCHASED PRICE MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ACS COMMUNITY LIFT 5045 WEST FIRST AVENUE DENVER, CO 80219	52-0643036	501C3	0.	140,714.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP AZDA 5133 N. 7TH ST., B212 PHOENIX, AZ 85014	13-1623888	501C3	0.	7,434.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP CAREFREE 154 LIONS CAMP PRIDE WAY NEW DURHAM, NH 03855	13-1633888	501C3	0.	11,117.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP JOHN WARVEL 8604 ALLISONVILLE ROAD, #140 INDIANAPOLIS, IN 46250	13-1623888	501C3	0.	5,954.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADA CAMP LAKOTA 3834 COUNTY ROAD A ROSHOLT, WI 54473	13-1623888	501C3	0.	35,279.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	Schedule I (Form 990)

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ADA CAMP NEEDLEPOINT AND DAYPOINT ADA, 5100 GAMBLE DRIVE, SUITE 394 ST. LOUIS PARK, MN 55416	13-16238888	501C3	0.	11,196.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	5,438.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ADVENTIST COMMUNITY SERVICES 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	20-3519054	501C3	0.	107,905.	ESTIMATED WHOLESALE PRICE SUPPLIES.	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AGAPE CLINIC 4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501C3	0.	192,717.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	52,132.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	163,510.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ALL CARE ONE COMMUNITY CLINIC 7300 SANTA FE AVENUE HUNTINGTON PARK, CA 90255	27-2701910	501C3	0.	55,071.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	78,488.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL EQUIPMENT.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICAN INDIAN HEALTH & SERVICES 4141 STATE STREET, SUITE B-11 SANTA BARBARA, CA 93110	77-0398793	501C3	0.	17,289.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 431 18TH STREET NW WASHINGTON, DC 20006	53-0196605	501C3	0.	6,321.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMERICARES FREE CLINICS 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501C3	0.	8,717.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMISTAD COMMUNITY HEALTH CENTER 1533 BROWNLEE AVENUE CORPUS CHRISTI, TX 78404	20-3008507	501C3	0.	10,469.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AMMONOSUC COMMUNITY HEALTH SERVICE - 25 MT. EUSTIS ROAD - LITTLETON, NH 03561	51-0137745	501C3	0.	7,716.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL EQUIPMENT SUPPLIES,	PATIENTS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANDERSON VALLEY HEALTH CENTER 13500 AIRPORT ROAD BOONVILLE, CA 95415	94-2347424	501C3	0.	13,658.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501C3	0.	64,580.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS 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.	54,810.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS 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.	192,135.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL EQUIPMENT SUPPLIES,	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ANTLERS FIRST BAPTIST CHURCH FREE 208 NE B STREET ANTLERS, OK 74523	73-1092316	501C3	0.	75,311.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

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(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
ARLINGTON FREE CLINIC 2921 S. 11TH STREET ARLINGTON, VA 22204	54-1671883	501C3	0.	37,139.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASHLAND COMMUNITY HEALTH CENTER 501 MAIN ASHLAND, MT 59003	81-0512837	501C3	0.	61,173.	WHOLESALE PRICE EQUIPMENT	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.	42,668.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN HUMAN SERVICES 2424 W. PETERSON AVENUE CHTCAGO, IL 60659	01-0567661	501C3	0.	15,408.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ASIAN PACIFIC HEALTH CARE VENTURE 1530 HILLHORST AVENUE LOS ANGELES, CA 90027	95-4177752	501C3	0.	689,469.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY RD FISHERSVILLE, VA 22939	54-1651896	501C3	0.	17,622.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
AVICENNA COMMUNITY HEALTH CENTER 819 BLOOMINGTON ROAD CHAMPAIGN, IL 61820	27-0267757	501C3	0.	9,268.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BARTZ-ALTADONNA COMMUNITY HEALTH 43322 GINGHAM AVE. LANCASTER, CA 93535	27-3261289	501C3	0.	443,410.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BAYOU CLINIC 13833 TAPIA LANE BAYOU LA BATRE, AL 36509	63-1270951	501C3	0.	99,271.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEARSKIN MEADOW CAMP 6500 TEN MILE ROAD KINGS CANYON NATIONAL PARK, CA 93613	94-6003673	501C3	0.	13,379.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	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.	39,770.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BECKLEY HEALTH RIGHT 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501C3	0.	20,353.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BELL GARDENS FAMILY MEDICAL CENTER 6501 SOUTH GARFIELD AVENUE BELL GARDENS, CA 90201	95-1641454	501C3	0.	262,432.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BEN ARCHER HEALTH CENTER 1998 MOTEL BOULEVARD, BUILDING B LAS CRUCES, NM 88007	51-0158976	501C3	0.	24,215.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BERGEN VOLUNTEER MEDICAL 241 MOORE STREET #101 HACKENSACK, NJ 07601	20-2633437	501C3	0.	5,445.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETANCES HEALTH 280 HENRY STREET NEW YORK, NY 10002-4618	13-2697725	501C3	0.	130,355.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHEL FREE HEALTH CLINIC 1650 CARROL DRIVE BILOXI, MS 39531	26-1794984	501C3	0.	27,487.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BETHESDA HEALTH CLINIC 409 W. FERGUSON TYLER, TX 75702	26-00366674	501C3	0.	91,619.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

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(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
BIG HORN VALLEY HEALTH CENTER 10 4TH STREET, SUITE B HARDIN, MT 59034	27-3113428	501C3	0.	30 , 585 .	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.	8 , 414 .	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BLACKSTONE VALLEY 39 EAST AVENUE PAWTUCKET, RI 02860	51-0183476	501C3	0.	12 , 431 .	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	21 , 809 .	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOONE TRAIL MEDICAL CENTER 1000 MEDICAL CENTER ROAD MAMERS, NC 27552	56-1205213	501C3	0.	16 , 350 .	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BOUNDARY REGIONAL 6615 COMANCHE STREET BONNERS FERRY, ID 83805	04-3634356	501C3	0.	290 , 485 .	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRAZOS VALLEY COMMUNITY ACTION 3370 SOUTH TEXAS AVENUE, SUITE B BRYAN, TX 77802	74-2397671	501C3	0.	5 , 997 .	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.	208 , 083 .	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BRIDGES TO HEALTH 1251 WEST KEM ROAD MARION, IN 46952	20-5405181	501C3	0.	91 , 104 .	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

(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
BROAD STREET CLINIC FOUNDATION 534 NORTH 35TH STREET MOREHEAD CITY, NC 28557	56-1853604	501C3	0.	25,968.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROTHER BILL'S HELPING HAND 3906 N. WESTMORELAND RD. DALLAS, TX 75212	75-6027740	501C3	0.	68,853.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
BROWARD COMMUNITY & FAMILY 5010 HOLLYWOOD BLVD SUITE 100-B HOLLYWOOD, FL 33021	59-3489664	501C3	0.	48,633.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS 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.	258,871.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
C.W. WILLIAMS COMMUNITY HEALTH CENT - 3333 WILKINSON BLVD - CHARLOTTE, NC 28208	56-1262478	501C3	0.	91,916.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CABIN CREEK HEALTH CENTER 5722 CABIN CREEK DRIVE DAVES, WV 25054	55-0709223	501C3	0.	91,751.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS 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.	91,015.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CALDWELL COUNTY FREE CLINIC 206 WEST MAIN STREET PRINCETON, KY 42445	61-13116804	501C3	0.	51,515.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS 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.	83,278.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP BLUEBONNET 2613 STERLING PANORAMA CT AUSTIN , TX 78738	90-0137641	501C3	0.	6,101.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CAMP BUCK/NEVADA DIABETES ASSOCIATI - 18 STEWART STREET - RENO , NV 89501	88-0386000	501C3	0.	6,860.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CAMP CAROLINA TRAILS 2418 BLUE RIDGE RD. SUITE 206 RALEIGH , NC 27607	13-1623888	501C3	0.	5,832.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CAMP CONRAD-CHINNOCK 4700 JENKS LAKE ROAD, EAST ANGELUS OAKS , CA 923105	95-3897543	501C3	0.	14,074.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CAMP CRESCENT MOON 5777 W. CENTURY BOULEVARD, #1230 LOS ANGELES , CA 90045	95-6155962	501C3	0.	6,028.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CAMP GRANADA 499 OLD TIMBER ROAD MONTICELLO , IL 61856	13-1623888	501C3	0.	5,979.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CAMP HENDON/KENTUCKY DIABETES CAMP 6003 PLEASANT COLONY COURT, SUITE CRESTWOOD , KY 40014	27-3619275	501C3	0.	5,610.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS 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.	6,845.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS 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.	6,675.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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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CAMP KORELITZ 4555 LAKE FOREST DR., STE 396 CINCINNATI, OH 45242	13-16238888	501C3	0.	9,815.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS 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.	7,801.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP LO-BE-GON 17901 S. 72ND E. AVE. BITBY, OK 74008	26-0618834	501C3	0.	5,700.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP MIDICHA - CAMP COPNECONIC 10407 NORTH PENTON RD. FENTON, MI 48430	13-16238888	501C3	0.	11,816.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SEALE HARRIS 500 CHASE PARK SOUTH, SUITE 104 BIRMINGHAM, AL 35244	63-1091899	501C3	0.	7,950.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP STAR TRAILS 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6000203	501C3	0.	5,173.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SUNBURST 1025 19TH STREET SUITE1A SACRAMENTO, CA 95811	68-0239282	501C3	0.	13,509.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP SWEENEY 10687 FM 678 WHITESBORO, TX 76273	75-6002547	501C3	0.	38,026.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAMP TANNER 500 8TH AVE SE CEDAR RAPIDS, IA 52401	42-0688079	501C3	0.	7,803.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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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CAPITAL CITY RESCUE MISSION FREE 259 S PEARL STREET ALBANY, NY 12202	56-2663290	501C3	0.	118,012.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CAPITAL PARK FAMILY HEALTH CENTER 2365 INNIS ROAD COLUMBUS, OH 43224	38-3765547	501C3	0.	17,617.	WHOLESALE PRICE	PHARMACEUTICALS	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.	28,317.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE 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.	7,042.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARE FOR THE HOMELESS 30 EAST 33RD STREET - FIFTH FLOOR NEW YORK, NY 10016	13-3666994	501C3	0.	17,410.	WHOLESALE PRICE	PURCHASED PRICE MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARING HEARTS FREE CLINIC 835 WOODLAND DRIVE, SUITE 101 STUART, VA 24171	14-1909014	501C3	0.	37,361.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CARPINTERIA UNIFIED SCHOOL DISTRICT - 1400 LINDEN AVENUE - CARPINTERIA, CA 93013	95-6101195	GOVERNMENT ENTIT	0.	10,059.	WHOLESALE PRICE	PURCHASED PRICE MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CASA ESPERANZA HOMELESS CENTER 816 CACIQUE STREET SANTA BARBARA, CA 93103	77-0502754	501C3	0.	17,150.	WHOLESALE PRICE	PURCHASED PRICE PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CATAHOULA PARISH HOSPITAL DISTRICT 307 CHISUM STREET SICILY ISLAND, LA 71368	72-0838896	501C3	0.	201,732.	WHOLESALE PRICE	PURCHASED 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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CATHERINE'S HEALTH CENTER 1211 LAFAYETTE AVE NE GRAND RAPIDS , MI 49505	20-3572418	501C3	0.	35,519.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	74,840.	WHOLESALE PRICE SUPPLIES.	PURCHASED PRICE ESTIMATED MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CATHOLIC CHARITIES 212 NINTH STREET SUITE 301 PITTSBURGH, PA 15222	65-1307739	501C3	0.	6,899.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	28,570.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE ESTIMATED MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CENLA MEDICATION ACCESS PROGRAM 1101 4TH STREET , SUITE 203 ALEXANDRIA, LA 71301	02-0751416	501C3	0.	35,975.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CENTER FOR FAMILY HEALTH 505 N . JACKSON STREET JACKSON , MI 49201	38-3251354	501C3	0.	12,554.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CENTER FOR FAMILY HEALTH 8727 VAN NUYS BOULEVARD PANORAMA CITY , CA 91402	27-0224623	501C3	0.	229,048.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CENTER FOR HEALING & HOPE 902 SOUTH MAIN GOSHEN , IN 46526	02-0560511	501C3	0.	5,386.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CENTER FOR HEALTH , EDUCATION , MEDIC - 1771 MADISON AVENUE - LAKEWOOD , NJ 08701	20-1324142	501C3	0.	9,275.	WHOLESALE PRICE PHARMACEUTICALS	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS

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CENTRAL FLORIDA 2400 STATE ROAD 415 SANFORD, FL 32771	59-1741286	501C3	0.	147,725.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL FLORIDA HEALTH CARE 1129 NORTH MISSOURI AVENUE LAKELAND, FL 33805	59-1404594	501C3	0.	58,519.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRAL VIRGINIA HEALTH SERVICES 25892 JAMES MADISON HIGHWAY NEW CANTON, VA 23123	54-0887287	501C3	0.	34,731.	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 LARES, PR 00669	66-0426506	501C3	0.	18,156.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTRO SAN VICENTE 8061 ALAMEDA AVENUE EL PASO, TX 79915	74-2505561	501C3	0.	13,528.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CENTROMED SOUTH PARK CLINIC PHARMAC - 6315 SOUTH ZARZAMORA - SAN ANTONIO, TX 78211	74-1787031	501C3	0.	27,308.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHARITABLE CHRISTIAN MEDICAL CLINIC - 1408 S. HERVEY STREET - HOPE, AR 71801	71-0803496	501C3	0.	26,831.	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.	15,605.	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.	68,880.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CHATHAM CARES COMMUNITY PHARMACY 127 EAST RALEIGH STREET SILER CITY, NC 27344 41-2170926	501C3		0.	84,418.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVENUE KNOXVILLE, TN 37921 62-0637925	501C3		0.	28,180.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHEAPEAKE CARE, INC. 2145 SOUTH MILITARY HWY. CHESAPEAKE, VA 23320 54-1642754	501C3		0.	25,238.	PURCHASED PRICE 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 87-0718994	501C3		0.	576,734.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHILDREN AND COMMUNITY HEALTH CENTE - 120 S. CENTRAL EXPRESSWAY, SUITE 10 - MCKINNEY, TX 75070 20-0637782	501C3		0.	69,943.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHILDREN'S HOSPITAL OF GEORGIA CAMP - 1120 15TH ST. DUGAS BLDG. PEDIATRIC - AUGUSTA, GA 30912 58-2144788	501C3		0.	6,483.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHINATOWN SERVICE CENTER 767 N. HILL STREET, SUITE 200B LOS ANGELES, CA 90012 95-2918844	501C3		0.	9,662.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHIPPEWA VALLEY FREE CLINIC 836 RICHARD DRIVE BAU CLAIRE, WI 54701 39-1840231	501C3		0.	9,152.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST CLINIC 5504 FIRST STREET KATY, TX 77493 35-2179708	501C3		0.	176,520.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CHRIST COMMUNITY FREE CLINIC 1 A STREET NW AUBURN, WA 98002	20-3849881	501C3	0.	31,001.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRIST COMMUNITY HEALTH SERVICES 1226 D'ANTIGNAC STREET AUGUSTA, GA 30901	20-5404353	501C3	0.	6,965.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057	23-7319371	501C3	0.	46,115.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS 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.	9,388.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN HEALTH CENTER, 501 WEST MAIN STREET, PMB #233 HEBER SPRINGS, AR 72543	71-0852792	501C3	0.	13,517.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHRISTIAN HEALTH CENTER, INC. 1115 FAIRVIEW ROAD CAMDEN, AR 71701	71-0804142	501C3	0.	39,898.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CHURCH HEALTH CENTER OF MEMPHIS, IN - 1210 PEABODY AVENUE - MEMPHIS, TN 38104	58-1716113	501C3	0.	14,630.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS 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.	37,245.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS 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.	9,325.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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CITYSQUARE CLINIC 2835 GRAND AVE DALLAS , TX 75215	75-2332948	501C3	0.	6,125.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CLAIBORNE COUNTY FAMILY HEALTH 2045 HIGHWAY 61 NORTH PORT GIBSON , MS 39150-4262	64-0651149	501C3	0.	192,595.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	36 , 170.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CLEAVER FAMILY WELLNESS CLINIC 4368 SANTA ANITA AVENUE EL MONTE , CA 91731	95-1765149	501C3	0.	214,858.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CLINIC WITH A HEART , INC. 1701 S. 17TH STREET, SUITE 4G LINCOLN, NE 68502	20-2850139	501C3	0.	13,007.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CLINICA DE SALUD DEL VALLE 440 AIRPORT BLVD. , STE. A SALINAS , CA 93905	94-2652757	501C3	0.	61,813.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	954,609.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
CLINICA SIERRA VISTA 1430 TRUXTON AVENUE, SUITE 400 BAKERSFIELD , CA 93301	95-2707101	501C3	0.	8 , 223.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
COASTAL FAMILY HEALTH CENTER 1025 A DIVISION STREET BILOXI , MS 39530	64-0592416	501C3	0.	126 , 066.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS

Schedule I (Form 990)

Schedule I (Form 990)

DIRECT RELIEF

Part II

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

95-1831116

Page 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
COLUMBIA RIVER COMMUNITY HEALTH SER - 450 TATONE STREET - BOARDMAN, OR 97818	20-1056268	501C3	0.	89,807.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMISSION 5638 HOLLISTER AVENUE, SUITE 230 GOLETA, CA 93117	95-2491790	501C3	0.	45,925.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION COMMITTEE 227 VALLEYVIEW DRIVE WAVERLY, OH 45690	31-0718042	501C3	0.	21,263.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY ACTION CORPORATION 700 FLOURNEY ROAD, SUITE 2A ALICE, TX 78332	74-1679824	501C3	0.	147,181.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CENTER 2135 NEW WALKERTOWN ROAD WINSTON SALEM, NC 27101	58-1403699	501C3	0.	296,461.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE CLINIC 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501C3	0.	35,873.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CARE OF THE LOWER CAPE FE - 6701 SPEAROW LANE - WILMINGTON, NC 28411	26-2469988	501C3	0.	32,809.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC OF HIGH POINT 779 N. MAIN STREET HIGH POINT, NC 27262	56-1795022	501C3	0.	17,599.	WHOLESALE PRICE SUPPLIES.	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.	14,492.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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COMMUNITY CLINIC OF SHELBYVILLE 200 DOVER STREET, SUITE 203 SHELBYVILLE, TN 37160	34-1974609	501C3	0.	56,319.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY CLINIC, INC. 8630 FENTON STREET # 1204 SILVER SPRING , MD 20910	52-0988386	501C3	0.	76,890.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY FREE CLINIC 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501C3	0.	235,329.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH 13245 KESSLER ROAD CAIRO, IL 62914	37-1100482	501C3	0.	731,981.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ALLIANCE 1055 S . WELLS AVENUE RENO, NV 89502	88-0293149	501C3	0.	54,341.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ALLIANCE OF 1855 N. FAIR OAKS AVENUE, SUITE 20 PASADENA, CA 91103	95-4536824	501C3	0.	286,011.	WHOLESALE PRICE SUPPLIES.	PURCHASED PRICE PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH AND SOCIAL 5635 WEST FORT STREET DETROIT, MI 48209	38-3094394	501C3	0.	107,718.	WHOLESALE PRICE SUPPLIES.	ESTIMATED MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH ASSN. OF SPOKANE 203 NORTH WASHINGTON SUITE 300 SPOKANE, WA 99201	91-1641797	501C3	0.	421,219.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CARE SYSTEMS 616 FERNCREST DRIVE SANDERSVILLE, GA 31082	58-2001101	501C3	0.	12,270.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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COMMUNITY HEALTH CENTER 2100 WEST 45TH STREET, SUITE A8 WEST PALM BEACH, FL 33407	26-3611337	501C3	0.	53,778.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTER 3011 N. MICHIGAN PITTSBURG, KS 66762	75-3002264	501C3	0.	202,238.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	23,138.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS 2180 JOHNSON AVENUE SAN LUIS OBISPO, CA 93401	95-3253302	501C3	0.	249,950.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS 13275 WEST COLONIAL DRIVE WINTER GARDEN, FL 34787	59-1480970	501C3	0.	6,448.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS 1706 WEST AGENCY ROAD WEST BURLINGTON, IA 52655	42-1527584	501C3	0.	69,569.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS 229 SAINT GEORGE STREET GONZALES, TX 78629	74-15448089	501C3	0.	283,446.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS OF PINELLA - 1344 22ND ST. SOUTH - ST. PETERSBURG, FL 33712	59-2097521	501C3	0.	13,855.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY HEALTH CENTERS, INC. 12716 NE 36TH STREET SPENCER, OK 73084	73-0930123	501C3	0.	327,326.	WHOLESALE PRICE SUPPLIES.	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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COMMUNITY HEALTH CLINIC 103 BONNIE DRIVE BUTLER , PA 16002	20-4852135	501C3	0.	17,397.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	155,962.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
COMMUNITY HEALTH DEVELOPMENT 200 SOUTH EVANS VALDLE , TX 78801	74-2269739	501C3	0.	40,077.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	90,239.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
COMMUNITY HEALTH MISSION 310 EISENHOWER DRIVE SAVANNAH , GA 31406	58-2611264	501C3	0.	49,556.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
COMMUNITY HEALTH OF EAST 130 INDEPENDENCE LN. LAFOLLETTE , TN 37766	58-1470587	501C3	0.	115,344.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
COMMUNITY HEALTH OF SOUTH FLORIDA 10300 SW 216TH STREET MIAMI , FL 33190	59-1372690	501C3	0.	82,972.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	5,163.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	8,916.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS

Schedule I (Form 990)

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COMMUNITY HELPING HANDS CLINIC 34C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501C3	0.	51,870.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY MEDICINE PHARMACY 1131 SALUDA STREET ROCK HILL, SC 29730	57-0891008	501C3	0.	18,721.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITY OUTREACH HEALTH CLINIC W180 N8085 TOWN HALL ROAD MENOMONEE FALLS, WI 53051	39-1743056	501C3	0.	43,376.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	11,375.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMUNITYHEALTH 2611 W. CHICAGO AVENUE CHICAGO, IL 60622	36-38311793	501C3	0.	8,408.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMMWELL HEALTH PO BOX 227 NEWTON GROVE, NC 28366-0227	58-13119204	501C3	0.	27,606.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSIONATE CARE CLINIC 102 A AIRPORT ROAD MILLEDGEVILLE, GA 31061	74-31157081	501C3	0.	31,234.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPASSIONATE CARE OF SHELBY COUNTY - 124 NORTH OHIO AVENUE - SIDNEY, OH 45365	20-8479583	501C3	0.	49,168.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COMPREHENSIVE COMMUNITY 801 S. CHEVY CHASE DRIVE, SUITE 20 GLENDALE, CA 91205	42-1553807	501C3	0.	6,250.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

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CONWAY INTERFAITH CLINIC 830 NORTH GREEK CONWAY, AR 72032	41-2058756	501C3	0.	54,933.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COOPERATIVE CHRISTIAN 133 ARBOR STREET HOT SPRINGS, AR 71901	62-16711396	501C3	0.	87,410.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORNELL SCOTT-HILL HEALTH 400-428 COLUMBUS AVENUE NEW HAVEN, CT 06519	06-0870990	501C3	0.	6,176.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
CORNERSTONE ASSISTANCE NETWORK 3500 NOBLE FORT WORTH, TX 76111	75-2417646	501C3	0.	8,766.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	329,999.	PURCHASED PRICE ESTIMATED WHOLESALE 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.	7,940.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	9,822.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	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.	234,997.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
COWETA SAMARITAN CLINIC 137 JACKSON STREET NEWNAN, GA 30263	80-0518912	501C3	0.	8,026.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

Schedule I (Form 990) DIRECT RELIEF

Part II

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Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
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CRISIS CONTROL MINISTRY 200 E. TENTH STREET WINSTON SALEM, NC 27101	23-7348168	501C3	0.	48,549.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
CROSS AND CROWN CLINIC 1008 NORTH MCKINLEY STREET OKLAHOMA CITY, OK 73106	73-1608071	501C3	0.	27,653.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
CROSS TIMBERS HEALTH CLINICS 1100 REYNOSA DELEON, TX 76444	75-2113670	501C3	0.	74,122.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
CROSSINGS COMMUNITY CLINIC 2208 W. HEPNER ROAD, STE. B OKLAHOMA CITY, OK 73120	86-1115863	501C3	0.	16,882.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
CROSSOVER HEALTHCARE MINISTRY 108 COWARDIN AVE. RICHMOND, VA 23224	54-1371067	501C3	0.	62,879.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
CROSSROADS CENTER MEDICAL CLINIC 444 VALPARAISO PKWY, BLDG. C VALPARAISO, FL 32580	20-5518720	501C3	0.	5,378.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
CROWLEY HOUSE OF HOPE CLINIC 208 N MAGNOLIA CROWLEY, TX 76036	75-2625043	501C3	0.	36,793.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
CUYAMA VALLEY FAMILY RESOURCE CENTE - 4803 CEBRIAN AVENUE - NEW CUYAMA, CA 93254	45-1221069	501C3	0.	19,012.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
DAMIAN FAMILY CARE CENTERS 137-50 JAMAICA AVENUE JAMAICA, NY 11435	22-3433831	501C3	0.	119,836.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.

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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DAVID RAINES COMMUNITY HEALTH CENTE - 1625 DAVID RAINES ROAD - SHREVEPORT, LA 71107	58-2000630	501C3	0.	101,348.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	11,145.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DECORAH COMMUNITY FREE CLINIC 604 W. BROADWAY STREET DECORAH, IA 52101	20-1081005	501C3	0.	15,655.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DENVER INDIAN HEALTH AND FAMILY 1633 FILLMORE ST. GL1 DENVER, CO 80206	84-0724261	501C3	0.	7,510.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES SOLUTIONS-OK, INC. 3333 NW 63RD, SUITE 100 OKLAHOMA CITY, OK 73116	73-1590673	501C3	0.	5,633.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES YOUTH FOUNDATION OF INDIAN - 817 S. TIBBS AVE. - INDIANAPOLIS, IN 46241	35-1783933	501C3	0.	5,929.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETES YOUTH SERVICES 5871 MONCLOVA ROAD MAUMEE, OH 43537	34-1967194	501C3	0.	5,193.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIABETIC YOUTH FOUNDATION - SUPPER 5167 CLAYTON ROAD, SUITE P CONCORD, CA 94521	94-6003673	501C3	0.	7,704.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DIVERSITY HEALTH CENTER, INC. 213 NORTH MCDONALD STREET LUDOWICI, GA 31316	20-5746618	501C3	0.	106,733.	WHOLESALE PRICE EQUIPMENT	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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DIVISION OF PEDIATRIC ENDOCRINOLOGY - 1446 HARPER ST., DUGAS BG-1012 - AUGUSTA, GA 30912	54-2101275	501C3	0.	9,528.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOCTORS OF THE WORLD 2-30 B102ND STREET, SUITE 3B ROCKAWAY PARK, NY 11694	35-2426718	501C3	0.	23,932.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOCTORS WITHOUT WALLS - 19 E. MICHELTORNA STREET SANTA BARBARA, CA 93101	33-1210731	501C3	0.	12,673.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOLORES COUNTY HEALTH 495 WEST 4TH STREET DOVE CREEK, CO 81324	84-0674759	501C3	0.	8,391.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOWNRIVER COMMUNITY SERVICES 555 ST. CLAIR RIVER DRIVE ALGONAC, MI 48001	38-2080825	501C3	0.	35,736.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DOWNTOWN CLINIC 611 SOUTH SECOND STREET LARAMIE, WY 82070	83-0326354	501C3	0.	15,131.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DR. GARABED A. FATTAL 425 ROBINSON STREET BINGHAMTON, NY 13904	16-6053710	501C3	0.	15,991.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
DR. VIRGIL GIANELLI MEDICAL CLINIC 545 W. SONORA STREET STOCKTON, CA 95203	94-2687280	501C3	0.	1,637,040.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EAST BAY COMMUNITY ACTION PROGRAM 6 JOHN H. CHAFFEE BLVD. NEWPORT, RI 02840	05-0310024	501C3	0.	19,123.	WHOLESALE PRICE EQUIPMENT	ESTIMATED PURCHASED PRICE MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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EASTERN PANHANDLE FREE CLINIC 1212 N. MILDRED STREET RANSON , WV 25438	55-0778553	501C3	0.	8,112.	ESTIMATED WHOLESALE PRICE SUPPLIES .	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
EAU CLAIRE 1228 HARDEN STREET COLUMBIA , SC 29204	57-0965445	501C3	0.	17,676.	ESTIMATED WHOLESALE PRICE SUPPLIES .	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
EISNER PEDIATRIC & FAMILY MEDICAL 1530 SOUTH OLIVE STREET LOS ANGELES , CA 90015	95-1690966	501C3	0.	303,316.	ESTIMATED WHOLESALE PRICE SUPPLIES .	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
EL DORADO COUNTY 4327 GOLDEN CENTER DRIVE PLACERVILLE , CA 95667	42-1533531	501C3	0.	63,803.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
ENTIAT REGIONAL HEALTH CLINIC 2084 ENTIAT WAY ENTIAT , WA 98822	26-0901943	501C3	0.	7,795.	ESTIMATED WHOLESALE PRICE SUPPLIES .	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
ERIC B. CHANDLER HEALTH CENTER 277 GEORGE STREET NEW BRUNSWICK , NJ 08901	22-3273811	501C3	0.	8,749.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
ESCAMBIA COMMUNITY CLINICS , INC. 2200 NORTH PALAFOX STREET PENSACOLA , FL 32501	59-3105246	501C3	0.	9,325.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	18,786.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES .	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.	102,454.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES .	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS

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EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD, STE. E EUNICE, LA 70535	27-0213992	501C3	0.	117,006.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
EXCELBTH, INC. 1515 POYDRAS STREET, STE. 1070 NEW ORLEANS, LA 70112	72-1193464	501C3	0.	113,467.	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.	55,829.	PURCHASED PRICE 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.	28,762.	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.	197,561.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY CARE HEALTH CENTER 401 HOLLY HILLS AVENUE ST. LOUIS, MO 63111	23-7076112	501C3	0.	144,077.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CARE OF NORTHWEST OHI - 1052 S. WASHINGTON STREET - VAN WERT, OH 45891	34-1977316	501C3	0.	31,000.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTERS 2215 PORTLAND AVENUE LOUISVILLE, KY 40212	61-0716483	501C3	0.	7,778.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH CENTERS 2232 GRAND AVENUE PHARMACY FORT MYERS, FL 33901	59-1741273	501C3	0.	46,255.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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

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FAMILY HEALTH CLINIC OF CARROLL 901 PRINCE WILLIAM ROAD, SUITE A DELPHI, IN 46923	26-1553382	501C3	0.	97,533.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH PARTNERSHIP CLINIC 401 CONGRESS PARKWAY CRYSTAL LAKE, IL 60014	36-4277029	501C3	0.	167,092.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTH SERVICES 794 EASTLAND DR TWIN FALLS, ID 83301	82-0371093	501C3	0.	146,399.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY HEALTHCARE 25 NORTH 100 EAST ST. GEORGE, UT 84770	35-2163112	501C3	0.	11,147.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FAMILY SERVICE AGENCY 123 WEST GUTIERREZ STREET SANTA BARBARA, CA 93101	95-1644031	501C3	0.	39,548.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FCYD CAMP UTADA 1995 WEST 9000 SOUTH (BASEMENT) WEST JORDAN, UT 84088	87-0642251	501C3	0.	30,857.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FEED THE CHILDREN, INC. 333 N. MERIDIAN AVE. OKLAHOMA CITY, OK 73107	73-6108657	501C3	0.	348,741.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FERN CARE FREE CLINIC, INC. 459 E. NINE MILE ROAD FERNDALE, MI 48220	32-0246843	501C3	0.	12,540.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FETTER HEALTH CENTER NETWORK 51 NASSAU STREET CHARLESTON, SC 29403	57-0604703	501C3	0.	97,249.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FIRST BAPTIST MEDICAL/DENTAL 1607 CHERRY STREET VICKSBURG, MS 39181	64-0334158	501C3	0.	45,750.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	53,497.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FIRST REFUGE MINISTRIES MEDICAL CLI - 1701 BROADWAY STREET - DENTON, TX 76201	45-5606427	501C3	0.	24,130.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLINT HILLS COMMUNITY CLINIC 401 HOUSTON ST. MANHATTAN, KS 66502	20-2306015	501C3	0.	30,856.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLORIDA DIABETES CAMP CMS BUILDING A, 1701 SW 16TH AVE GAINESVILLE, FL 32608	23-7098099	501C3	0.	18,882.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FLYING HORSE FARMS 5260 STATE ROUTE 95 MT. GILEAD, OH 43338	20-3498125	501C3	0.	5,150.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS 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.	2,904.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FOREST BAPTIST CHURCH 439 EAST FIRST STREET FOREST, MS 39074	64-0368681	501C3	0.	12,982.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FORT BEND FAMILY HEALTH CENTER 400 AUSTIN STREET RICHMOND, TX 77469	74-1951476	501C3	0.	207,716.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FOUR RIVERS HEALTHCARE CLINIC 932 WEST IDAHO AVENUE ONTARIO, OR 97914	93-1304536	501C3	0.	331,925.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FOX CITIES COMMUNITY CLINIC 1814 NORTH APPLETION ROAD MENASHA, WI 54952	20-2090446	501C3	0.	83,425.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRANKLIN COUNTY VOLUNTEERS 109 N. CHURCH STREET LOUISBURG, NC 27549	32-0070225	501C3	0.	19,531.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FRANKLIN PRIMARY HEALTH CENTER 1303 DR. MARTIN LUTHER KING JR. AV MOBILE, AL 36603	63-0695975	501C3	0.	9,325.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	46,549.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	85,361.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	49,314.	ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	10,115.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	30,328.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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FREE MEDICAL CLINIC OF DARLINGTON 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501C3	0.	19,389.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	31,812.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREE MEDICAL CLINIC OF OAK RIDGE, 116 EAST DIVISION ROAD OAK RIDGE, TN 37830	90-0715369	501C3	0.	51,447.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FREEDOM WARMING CENTERS 1135 SANTA BARBARA STREET SANTA BARBARA, CA 93101	95-1890767	501C3	0.	5,999.	WHOLESALE PRICE SUPPLIES.	PURCHASED PRICE ESTIMATED MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
FUNDACION MANOS JUNTAS 1330 N. CLASSEN BLVD. SUITE 105 OKLAHOMA CITY, OK 73106	73-1523135	501C3	0.	57,065.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
G. A. CARMICHAEL 1668 WEST PEACE STREET CANTON, MS 39046-0588	64-0580940	501C3	0.	142,782.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GALVESTON COUNTY HEALTH DISTRICT 9850-A EMMETT F. LOWRY EXPY TEXAS CITY, TX 77591	76-0619014	501C3	0.	15,077.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE ESTIMATED MEDICAL 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.	248,268.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE ESTIMATED MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GASTON FAMILY HEALTH SERVICES, INC. - 991 W. HUDSON BLVD - GASTONIA, NC 28052	58-1958398	501C3	0.	161,950.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY COMMUNITY HEALTH CENTER 1515 PAPPAS STREET LAREDO , TX 78041	74-2553409	501C3	0.	8 , 320 .	ESTIMATED WHOLESALE PRICE SUPPLIES .	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
GENERATIONS FAMILY HEALTH CENTER 40 MANSFIELD AVENUE WILLIMANTIC , CT 06226	22-3158253	501C3	0.	49 , 839 .	ESTIMATED WHOLESALE PRICE SUPPLIES .	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
GEORGIA FARMWORKER HEALTH PROGRAM 920 SOUTH WEST STREET BAINBRIDGE , GA 39819	58-6000359	GOVERNMENT ENTIT	0.	27 , 330 .	ESTIMATED WHOLESALE PRICE SUPPLIES .	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
GIRL'S INC. 531 E. ORTEGA STREET SANTA BARBARA , CA 93103	95-6006417	501C3	0.	5 , 324 .	ESTIMATED WHOLESALE PRICE SUPPLIES .	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
GLENDALE COMMUNITY FREE HEALTH CLIN - 134 N. KENWOOD STREET - GLENDALE , CA 91206	87-0732581	501C3	0.	17 , 386 .	ESTIMATED WHOLESALE PRICE	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
GOLETA UNION SCHOOL DISTRICT 401 N. FAIRVIEW AVENUE GOLETA , CA 93117	77-0068725	GOVERNMENT ENTIT	0.	10 , 955 .	ESTIMATED WHOLESALE PRICE	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.	9 , 657 .	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
GOOD NEIGHBOR COMMUNITY HEALTH CLIN - 2282 EAST 32ND AVENUE - COLUMBUS , NE 68601	13-42449732	501C3	0.	77 , 927 .	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
GOOD NEWS CARE CENTER 7855 SW 104TH STREET , STE. 210 MIAMI , FL 33156	59-0914210	501C3	0.	12 , 633 .	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS

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Part II

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Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)						
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GOOD NEWS CLINICS 810 PINE STREET GAINESVILLE, GA 30501	58-2058853	501C3	0.	66,050.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
GOOD SAMARITAN 175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501C3	0.	32,961.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH, AR 72901	71-0863639	501C3	0.	232,956.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
GOOD SAMARITAN HEALTH CENTER 1605 ROBERTA DRIVE SOUTHWEST MARIETTA, GA 30008	32-0045238	501C3	0.	28,928.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
GOOD SAMARITAN HEALTH CLINIC 136 EAST PLYMOUTH AVENUE DELAND, FL 32720	30-0408193	501C3	0.	9,547.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
GOOD SAMARITAN HEALTH CLINIC 5134 ASPEN STREET NEW PORT RICHEY, FL 34652	59-3072334	501C3	0.	100,395.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT
GOOD SAMARITAN HEALTH SERVICES 7501 SOUTH RIVERSIDE PARKWAY TULSA, OK 74136	73-1559561	501C3	0.	200,131.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT
GOOD SAMARITAN HOUSE 213 N. MAIN STREET DEARING, GA 30808	02-6434516	501C3	0.	12,527.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
GOOD SAMARITAN SHELTER 731 S. LINCOLN STREET SANTA MARIA, CA 93458	77-0133375	501C3	0.	26,538.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.

Schedule I (Form 990)

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

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GOOD SHEPHERD COMMUNITY CLINIC 240 E. WASHINGTON STREET MARTINSVILLE, IN 46151	35-1365963	501C3	0.	23,352.	WHOLESALE PRICE	SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GOOD SHEPHERD MEDICAL 20 12TH AVE. NW ARDMORE, OK 73401	73-1509801	501C3	0.	21,041.	WHOLESALE PRICE	SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE CLINIC 800 WEST CANAL DRIVE KENNEWICK, WA 99336	77-0592408	501C3	0.	29,111.	WHOLESALE PRICE	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.	66,681.	WHOLESALE PRICE	SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRACE MEDICAL HOME 51 PENNSYLVANIA STREET ORLANDO, FL 32806	26-1817966	501C3	0.	77,228.	WHOLESALE PRICE	EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRAND PRAIRIE CHARITABLE 115 NORTH ADAMS STREET DEWITT, AR 72042	71-0851962	501C3	0.	10,481.	WHOLESALE PRICE	SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GRANT PARK CLINIC 1340 BOULEVARD SE ATLANTA, GA 30315	58-1577640	501C3	0.	69,262.	WHOLESALE PRICE	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.	116,582.	WHOLESALE PRICE	SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER GREENWOOD UNITED MINISTRY 1404 EDGEFIELD STREET GREENWOOD, SC 29646	57-1012393	501C3	0.	13,257.	WHOLESALE PRICE	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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GREATER KILLEEN FREE CLINIC 718 N. 2ND STREET, STE. A KILLEEN, TX 76541	74-2724725	501C3	0.	101,322.	WHOLESALE PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GREATER PRINCE WILLIAM 4379 RIDGEWOOD CENTER DRIVE WOODBRIIDGE, VA 22192	83-0435138	501C3	0.	20,910.	WHOLESALE PRICE SUPPLIES.	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.	183,910.	WHOLESALE PRICE 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.	104,357.	WHOLESALE PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUADALUPE CLINIC 940 S. ST. FRANCIS WICHITA, KS 67211	53-0196617	501C3	0.	1,060,917.	WHOLESALE PRICE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GUADALUPE UNION SCHOOL 4465 NINTH STREET GUADALUPE, CA 93434	95-6000940	GOVERNMENT ENTIT	0.	17,798.	WHOLESALE PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
GULF COAST HEALTH CENTER 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501C3	0.	183,674.	WHOLESALE PRICE 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.	302,076.	WHOLESALE PRICE SUPPLIES.	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.	153,485.	WHOLESALE PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HAPPY VALLEY MEDICAL CENTER 4329 COLLETSVILLE ROAD COLLETSVILLE, NC 28611	59-1756933	501C3	0.	362,360.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARBOR COMMUNITY CLINIC 593 W. 6TH STREET SAN PEDRO, CA 90731	23-7103245	501C3	0.	75,250.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARM REDUCTION SERVICES 2800 STOCKTON BLVD. SACRAMENTO, CA 95817	68-0300656	501C3	0.	59,035.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HARMONY HEALTH CLINIC 201 EAST ROOSEVELT ROAD LITTLE ROCK, AR 72206	20-5691313	501C3	0.	8,160.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HASTINGS FAMILY PLANNING, INC. 422 N. HASTINGS AVE. HASTINGS, NE 68901	47-0564556	501C3	0.	64,927.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL EQUIPMENT	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.	50,537.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	212,637.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH & WELLNESS CENTER 1505 E. MAIN, SUITE A STIGLER, OK 74462	20-0368759	501C3	0.	70,058.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH ACCESS, INCORPORATED 469 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501C3	0.	44,792.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEALTH ALLIANCE FOR THE UNINSURED 5929 N. MAY AVENUE, SUITE 511 OKLAHOMA CITY, OK 73112	26-1789292	501C3	0.	50,107.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH AND HOPE CLINIC, INC. 1718 EAST OLIVE ROAD PENSACOLA, FL 32514	26-4336638	501C3	0.	53,912.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH AND HOPE MEDICAL OUTREACH 1911 COOKS HILL ROAD CENTRALIA, WA 98531	27-4432389	501C3	0.	11,293.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE ACCESS 330 MAINE LAWRENCE, KS 66044	48-1062114	501C3	0.	19,251.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CARE CENTER FOR THE HOMELESS - 232 NORTH ORANGE BLOSSOM TRAIL - ORLANDO, FL 32805	59-3185020	501C3	0.	117,604.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	41,047.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH CENTER OF SOUTHEAST TEXAS 307 N. WILLIAM BARNETT AVE CLEVELAND, TX 77327	56-2508501	501C3	0.	18,572.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH FOR ALL 3030 EAST 29TH STREET, SUITE 112 BRYAN, TX 77802	74-2624477	501C3	0.	54,062.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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.	93,624.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501C3	0.	13,564.	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH PARTNERS INC 3070 CRAIN HIGHWAY #101 WALDORF, MD 20601	52-1767044	501C3	0.	'29,443.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	83,449.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH REACH COMMUNITY CLINIC 400 EAST STATESVILLE AVENUE MOORESVILLE, NC 28115	20-1020941	501C3	0.	13,124.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH SERVICES, INC. 1845 CHERRY STREET MONTGOMERY, AL 36106	63-05668762	501C3	0.	12,773.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTH WEST - LAVA CLINIC 85 SOUTH 5TH WEST LAVA HOT SPRINGS, ID 83246	82-0324100	501C3	0.	251,965.	WHOLESALE PRICE	PURCHASED PRICE MEDICAL 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.	57,178.	WHOLESALE PRICE	PURCHASED PRICE MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHCARE NETWORK OF SOUTHWEST FL 1454 MADISON AVENUE - IMMOKALEE, FL 34142	59-1741277	501C3	0.	40,496.	WHOLESALE PRICE	PURCHASED PRICE MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHFINDERS COLLABORATIVE 710 DIVISION STREET NORTHLAND, MN 55057	20-1805262	501C3	0.	9,290.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HEALTHLINK MEDICAL CENTER 1775 STREET ROAD SOUTHAMPTON, PA 18966	23-2998708	501C3	0.	11,736.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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	501C3	0.	19,953.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHNET OF ROCK COUNTY, INC. 23 WEST MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501C3	0.	56,367.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHPOINT FAMILY CARE 1401 MADISON AVENUE COVINGTON, KY 41011	61-0729915	501C3	0.	93,952.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	139,097.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEALTHREACH COMMUNITY 10 WATER STREET, SUITE 305 WATERVILLE, ME 04901	01-6023664	501C3	0.	20,649.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART OF FLORIDA HEALTH CENTER 203 E. SILVER SPRINGS BLVD, #100 OCALA, FL 34470	59-3060378	501C3	0.	190,430.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HEART OF KANSAS 1905 19TH STREET GREAT BEND, KS 67530	48-1165405	501C3	0.	10,598.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	21,468.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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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HEARTLAND HEALTH OUTREACH 1015 W. LAWRENCE AVENUE CHICAGO, IL 60640	36-37755696	501C3	0.	58,276.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HELPING HANDS CLINIC 810 HARPER AVENUE LENOIR, NC 28645	56-2076541	501C3	0.	32,513.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HENRIETTA JOHNSON MEDICAL CENTER 601 NEW CASTLE AVENUE WILMINGTON, DE 19801	20-1336340	501C3	0.	59,428.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HERITAGE ESSENTIAL MEDICAL SERVICES - 1011 TIGER BLVD - CLEMSON, SC 29631	26-2735317	501C3	0.	162,729.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	23,942.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HILL COUNTRY MISSION FOR HEALTH 122 COMMERCE AVENUE BOerne, TX 78006	48-1262832	501C3	0.	9,258.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HMONG HEALTH ALLIANCE 6000 J STREET SACRAMENTO, CA 95819-6117	68-0350323	501C3	0.	9,319.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	15,453.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
HOPE CLINIC OF GARLAND TEXAS 808 WEST AVE. A GARLAND, TX 75040	75-2960314	501C3	0.	18,597.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501C3	0.	111,975.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
HOPKINS COUNTY COMMUNITY CLINIC 618 N. FRANKLIN STREET MADISONVILLE, KY 42431	06-1710391	501C3	0.	96,061.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
HORIZONS UNLIMITED HEALTHCARE 164 B STREET LIVINGSTON, CA 95334	72-1532350	501C3	0.	143,601.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT
HORIZON HEALTH CARE, INC. 109 NORTH MAIN STREET HOWARD, SD 57349	46-03441255	501C3	0.	214,812.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.
HOWARD BROWN HEALTH CENTER 4025 NORTH SHERIDAN ROAD CHICAGO, IL 60613	36-2894128	501C3	0.	19,267.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
HYNDMAN AREA HEALTH CENTER 144 FIFTH AVENUE HYNDMAN, PA 15545	25-13443824	501C3	0.	70,713.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT
ICL HEALTHCARE CHOICES, INC. 6209 16TH AVENUE BROOKLYN, NY 11204	11-3488520	501C3	0.	38,612.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT
IMPERIAL COUNTY PUBLIC HEALTH DEPAR - 915 BROADWAY - EL CENTRO, CA 92243	95-6000924	GOVERNMENT ENTIT	0.	19,498.	PURCHASED PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.
INDIAN HEALTH COUNCIL PHARMACY 50100 GOLSH ROAD VALLEY CENTER, CA 92082	95-2506788	501C3	0.	11,556.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.

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INDIANA HEALTH CENTERS, INC. 8003 CASTLEWAY DRIVE INDIANAPOLIS, IN 46250	31-1003977	501C3	0.	9,841.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INHEALTH COMMUNITY WELLNESS FREE CL - 109 EAST BLUFF STREET - BOSCOBEL, WI 53805	33-1170597	501C3	0.	68,478.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
INLAND BEHAVIORAL 1963 NORTH E STREET SAN BERNARDINO, CA 92405	95-3246624	501C3	0.	25,233.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	8,346.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, SUPPLIES, EQUIPMENT	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.	8,443.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
IPFW - LAFAYETTE STREET FAMILY 2700 SOUTH LAFAYETTE STREET, SUITE FT. WAYNE, IN 46806	35-6002041	501C3	0.	12,265.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, 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.	24,634.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ISLANDS COMMUNITY MEDICAL SERVICES 15 MEDICAL CENTER LOOP VINALHAVEN, ME 04863	01-6012815	501C3	0.	64,153.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
J.C. LEWIS HEALTH CARE CENTER 125 FARM STREET SAVANNAH, GA 31401	58-0827524	501C3	0.	42,539.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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JACKSON-HINDS COMPREHENSIVE HEALTH 3502 WEST NORTHSIDE DRIVE JACKSON, MS 39213	64-0506107	501C3	0.	115,737.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JEFFERSON COMPREHENSIVE HEALTH 225 COMMUNITY DRIVE FAYETTE, MS 39069	64-0667610	501C3	0.	261,399.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JESSIE HOPKINS HINCHEE 825 N. KELLOGG AVENUE SANTA BARBARA, CA 93111	95-3489222	501C3	0.	5,999.	WHOLESALE PRICE SUPPLIES.	PURCHASED PRICE ESTIMATED MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JEWISH RENAISSANCE MEDICAL CENTER 275 HOBART STREET PERTH AMBOY, NJ 08861	22-3780067	501C3	0.	8,691.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOHNSON CITY DOWNTOWN CLINIC 2151 CENTURY LANE JOHNSON CITY, TN 37604	62-6021046	501C3	0.	310,021.	WHOLESALE PRICE SUPPLIES.	PURCHASED PRICE ESTIMATED MEDICAL SUPPLIES.	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.	75,400.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JONESBORO CHURCH HEALTH CENTER 500 KITCHEN JONESBORO, AR 72401	71-0707863	501C3	0.	158,079.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JOSEPH P. ADDABBO FAMILY 120 RICHARDS STREET BROOKLYN, NY 11231	06-1181226	501C3	0.	25,995.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
JUNIPER HEALTH, INC. 265 HWY 15 SOUTH, SUITE 3 JACKSON, KY 41339	04-3779582	501C3	0.	254,241.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE ESTIMATED MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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JUST KIDS DENTAL 1313 FAIRGROUNDS ROAD TWO HARBORS , MN 55616	27-2311353	501C3	0.	5,476.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
JWCH INSTITUTE, INC. 5650 JILLSON STREET COMMERCE, CA 90040	95-2289916	501C3	0.	361,324.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	123,036.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
KATAHDIN VALLEY HEALTH CENTER 30 HOULTON STREET PATTEN, ME 04765	23-7411014	501C3	0.	11,857.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
KATY TRAIL COMMUNITY HEALTH CENTER 821 WESTWOOD DRIVE SEDLIA, MO 65301	43-1879833	501C3	0.	407,321.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL EQUIPMENT	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.	41,992.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
KIDS COME FIRST 1556 S. SULTANA AVE. ONTARIO, CA 91761	33-09669025	501C3	0.	604,028.	WHOLESALE PRICE EQUIPMENT	ESTIMATED MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
KIKI'S KIDS CAMP FOR YOUTH WITH DIA - 304 TURNER MCCALL BLVD - ROME, GA 30165	58-1375074	501C3	0.	8,265.	WHOLESALE PRICE SUPPLIES.	PURCHASED PRICE MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
KOREAN COMMUNITY SERVICES 7212 ORANGETHORPE AVE. SUITE 9A BUENA PARK, CA 90621	95-3245254	501C3	0.	129,817.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS

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LA CLINICA CRISTIANA 380 WILSON LAKE SHORES MUSCLE SHOALS , AL 35661	20-1624284	501C3	0.	28,519.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
LA ESPERANZA CLINIC 1610 S . CHADBOURNE SAN ANGELO , TX 76903	74-2699762	501C3	0.	396,663.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
LA GAY AND LESBIAN CENTER 1625 N . SCHRADER BLVD. LOS ANGELES , CA 90028	95-3567895	501C3	0.	104,318.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES .	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.	88,222.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
LAFAYETTE COMMUNITY HEALTH 1317 JEFFERSON STREET LAFAYETTE , LA 70501	72-12221982	501C3	0.	46,876.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	110,417.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES .	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
LAKE AREA FREE CLINIC 856 ARMOUR ROAD OCONOMOWOC , WI 53066	39-2006388	501C3	0.	11,294.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES .	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.	72,937.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
LANAI COMMUNITY HEALTH CENTER 624 A HOUSTON STREET LANAI , HI 96763	20-2509287	501C3	0.	45,079.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS

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LAWTON COMMUNITY HEALTH CENTER 5404 SW LEE BOULEVARD LAWTON, OK 73505	26-0187688	501C3	0.	11,489.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEE COUNTY VOLUNTEERS IN MEDICINE 15570 HAGIE DRIVE FORT MYERS, FL 33908	01-0941498	501C3	0.	13,347.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LEPIORE COUNTY HEALTH CENTER 706 HWY 82 WEST, SUITE A GREENWOOD, MS 38930	20-0069223	501C3	0.	185,854.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LELAND MEDICAL CLINIC 201 BAKER BLVD. LELAND, MS 38756	47-0915576	501C3	0.	119,792.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LIFELONG MEDICAL CARE 2344 SIXTH STREET BERKELEY, CA 94710	94-2502308	501C3	0.	439,715.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	10,614.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LISBON AND EAST LIVERPOOL 7880 LINCOLN PLACE LISBON, OH 44432	34-6565185	501C3	0.	11,586.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY BLVD. PREDECKSBURG, VA 22401	54-1677934	501C3	0.	10,668.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	39,115.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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LORAIN COUNTY FREE CLINIC 3323 PEARL AVENUE LORAIN, OH 44055	34-1506180	501C3	0.	56,512.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOS ANGELES CHRISTIAN 311 WINSTON STREET LOS ANGELES, CA 90013	95-4315734	501C3	0.	13,678.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
LOS BARRIOS UNIDOS COMMUNITY CLINIC - 809 SINGLETON BLVD - DALLAS, TX 75212	75-1378664	501C3	0.	8,291.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	32,762.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MACON VOLUNTEER CLINIC 376 ROGERS AVENUE MACON, GA 31204	74-3055376	501C3	0.	5,130.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	139,629.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MANATEE COUNTY RURAL HEALTH 12271 US HIGHWAY 301 NORTH PARRISH, FL 34219	59-1773262	501C3	0.	32,357.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, 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.	38,840.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, 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.	22,619.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MARIN CITY HEALTH & WELLNESS CENTER - 630 DRAKE AVENUE - MARIN CITY, CA 94965	06-1787661	501C3	0.	19,551.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARIN COMMUNITY CLINIC 6100 REDWOOD BLVD NOVATO, CA 94945	94-2237120	501C3	0.	9,638.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARTHA'S VILLAGE 83791 DATE AVENUE INDIO, CA 92201	33-0777892	501C3	0.	30,021.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT, LA 71104	72-1079721	501C3	0.	64,023.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATAGORDA EPISCOPAL 101 AVENUE F NORTH BAY CITY, TX 77414	20-0537948	501C3	0.	76,345.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MATTHEW 25, INC. 413 EAST JEFFERSON BLVD. FORT WAYNE, IN 46802	35-1484951	501C3	0.	18,227.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDCARE UNITED CHARITABLE PHARMACY 7250 NW EXPRESSWAY OKLAHOMA CITY, OK 73132	45-3361897	501C3	0.	63,541.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL ASSOCIATES PLUS 2467 GOLDEN CAMP ROAD AUGUSTA, GA 30906	31-1591242	501C3	0.	43,631.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDICAL MISSIONS FOR CHRIST 1974 N. BUSINESS RTE 5 CAMDENTON, MO 65020	20-3637019	501C3	0.	32,245.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MEDLINK GEORGIA, INC. 11 CHARLIE MORRIS ROAD COLBERT, GA 30628	58-1394645	501C3	0.	189,378.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEDPLEX CLINICS (SHLBLY CNTY HEALTH - 877 JEFFERSON AVENUE - MEMPHIS, TN 38103	62-1113169	501C3	0.	13,358.	ESTIMATED WHOLESALE PRICE EQUIPMENT	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MEND MEDICAL CLINIC 10641 N SAN FERNANDO RD PACOMA, CA 91331	23-7306337	501C3	0.	15,517.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MENTAL WELLNESS CENTER 617 GARDEN STREET SANTA BARBARA, CA 93101	95-1962659	501C3	0.	6,346.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY COMMUNITY SERVICES 142 WEBSTER AVENUE ROCHESTER, NY 14609	16-1463421	501C3	0.	8,516.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY HEALTH CENTER 700 OGLETHORPE AVENUE ATHENS, GA 30606	58-2603523	501C3	0.	52,674.	PURCHASED PRICE 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.	19,532.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MERCY MEDICAL CLINIC 802 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501C3	0.	65,343.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METRO COMMUNITY PROVIDER NETWORK 3701 SOUTH BROADWAY ENGLEWOOD, CO 80113	74-2477108	501C3	0.	21,208.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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METROCREST COMMUNITY CLINIC ONE MEDICAL PARKWAY, STE. 149 FARMERS BRANCH, TX 75234	75-2616002	501C3	0.	288,669.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
METROWEST FREE MEDICAL PROGRAM 105 HUDSON ROAD SUDSBURY, MA 01776	04-3822273	501C3	0.	18,834.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MIAMI BEACH COMMUNITY HEALTH CENTER - 710 ALTON ROAD - MIAMI BEACH, FL 33139	59-1829984	501C3	0.	408,114.	WHOLESALE PRICE EQUIPMENT	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.	70,126.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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.	22,807.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH STREET ARLINGTON, TX 76010	75-2354962	501C3	0.	264,456.	WHOLESALE PRICE SUPPLIES.	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.	160,949.	WHOLESALE PRICE EQUIPMENT	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.	67,672.	WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MISSION NEIGHBORHOOD HEALTH CENTER 240 SHOTWELL STREET SAN FRANCISCO, CA 94110	94-2284365	501C3	0.	29,497.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MISSION OF MERCY ADMINISTRATION 22 S. MARKET STREET, SUITE 6D FREDERICK, MD 21701	86-0704883	501C3	0.	197,170.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOBILE COUNTY HEALTH 251 NORTH BAYOU STREET - MOBILE, AL 36603	63-6001641	GOVERNMENT ENTIT	0.	552,316.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	36,820.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MORENO VALLEY FAMILY HEALTH CENTER 22675 ALESSANDRO BLVD MORENO VALLEY, CA 92553	33-0056551	501C3	0.	82,034.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MORTON COMPREHENSIVE HEALTH 1334 N LANSING AVE TULSA, OK 74106-5907	73-1177858	501C3	0.	147,232.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOSES LAKE COMMUNITY HEALTH CENTER 605 COOLIDGE DRIVE MOSES LAKE, WA 98837	91-1537371	501C3	0.	41,962.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN COMPREHENSIVE 226 MEDICAL PLAZA LANE WHITESBURG, KY 41858	61-0712406	501C3	0.	515,589.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
MOUNTAIN FAMILY COMMUNITY HEALTH CE - 1905 BLAKE AVENUE SUITE 101 - GLENWOOD SPRINGS, CO 81601	84-0742145	501C3	0.	39,294.	ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	30,543.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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MUSLIM COMMUNITY CENTER 7600 GLENVIEW DRIVE RICHLAND HILLS, TX 76180-8341	75-2580088	501C3	0.	145,132.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
N.E.W. COMMUNITY CLINIC 622 BODART STREET GREEN BAY, WI 54301	39-1200636	501C3	0.	41,012.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ASSOCIATION OF CHRISTIAN 7025 WEST TIDWELL ROAD, SUITE H108 HOUSTON, TX 77092	20-5077098	501C3	0.	20,730.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIONAL ORGANIZATION FOR RENAL 11018 AQUA VISTA STREET #19 STUDIO CITY, CA 91602-3162	95-4738511	501C3	0.	24,312.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NATIVE AMERICAN HEALTH CENTER 1151 HARBOR BAY PARKWAY, SUITE 203 ALAMEDA, CA 94501	23-7135928	501C3	0.	5,725.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE BUFFALO, NY 14207	16-1294447	501C3	0.	5,560.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTH SERVICES CORPOR - 1700 MYRTLE AVENUE - PLAINFIELD, NJ 07063	22-1927742	501C3	0.	16,351.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEIGHBORHOOD HEALTHCARE 425 N. DATE STREET, SUITE 203 ESCONDIDO, CA 92025	95-2796316	501C3	0.	18,895.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	21,817.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NEW HEIGHTS CLINIC 8000 NE 58TH AVENUE VANCOUVER, WA 98665	91-2009672	501C3	0.	82,594.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEWARK COMMUNITY HEALTH CENTERS 101 LODLOW STREET NEWARK, NJ 07114	22-2747589	501C3	0.	140,167.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NEWHOPE CLINIC 41 S. COURT STREET OWINGSVILLE, KY 40360	61-1363437	501C3	0.	9,412.	WHOLESALE PRICE SUPPLIES.	ESTIMATED MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NHAN HOA 7761 GARDEN GROVE BLVD. GARDEN GROVE, CA 92841	33-0477323	501C3	0.	159,483.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NOAH - NEIGHBORHOOD OUTREACH 3634 NORTH DRINKWATER BLVD SCOTTSDALE, AZ 85251	27-3188239	501C3	0.	30,429.	WHOLESALE PRICE SUPPLIES.	ESTIMATED 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.	9,139.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH BY NORTHEAST COMMUNITY 3030 NE M.L.K. JR. BLVD. PORTLAND, OR 97212	72-1618287	501C3	0.	7,335.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTH CENTRAL TEXAS P.O. BOX 720 WICHITA FALLS, TX 76307	75-2429644	501C3	0.	24,289.	WHOLESALE PRICE SUPPLIES.	ESTIMATED MEDICAL SUPPLIES.	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.	133,422.	WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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NORTH EAST MEDICAL SERVICES 1520 STOCKTON STREET SAN FRANCISCO , CA 94133	94-1722562	501C3	0.	96,370 .	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
NORTH ORANGE COUNTY REGIONAL HEALTH - 901 W. ORANGETHORPE AVE - FULLERTON, CA 92832	33-0970731	501C3	0.	8,105 .	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
NORTH STAR REACH 1050 HIGHLAND DRIVE, SUITE F ANN ARBOR, MI 48108	26-0347065	501C3	0.	5,001 .	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
NORTH TEXAS AREA 2100 NORTH MAIN STREET, SUITE 109 FORT WORTH , TX 76164	54-2117989	501C3	0.	34,962 .	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
NORTHEAST COMMUNITY CLINIC 2250 W MAIN STREET, SUITE 301 ALHAMBRA, CA 91801-1758	95-2687213	501C3	0.	102,268 .	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL EQUIPMENT
NORTHEAST MISSISSIPPI HEALTH CARE, 12 EAST BRUNSWICK AVE. BYHALIA , MS 38611	64-0620763	501C3	0.	25,715 .	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL EQUIPMENT
NORTHEAST MISSOURI HEALTH COUNCIL 1416 CROWN DRIVE KIRKSVILLE, MO 63501	43-1606173	501C3	0.	15,039 .	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
NORTHEAST VALLEY HEALTH CORPORATION - 1172 NORTH MACLAY AVE. - SAN FERNANDO , CA 91340	23-7120632	501C3	0.	9,219 .	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.
NORTHEASTERN OKLAHOMA 116 E. MAIN STREET HULBERT, OK 74441	73-1622831	501C3	0.	749,893 .	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.

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NORTHERN GREENBRIER HEALTH CLINIC 8965 SHOESTRING TRAIL WILLIAMSBURG, WV 24991	55-0593134	501C3	0.	114,735.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHERN HEALTH CENTERS, INC. 15397 STATE HIGHWAY 32 LAKWOOD, WI 54138	39-1550213	501C3	0.	64,607.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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.	110,478.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHLAND COMMUNITY HEALTH CENTER 104 N. MAIN STREET TURTLE LAKE, ND 58575	33-1029318	501C3	0.	463,597.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST ARKANSAS FREE HEALTH CENT - 1100 NORTH WOOSLEY AVENUE - FAYETTEVILLE, AR 72703	59-1691790	501C3	0.	29,218.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST LOUISIANA INTERFAITH PHAR - 909 OLIVE STREET - SHREVEPORT, LA 71104	72-1479289	501C3	0.	73,083.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
NORTHWEST MICHIGAN HEALTH SERVICES, - 10767 TRAVERSE HIGHWAY - TRAVERSE CITY, MI 49684-5549	26-1779673	501C3	0.	116,579.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	48,527.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OASIS HEALTH CENTER 66 BARIBEAU DRIVE, STE. 9/10 BRUNSWICK, ME 04011	01-0497587	501C3	0.	37,048.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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OASIS OF HOPE CENTER 522 LEONARD STREET NW GRAND RAPIDS , MI 49504	20-2781312	501C3	0.	6,346.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
OCEAN HEALTH INITIATIVES 101 SECOND STREET LAKEWOOD , NJ 08701	06-1691342	501C3	0.	19,088.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
OCRM HEALTH CARE SERVICES ONE HOPE DRIVE TUSTIN , CA 92782	33-09068666	501C3	0.	214,018.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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	47-0548390	501C3	0.	40,127.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	197,772.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
OPEN ARMS CLINIC 5252 N. MERIDIAN AVE. , SITE 101 OKLAHOMA CITY , OK 73112	73-1448149	501C3	0.	40,429.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES , EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
OPEN DOOR COMMUNITY 670 NINTH ST. , SUITE 203 ARCATA , CA 95521	95-2671433	501C3	0.	194,019.	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.	79,145.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS
OPEN DOOR HEALTH CLINIC 2201 W DOLLARWAY RD # 2 ELLENBURG , WA 988926	65-1185178	501C3	0.	9,984.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME , UNINSURED PATIENTS

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OPEN DOOR URBAN MINISTRIES 1390 CAPITAL BLVD RALEIGH, NC 27603	58-1422700	501C3	0.	85,542.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OPERATION BLESSING INTERNATIONAL 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23464	54-1382657	501C3	0.	398,561.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	155,518.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE ESTIMATED MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OUR LADY OF GUADALUPE 227 N. NOPAL STREET SANTA BARBARA, CA 93103	95-2151892	501C3	0.	27,812.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PURCHASED PRICE ESTIMATED 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.	119,632.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PURCHASED PRICE ESTIMATED MEDICAL SUPPLIES, EQUIPMENT	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.	7,961.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PURCHASED PRICE ESTIMATED MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
OWENSBORO MEDICAL HEALTH SYSTEM 811 E. PARISH AVE. OWENSBORO, KY 42303	61-12886361	501C3	0.	107,635.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PURCHASED PRICE ESTIMATED 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.	28,756.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PURCHASED PRICE ESTIMATED 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.	315,452.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PURCHASED PRICE ESTIMATED 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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PANCARE OF FLORIDA, INC. 431 OAK AVENUE PANAMA CITY, FL 32401	91-2189932	501c3	0.	234,614.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PANTHER DAY CAMP 2423 - 172ND PL SE BOTHELL, WA 98012-6515	91-1192064	501c3	0.	6,104.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARK DUVALL COMMUNITY HEALTH CENTE - 3015 WILSON AVENUE - LOUISVILLE, KY 40211	61-0666209	501c3	0.	132,761.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARKVIEW OUTREACH COMMUNITY 1205 DR. MARTIN LUTHER KING JR. WA HAINES CITY, FL 33844	01-0790991	501c3	0.	55,231.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERING FOR HEALTH 501 HOWARD AVENUE SUITE 204B ALTOONA, PA 16601	25-18442308	501c3	0.	70,815.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PARTNERS FOR HEALING 109 W. BLACKWELL STREET TULLahoma, TN 37388	62-1834800	501c3	0.	23,165.	ESTIMATED PURCHASED PRICE WHOLESALE PRICE EQUIPMENT	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	36-3844543	501c3	0.	83,432.	ESTIMATED PURCHASED PRICE WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES,	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.	227,474.	ESTIMATED PURCHASED PRICE WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PASADENA HEALTH CENTER 908 SOUTHPINE AVE, SUITE 100 PASADENA, TX 77502	20-0462905	501c3	0.	138,848.	ESTIMATED PURCHASED PRICE WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PCC COMMUNITY WELLNESS CENTER 14 WEST LAKE STREET OAK PARK, IL 60302	36-3828120	501C3	0.	15,688.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENINSULA COMMUNITY 230 E. MARYDALE AVENUE, SUITE 1 SOLDOTNA, AK 99669-7648	92-0177803	501C3	0.	133,663.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENINSULA INSTITUTE 4714 MARSHALL AVE NEWPORT NEWS, VA 23607-2247	54-1083954	501C3	0.	54,713.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PENOBSQUIT COMMUNITY HEALTH CARE 103 MAINE AVENUE BANGOR, ME 04401	01-0514750	501C3	0.	67,208.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEOPLE HELPING PEOPLE 545 NORTH ALISAL ROAD, SUITE 102 SOLVANG, CA 93463	77-03338060	501C3	0.	9,217.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEOPLE'S COMMUNITY HEALTH CENTERS 2524 KIRK AVENUE BALTIMORE, MD 21218	52-0905681	501C3	0.	120,521.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PEOPLE'S HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84068	87-06338042	501C3	0.	6,543.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	14,135.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	71,663.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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Schedule I (Form 990) DIRECT RELIEF

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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PHILADELPHIA HEALTH MANAGEMENT CORP - 260 S BROAD ST - PHILADELPHIA, PA 19102-5021	23-72221025	501C3	0.	11,645.	ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	7,492.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
POINT BREEZE VOLUNTEER FIRE DEPARTM - 1 FIREMAN'S PLAZA - BREEZY POINT, NY 11697	11-2452399	501C3	0.	5,994.	PURCHASED PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAIRIE COMMUNITY HEALTH 118 N. MAIN STREET ISABEL, SD 57633	46-03448705	501C3	0.	155,612.	ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	7,053.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PRESTON-TAYLOR 725 N. PINE STREET GRAFTON, WV 26354	55-06655614	501C3	0.	28,419.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	132,345.	PURCHASED PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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.	69,106.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL EQUIPMENT	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.	326,120.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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PRIMARY HEALTH SERVICES CENTER 2913 BETIN AVENUE MONROE, LA 71201	72-1347028	501C3	0.	70,995.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROGRAM FOR HEALTH CARE UPMC MONTEFIORE HOSPITAL PITTSBURGH, PA 15213	23-2919472	501C3	0.	13,051.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROHEALTH RURAL HEALTH SERVICES, IN - 1325 WEST MAIN STREET - FRANKLIN, TN 37064	62-1779945	501C3	0.	1,777.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROJECT VIDA 3607 RIVERA EL PASO, TX 79905	68-0541648	501C3	0.	236,896.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PROTEUS, INC. 3850 MERLE HAY ROAD, STE. 100 DES MOINES, IA 50310	42-1186501	501C3	0.	32,921.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
PUEBLO COMMUNITY HEALTH CENTER 110 EAST ROUTT AVENUE PUEBLO, CO 81004	84-0921521	501C3	0.	52,212.	ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS 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.	5,342.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
QUEENS CARE FAMILY CLINICS 1300 N. VERMONT AVENUE #505 LOS ANGELES, CA 90027	95-3702136	501C3	0.	93,697.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES.	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAMBO MEMORIAL HEALTH CENTER 711 MAIN STREET ZANESVILLE, OH 43701	20-8814374	501C3	0.	36,182.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	MEDICAL SUPPLIES, EQUIPMENT	PHARMACEUTICALS SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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RANDOLPH FAMILY HEALTH CARE AT MERC - 1831 N FAYETTEVILLE STREET - ASHEBORO, NC 27203	56-179394	501C3	0.	40,223.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL PRICE SUPPLIES.	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.	12,108.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPHAEL HEALTH CENTER 401 EAST 34TH STREET INDIANAPOLIS, IN 46205	35-1948768	501C3	0.	6,684.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RAPIDES PRIMARY HEALTH CARE CENTER 1217 WILLOW GLEN RIVER ROAD ALEXANDRIA, LA 71302	72-1252422	501C3	0.	487,460.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	77,614.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REDWOODS RURAL HEALTH CENTER INC. 101 WEST COAST ROAD REDWAY, CA 95560	94-2333767	501C3	0.	70,389.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
REGENCE HEALTH NETWORK 200 S. TYLER AMARILLO, TX 79101	75-1414940	501C3	0.	29,810.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL PRICE 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.	14,012.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL PRICE 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.	93,367.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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RIVERVIEW HEALTH SERVICES, INC. 722 REYNOLDS AVENUE KANSAS CITY, KS 66101	48-1072716	501C3	0.	7,509.	ESTIMATED WHOLESALE PRICE SUPPLIES.	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RKM PRIMARY CARE 11990 JACKSON STREET CLINTON, LA 70722	72-1443732	501C3	0.	8,245.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANE COUNTY FAMILY HEALTH CARE 146 WILLIAMS DRIVE SPENCER, WV 25276	55-0627933	501C3	0.	7,678.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROANOKE CHOWAN 120 HEALTH CENTER ROAD AHOSKIE, NC 27910	42-1638714	501C3	0.	39,716.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROSA CLARK MEDICAL CLINIC 210 SOUTH OAK STREET SENECA, SC 29678	58-6076010	501C3	0.	20,451.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	50,152.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROTACARE NORTH HELPLINE 12726 33RD AVE NE SEATTLE, WA 98125	91-1811292	501C3	0.	24,058.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ROTARY CLUB CAMP FOR CHILDREN WITH 1400 COULTER STREET AMARILLO, TX 79106	75-2668014	501C3	0.	11,873.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RURAL HEALTH CLINIC 9400 SPARTA HIGHWAY CROSSVILLE, TN 38572	20-5562191	501C3	0.	48,259.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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RURAL MEDICAL SERVICE, INC. 613 WEST BROADWAY NEWPORT, TN 37821	62-1102683	501C3	0.	220,173.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUSK COUNTY COMMUNITY HENDERSON, TX 75654	43-2016287	501C3	0.	439,423.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	47,771.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTH'S PLACE CLINIC 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594660	501C3	0.	69,989.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501C3	0.	9,356.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	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.	55,120.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SACRED HEART CHILDREN'S HOSPITAL 5151 N. 9TH AVENUE PENSACOLA, FL 32504	59-0634434	501C3	0.	5,645.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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 78661	27-2901548	501C3	0.	36,280.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAFE HARBOR FREE CLINIC 7209 265TH SUITE 204 STANWOOD, WA 98292	26-3825107	501C3	0.	206,544.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SAFER ALTERNATIVES 8015 FREEPORT BLVD. SACRAMENTO, CA 95812	94-3390723	501C3	0.	61,661.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SALUD FAMILY HEALTH CENTERS 203 SOUTH ROLLIE AVE FORT LUPTON, CO 80621	84-0613540	501C3	0.	26,777.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAMARITAN HEALTH CENTER 13 ROSE STREET DANBURY, CT 06810	75-3258057	501C3	0.	7,349.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	20,119.	PURCHASED PRICE 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.	135,833.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN DIEGO AMERICAN INDIAN 2602 FIRST AVE, SUITE 105 SAN DIEGO, CA 92103	95-3397369	501C3	0.	12,074.	WHOLESALE PRICE	PHARMACEUTICALS	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.	57,531.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE CLINIC 2615 FANNIN HOUSTON, TX 77002	53-0196617	501C3	0.	91,105.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SAN JOSE FOOTHILL FAMILY COMMUNITY 2680 SOUTH WHITE RD., SUITE 170 SAN JOSE, CA 95148	77-0440944	501C3	0.	92,523.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SANTA BARBARA COUNTY EXECUTIVE 105 EAST ANAPAMU STREET, SUITE 3 SANTA BARBARA, CA 93103	95-6002813	GOVERNMENT ENTIT	0.	156,951.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	11,966.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA NEIGHBORHOOD CLINICS 1900 STATE STREET, SUITE G SANTA BARBARA, CA 93101	77-0496382	501C3	0.	397,709.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	15,918.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA BARBARA UNIFIED SCHOOL 720 SANTA BARBARA STREET SANTA BARBARA, CA 93101	30-0690985	GOVERNMENT ENTIT	0.	18,434.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA CLARA COUNTY 976 LENZEN AVE SAN JOSE, CA 95126	94-6000389	GOVERNMENT ENTIT	0.	17,788.	PURCHASED PRICE EQUIPMENT	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA MARIA VALLEY 105 N. LINCOLN STREET SANTA MARIA, CA 93458	95-3144608	501C3	0.	21,660.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SANTA MARIA'S CHILDREN AND FAMILY 9209 COLIMA ROAD, SUITE 4400 WHITTIER, CA 90605	27-1879748	501C3	0.	585,554.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL EQUIPMENT	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	GOVERNMENT ENTIT	0.	31,785.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD. LAURINBURG, NC 28352	20-2841940	501c3	0.	15,664.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	107,667.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SEMO HEALTH NETWORK 311 MAIN STREET NEW MADRID, MO 63869	43-1253101	501c3	0.	395,969.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SERVE THE PEOPLE COMMUNITY 1206 EAST 17TH STREET, SUITE 101 SANTA ANA, CA 92701	27-0421556	501c3	0.	36,238.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SETEBAID SERVICES, INC. 1157 WESTBRANCH HIGHWAY WINFIELD, PA 17889	23-2979076	501c3	0.	56,691.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHACKELFORD COUNTY 725 PATE STREET ALBANY, TX 76430	75-2541970	501c3	0.	199,340.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHARE OUR SELVES FREE MEDICAL 1550 SUPERIOR AVENUE COSTA MESA, CA 92627	95-3222316	501c3	0.	22,595.	WHOLESALE PRICE SUPPLIES.	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.	13,351.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	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.	76,698.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SHEPHERDS CARE MEDICAL CLINIC 304 PONY ROAD ZEBULON, NC 27597	26-2757593	501C3	0.	16,738.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SHEPHERD'S HOPE 2404 SOUTH TYLER LITTLE ROCK, AR 72204	20-8811505	501C3	0.	44,588.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	22,940.	ESTIMATED WHOLESALE PRICE SUPPLIES.	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	95-34447973	501C3	0.	69,378.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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	93-06288804	501C3	0.	35,410.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SLO NOOR FREE MEDICAL CLINIC 1428 PHILLIPS LAND, SUITE B-4 SAN LUIS OBISPO, CA 93401	27-1412176	501C3	0.	65,376.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	102,738.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH BAY FAMILY HEALTH CARE CENTER - 23430 HAWTHORNE BLVD., STE. 210 - TORRANCE, CA 90505	23-7049937	501C3	0.	258,527.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH CENTRAL FAMILY HEALTH CENTER 1111 E. VERNON AVE. LOS ANGELES, CA 90011	95-3877793	501C3	0.	165,464.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SOUTH CENTRAL PRIMARY CARE CENTER 609 1/2 N. IRWIN AVENUE OCILLA, GA 31774	58-2019024	501C3	0.	74,518.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTH PLAINS RURAL HEALTH 1000 FM 300, UNIT A LEVELLAND, TX 79336	75-2123252	501C3	0.	219,912.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST COMMUNITY HEALTH SYSTEMS 6351 MAIN STREET ZACHARY, LA 70791	72-1212880	501C3	0.	171,521.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST MISSISSIPPI RURAL 5488 US HWY 49 HATTIESBURG, MS 39401	64-0525076	501C3	0.	205,564.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHEAST, INC. 16 W. LONG STREET COLUMBUS, OH 43215	31-0940189	501C3	0.	109,010.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHWEST LOUISIANA 8762 HIGHWAY 182 OPELOUSAS, LA 70570	58-2003179	501C3	0.	64,002.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SOUTHWEST VIRGINIA 319 FIFTH AVENUE SALTVILLE, VA 24370-0729	54-2046110	501C3	0.	1,221,071.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SPECIALIZED MEDICAL AID RESPONSE TE - 1885 MARICOPA HWY - OUAI, CA 92023	27-2447955	501C3	0.	6,803.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST VINCENT DE PAUL CHARITABLE PHARM - 1125 BANK ST. - CINCINNATI, OH 45214	30-0272954	501C3	0.	148,810.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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ST. ANTHONY FREE MEDICAL CLINIC 150 GOLDEN GATE AVENUE SAN FRANCISCO , CA 94102	94-1513140	501c3	0.	29,922.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. GABRIEL EASTSIDE 5760 MONTICELLO STREET ST. GABRIEL , LA 70776	72-1241592	501c3	0.	272,194.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOHN'S WELL CHILD AND FAMILY CE - 5701 S. HOOVER STREET - LOS ANGELES, CA 90037	95-4067758	501c3	0.	9,898.	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	80-0303973	501c3	0.	440,594.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. JOSEPH'S/CANDLER HEALTH 11705 MERCY BLVD. SAVANNAH, GA 31419	58-2288758	501c3	0.	309,063.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. LUKE'S CLINIC 132 SEYMOUR AVENUE JACKSON , MI 49202	32-0038675	501c3	0.	67,445.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. MARTIN'S HEALTHCARE SERVICES 1359 SOUTH RANDOLPH STREET GARRETET, IN 46738	20-8609620	501c3	0.	29,678.	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.	212,571.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. PETERSBURG FREE CLINIC 863 THIRD AVENUE N ST PETERSBURG , FL 33701	23-7200280	501c3	0.	32,408.	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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ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501C3	0.	55,921.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	17,274.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	86,996.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL COMMUNITY 502 GRAMMONT STREET MONROE, LA 71201	90-0014479	501C3	0.	24,549.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL COMMUNITY 21297 OLEAN BLVD UNIT B PORT CHARLOTTE, FL 33952	65-0958642	501C3	0.	42,754.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT DE PAUL VILLAGE 1501 IMPERIAL AVENUE SAN DIEGO, CA 92101	33-0492302	501C3	0.	6,676.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ST. VINCENT'S HOUSE CLINIC 2817 POST OFFICE STREET GALVESTON, TX 77550 .	74-1384864	501C3	0.	64,900.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	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.	10,955.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES,	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.	89,045.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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SU CLINICA FAMILIAR 1705 TREASURE HILLS BLVD HARLINGEN, TX 78550	74-2357970	501C3	0.	9,325.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SULZBACHER HEALTH CENTER 611 EAST ADAMS JACKSONVILLE, FL 32226	59-3229898	501C3	0.	201,922.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
SUMTER FAMILY HEALTH CENTER 1278 N. LAFAYETTE DRIVE SUMTER, SC 29150	57-1095992	501C3	0.	66,648.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	122,444.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	127,208.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TAMPA FAMILY HEALTH CENTER 1502 EAST FOWLER AVENUE TAMPA, FL 33612	59-2420282	501C3	0.	19,887.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TARZANA TREATMENT CENTER 8330 RESEDA BLVD NORTH RIDGE, CA 91324	94-2219349	501C3	0.	227,230.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TCA HEALTH NFP 1029 EAST 130TH STREET CHICAGO, IL 60628	36-2743287	501C3	0.	26,915.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS 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.	14,937.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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TEEN XPRESS 601 WEST MICHIGAN STREET ORLANDO, FL 32805-6203	59-1726273	501C3	0.	6,464.	ESTIMATED WHOLESALE PRICE SUPPLIES.	MEDICAL SUPPLIES.	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.	10,365.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THAT NEIGHBORHOOD FREE HEALTH CLINI - 306 BUSH STREET - TOLEDO, OH 43604	27-1052744	501C3	0.	33,431.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE ATHENS NURSES CLINIC 496 REESE STREET ATHENS, GA 30601	58-2490525	501C3	0.	83,460.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CENTER FOR COURAGEOUS KIDS 1501 BURNLEY RD SCOTTSVILLE, KY 42164	20-1789305	501C3	0.	7,511.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE CHILDREN'S CLINIC 2790 ATLANTIC AVENUE LONG BEACH, CA 90806	95-1643332	501C3	0.	16,562.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	47,399.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD ROAD CONCORD, NC 28025	58-2131301	501C3	0.	53,116.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE COMMUNITY FREE CLINIC OF NEWPORT - 727 25TH STREET - NEWPORT NEWS, VA 23607	27-3510814	501C3	0.	56,728.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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THE COPE CENTER, INC. 3686 US HWY 331 SOUTH DEFUNIAK SPRINGS, FL 32435	59-1469145	501C3	0.	58,542.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE DR. ALBERT B. CLEAGE, SR. MEMOR - 700 SEWARD - DETROIT, MI 48202	11-3754940	501C3	0.	109,954.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FINGER LAKES MIGRANT 14 MAIDEN LANE PENN YAN, NY 14527	16-1581104	501C3	0.	22,895.	WHOLESALE PRICE	PHARMACEUTICALS	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.	79,604.	PURCHASED 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.	14,144.	WHOLESALE PRICE	PHARMACEUTICALS EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501C3	0.	224,621.	ESTIMATED	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.	8,663.	WHOLESALE PRICE	PHARMACEUTICALS	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE GREAT PHYSICIAN'S PHARMACY 1925 W. MAIN DURANT, OK 74701	73-0768828	501C3	0.	58,132.	PURCHASED PRICE	PHARMACEUTICALS MEDICAL SUPPLIES,	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.	200,478.	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.	41,353.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE HOPE PROJECT 157 WALL STREET TENAHAN, TX 75974	32-0086739	501C3	0.	59,881.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	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.	106,054.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILMORE PHOENIX, AZ 85009	86-0839580	501C3	0.	5,675.	WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	76,114.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE PEOPLE'S CITY MISSION 401 N. 2ND STREET LINCOLN, NE 68508	26-3819766	501C3	0.	32,986.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE SALVATION ARMY, HOSPITALITY HOU - 423 CHAPALA STREET - SANTA BARBARA, CA 93101	94-1156347	501C3	0.	12,295.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
THE SAMARITAN CENTER 200 NW THIRD AVENUE VISALIA, CA 93291	90-0367099	501C3	0.	21,605.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	100,237.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES,	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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THOMAS E. LANGLEY MEDICAL CENTER 1425 SOUTH US 301 SUNTERVILLE, FL 33585	59-1664577	501C3	0.	101,595.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TOMAGWA HEALTHCARE MINISTRIES 455 SCHOOL STREET SUITE 30 TOMBALL, TX 77375	76-02880324	501C3	0.	46,332.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TOWNHALL II MEDICAL CLINIC 155 NORTH WATER KENT, OH 44240	34-1091439	501C3	0.	11,155.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	26,795.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TREASURE COAST COMMUNITY HEALTH 12196 COUNTY ROAD 512 PELMSERE, FL 32948	59-3219191	501C3	0.	79,916.	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.	29,597.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRI-AREA COMMUNITY HEALTH 14558 DANVILLE PIKE LAUREL FORK, VA 24352	54-1112330	501C3	0.	12,379.	PURCHASED PRICE 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.	85,378.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	339,426.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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TRINITY CLINIC OF CALVIN 507 4TH STREET CALVIN, OK 74531	62-0535346	501C3	0.	27,904.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRINITY FREE CLINIC 1045 WEST 146TH STREET, SUITE B CARMEL, IN 46032	35-2120420	501C3	0.	10,184.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TRROUP CARES CLINIC 301 MEDICAL DR., SUITE 501 LAGRANGE, GA 30240-4144	20-8176300	501C3	0.	181,874.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
TULARE COUNTY HEALTH 5957 S. MOONEY BLVD. VISALIA, CA 93277	94-6000545	GOVERNMENT ENTIT	0.	5,212.	PURCHASED PRICE 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.	27,453.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE 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.	184,268.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE 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.	20,909.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE 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.	148,697.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNITED AMERICAN INDIAN INVOLVEMENT 1125 W. SIXTH STREET, STE. 103 LOS ANGELES, CA 90017	95-2917933	501C3	0.	12,750.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

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
UNITED NEIGHBORHOOD HEALTH SERVICES - 617 S. EIGHTH STREET - NASHVILLE, TN 37206	62-1032792	501C3	0.	177,700.	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.	374,809.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY COMMUNITY HEALTH 601 BENTON AVENUE NASHVILLE, TN 37204	62-1438461	501C3	0.	13,779.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UNIVERSITY OF MIAMI 1601 NW 12TH AVENUE MIAMI, FL 33136	59-0624458	501C3	0.	34,423.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
UPPER VALLEY COMMUNITY HEALTH SERVI - 20 NORTH 3RD EAST - SAINT ANTHONY, ID 83445	82-0527562	501C3	0.	732,044.	PURCHASED PRICE ESTIMATED WHOLESALE 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.	267,324.	PURCHASED PRICE ESTIMATED WHOLESALE 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.	60,352.	PURCHASED PRICE ESTIMATED WHOLESALE 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.	207,192.	PURCHASED PRICE ESTIMATED WHOLESALE 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.	74,688.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

(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
VENICE FAMILY CLINIC 604 ROSE AVENUE VENICE, CA 90291	95-2769412	501C3	0.	845,857.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VERNON J. HARRIS EAST END CHC 2025 E. MAIN STREET RICHMOND, VA 23223	54-1884190	501C3	0.	24,947.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VISITING NURSE ASSOCIATION 1301 MAIN STREET ASBURY PARK, NJ 07712	22-3321236	501C3	0.	5,010.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VISTA COMMUNITY HEALTH CENTER 14117 HUBBARD STREET, SUITE M SYLMAR, CA 91342	45-4642549	501C3	0.	76,841.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	189,375.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501C3	0.	21,702.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	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.	12,132.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 190 N PENNSYLVANIA AVE WILKES BARRE, PA 18702	20-3531527	501C3	0.	22,212.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE 1039 SOUTH DUCHESSNE ST. CHARLES, MO 63301	43-1791543	501C3	0.	12,715.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS IN MEDICINE 41 EAST DUVAL STREET JACKSONVILLE, FL 32202	75-3002172	501C3	0.	70,470.	ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	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.	172,953.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
VOLUNTEERS IN MEDICINE WEST COUNTY, - 14395 MANCHESTER ROAD - MANCHESTER, MO 63011	27-5088124	501C3	0.	6,052.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WALDEN HOUSE/HAIGHT ASHBURY FREE CL - 1735 MISSION STREET - SAN FRANCISCO, CA 94103	94-6129071	501C3	0.	18,191.	WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WATERTOWN AREA CARES CLINIC, INC. 415 SOUTH 8TH STREET WATERTOWN, WI 53094	39-1971262	501C3	0.	5,232.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WATTS HEALTHCARE CORPORATION 10300 COMPTON AVENUE LOS ANGELES, CA 90002	75-3046480	501C3	0.	9,460.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLSPACE POINTE 1107 E. MARSHALL AVENUE LONGVIEW, TX 75601	75-2723993	501C3	0.	75,582.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WELLSPACE HEALTH 1820 J STREET SACRAMENTO, CA 95811	94-1713704	501C3	0.	66,281.	WHOLESALE PRICE	PHARMACEUTICALS 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.	54,599.	ESTIMATED WHOLESALE PRICE	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

(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
WEST VIRGINIA HEALTH RIGHT 1520 WASHINGTON STREET E. CHARLESTON, WV 25311	31-1065881	501C3	0.	293,532.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTERN SIERRA MEDICAL CLINIC 209 NEVADA STREET DOWNTIEVILLE, CA 95936	94-2279011	501C3	0.	31,696.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTERN TIDEWATER FREE CLINIC 2019 MEADE PARKWAY SUFFOLK, VA 23434	26-3302837	501C3	0.	6,480.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTMINSTER FREE CLINIC 2103 MONTROSE AVENUE, STE. E MONTROSE, CA 91020	77-0563241	501C3	0.	47,653.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405	95-2931931	501C3	0.	85,506.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WESTSIDE NEIGHBORHOOD CLINIC 2125 SANTA FE AVENUE LONG BEACH, CA 90810	95-2973364	501C3	0.	17,863.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHATLEY HEALTH SERVICES, INC. 2731 M. L. KING, JR. BLVD TUSCALOOSA, AL 35401	63-0722781	501C3	0.	117,456.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHEELING HEALTH RIGHT 61-29TH STREET WHEELING, WV 26003	31-1144085	501C3	0.	145,398.	ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WHITE BIRD MEDICAL CLINIC 341 E. 12TH AVENUE EUGENE, OR 97401	93-0585814	501C3	0.	52,409.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLBRIDGE OF SANTA BARBARA 2904 STATE STREET, SUITE A SANTA BARBARA, CA 93105	57-1194195	501c3	0.	13,170.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	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.	14,362.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE EQUIPMENT	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WIRT COUNTY 483 COURT STREET ELIZABETH, WV 26143	31-09442184	501c3	0.	5,720.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
WOMEN'S HEALTH CONNECTION 205 EAST BRAZOS PALESTINE, TX 75801	20-0776090	501c3	0.	101,630.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
YORK COUNTY COMMUNITY ACTION 15 OAK STREET, SUITE 201 SPRINGVALE, ME 04083	01-6020406	501c3	0.	11,908.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES, EQUIPMENT	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
YOUNGSTOWN COMMUNITY HEALTH CENTER 726 WICK AVENUE YOUNGSTOWN, OH 44505	34-1609341	501c3	0.	7,113.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES,	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.	195,775.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS
ZUFALL HEALTH CENTER 18 WEST BLACKWELL DOVER, NJ 07801	22-3125397	501c3	0.	23,579.	PURCHASED PRICE ESTIMATED WHOLESALE PRICE SUPPLIES.	PHARMACEUTICALS MEDICAL SUPPLIES.	SUPPORT TO US CLINICS & HEALTH CENTERS FOR LOW-INCOME, UNINSURED PATIENTS

Individual

Grants and Other Assistance to Individuals
Part III can be duplicated if additional space

(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.	1	9,569.	0.		

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RIGHT TO AND DUES PAYABLE SITE VISITS TO GRANTEES TO ENSURE COMPLIANCE

WITH THE PROJECT PROPOSAL; THIS IS ESPECIALLY THE CASE WHEN IT COMES TO THE

Part IV Supplemental Information

MONITORING OF OUR SUPPORT OF GRANTEES IN EMERGENCY RESPONSE SITUATIONS.

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" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Part I Questions Regarding Compensation

- | Line | Yes | No |
|---|-----|----|
| 1a | | |
| 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 | | |
| <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) | | |
| 1b | | |
| If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | |
| 2 | | |
| Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | | |
| 3 | | |
| Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III | | |
| <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study
<input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee | | |
| 4 | | |
| During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| 4a | | X |
| 4b | | X |
| 4c | | X |
| 5 | | |
| For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| 5a | | X |
| 5b | | X |
| 6 | | |
| For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 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 | | |
| 8 | | |
| Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | | |
| 9 | | |
| If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | |

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

Schedule J (Form 990) 2013

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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).

Note: The sum of columns 10A (a) through 10C listed individual amounts should equal column 10D.

Part III **Supplemental Information**

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

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	61	420,619.	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	977	429,862,995.	EST. WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (MISC SUPPLIES)	X	8	13,384.	FMV
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

0

- 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 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?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
- 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) (2013)

Part II

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

SCHEDULE 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

DIRECT RELIEF

Employer identification number

95-1831116

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

EXPLANATION: 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:

EXPLANATION: WITHIN THIRTY (30) DAYS OF THE BEGINNING OF EACH FISCAL YEAR,

ALL DIRECTORS, OFFICERS AND BOARD COMMITTEE MEMBERS MUST COMPLETE A

DISCLOSURE FORM REGARDING POSSIBLE CONFLICTS OF INTEREST. DISCLOSURE IS

ALSO REQUIRED OF A DIRECTOR, OFFICER, EMPLOYEE AND BOARD COMMITTEE MEMBER

AT ANY TIME WHEN THE INTEREST OF SUCH PERSON (OR MEMBER OF HIS OR HER

FAMILY) COULD AFFECT THE ACTIVITIES, PROPERTY, EMPLOYEES, OR SERVICES OF

DIRECT RELIEF, OR INVOLVES ANY POTENTIAL CONFLICT OF INTEREST AS MORE

SPECIFICALLY DEFINED IN DIRECT RELIEF'S CONFLICT OF INTEREST POLICY.

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

OF INTEREST OR POTENTIAL CONFLICT OF INTEREST IN A PROPOSED TRANSACTION,

THAT INDIVIDUAL SHALL RECUSE HIMSELF OR HERSELF (I.E., LEAVE THE ROOM), AND

SHALL NOT PARTICIPATE IN THE DELIBERATION ON THE MERITS OF THE PROPOSAL OR

THE VOTE. IN ALL CASES, THE EXISTENCE AND NATURE OF THE RELATIONSHIP OR THE

CONFLICT OF INTEREST DISCLOSED, THE INTERESTED PERSON'S RECUSAL, AND THE

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

EXPLANATION: 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 FEBRUARY 2014.

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

EXPLANATION: DIRECT RELIEF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, COMPENSATION POLICY, DONATION POLICY, FINANCIAL STATEMENTS, AND FORM 990 (THE LATTER TWO GOING BACK TO FISCAL YEAR 2001) AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

Name of the organization

DIRECT RELIEF

Employer identification number

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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:EXPLANATION: 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, WIFORM 990, PART VII, SECTION A, LINE 1(A) AND SCHEDULE J, PART II:EXPLANATION: THE COMPENSATION REPORTED IS FOR THE CALENDAR YEAR 2013,IN LINE WITH THE FORM 990 REQUIREMENTS OF REPORTING COMPENSATION PAIDOR EARNED FOR THE CALENDAR YEAR ENDING WITH OR WITHIN THEORGANIZATION'S TAX YEAR.STAFF COMPENSATION IS GOVERNED BY ORGANIZATIONAL POLICY, AVAILABLE FORREFERENCE ON OUR WEBSITE AT(HTTP://WWW.DIRECTRELIEF.ORG/ABOUT/FINANCE/COMPENSATION/)EXECUTIVE STAFF (CEO, COO/CFO) COMPENSATION IS DETERMINED SOLELY BY THEBOARD OF DIRECTORS. 100% OF THE CEO'S COMPENSATION WAS PAID FROM FUNDSPROVIDED BY THE DIRECT RELIEF FOUNDATION.FORM 990, PART VIII, LINE 1G - VALUATION OF IN-KIND RESOURCESEXPLANATION: DIRECT RELIEF IS THE ONLY NONPROFIT HUMANITARIAN AIDORGANIZATION IN THE UNITED STATES LICENSED TO DISTRIBUTE PHARMACEUTICALPRODUCTS IN ALL 50 U.S. STATES, AS WELL AS THE FIRST AND ONLY NONPROFITHUMANITARIAN AID ORGANIZATION IN THE U.S. TO BE DESIGNATED AS AVERIFIED-ACCREDITED WHOLESALE DISTRIBUTOR BY THE NATIONAL ASSOCIATIONOF BOARDS OF PHARMACY. DIRECT RELIEF IS AMONG THE LARGEST-VOLUME332212
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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.

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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 HEALTH ACCESS INITIATIVE) FOR A PARTICULAR DRUG, OR

OTHER SUCH REASONABLE BASES.

FOR MEDICAL SUPPLIES AND EQUIPMENT, THE ORGANIZATION DETERMINES

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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 INrecognition OF THE CONFUSION

THAT CAN ARISE WITH REGARD TO THE VALUE OF CONTRIBUTED GOODS AND

SERVICES.

ONE SOURCE OF CONFUSION STEMS FROM THE SIGNIFICANT PRICING (AND

THEREFORE VALUATION) DIFFERENCES THAT EXIST IN DIFFERENT PARTS OF THE

WORLD FOR SIMILAR PRODUCTS. WITH REGARD TO PHARMACEUTICAL PRODUCTS,

SIGNIFICANT DIFFERENCES EXIST BETWEEN A BRANDED DRUG AND A GENERIC

EQUIVALENT FORMULATION EVEN WITHIN THE SAME MARKET, INCLUDING THE U.S.

BECAUSE DIRECT RELIEF OPERATES ON A GLOBAL SCALE, SUCH DIFFERENCES MUST

BE CONSIDERED AND REFLECTED IN THE ACCOUNTING AND REPORTING OF

CONTRIBUTIONS.

OF COURSE, SIMILAR PRICING AND VALUATION DIFFERENCES ALSO EXIST FOR

OTHER COMMODITIES AND SERVICES BEYOND PHARMACEUTICALS. IN THE U.S., FOR

EXAMPLE, THE COMMODITY OF WATER MAY BE THE EASIEST EXAMPLE, SINCE THE

PRICE THAT IS PAID FOR THE SAME COMPOUND, H₂O, RANGES FROM FREE IN A

PUBLIC TAP TO SEVERAL DOLLARS FOR A "BRANDED" EQUIVALENT BOTTLED

QUANTITY IN A HOTEL ROOM. BUT SIMILAR PRICING DIFFERENCES EXIST FOR

SERVICES AS WELL. THE OUTSOURCING AND OFF-SHORING PHENOMENA REFLECT

THAT EVEN HIGHLY SKILLED SERVICES--SURGERY, COMPUTER PROGRAMMING,

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RESEARCH CONDUCTED BY PH.D.S--ARE DONE AT VASTLY DIFFERENT PRICES IN

DIFFERENT COUNTRIES.

DIRECT RELIEF'S INTERNAL PROCESSES, INFORMATION SYSTEMS, AND PUBLIC

DISCLOSURES ENSURE THAT THESE DISTINCTIONS ARE CLEARLY DOCUMENTED AND

THAT THE ORGANIZATION'S FINANCIAL REPORTING PRECISELY AND ACCURATELY

REFLECTS THE FAIR MARKET VALUE OF THE SPECIFIC ITEMS RECEIVED THROUGH

DONATION.

IF A LOW-COST GENERIC MEDICATION IS RECEIVED THROUGH DONATION, ITS

VALUE IS PROPERLY RECORDED AS THAT OF THE GENERIC MEDICATION. IF A MORE

EXPENSIVE BRANDED PRODUCT IS RECEIVED THROUGH DONATION, ITS VALUE IS

SIMILARLY PROPERLY RECORDED AS THAT OF A BRANDED PRODUCT.

AS NOTED ABOVE, DIRECT RELIEF HAS LONG SOUGHT THE CONTRIBUTION OF

NEEDED GOODS AND SERVICES TO USE FOR HUMANITARIAN PURPOSES BECAUSE OF

THE EFFICIENCIES AND OTHER BENEFITS THAT RESULT. THE ORGANIZATION AND,

MORE IMPORTANTLY, THE PEOPLE IT SERVES, BENEFIT FROM THE LOWEST-COST,

MOST EFFICIENT USE OF RESOURCES. SO TOO DO FINANCIAL CONTRIBUTORS,

SINCE THEIR FINANCIAL CONTRIBUTIONS ARE NOT BEING USED TO PURCHASE

GOODS OR SERVICES THAT CAN BE OBTAINED DIRECTLY THROUGH DONATIONS.

THEREFORE, WHEN IT COMES TO ACCOUNTING FOR, DOCUMENTING, AND REPORTING

ANY CONTRIBUTIONS, IT IS VERY IMPORTANT THAT WE GET IT RIGHT.

A STRONG INCENTIVE EXISTS TO USE HIGHER VALUATION SOURCES, SUCH AS

RETAIL PRICES, OR USE BRANDED PRODUCT VALUES FOR GENERIC DONATIONS.

HOWEVER, WE BELIEVE THAT A CONSERVATIVE APPROACH PROVIDES THE MOST

ACCURATE, EASY-TO-UNDERSTAND BASIS AND IS BEST TO INSTILL PUBLIC

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CONFIDENCE IN OUR FINANCIAL REPORTING.

FORM 990, PART IX, LINE 24A:

EXPLANATION: THE \$25,197,664 INVENTORY ADJUSTMENT WAS DUE TO THE
REQUIRED DESTRUCTION OF EXPIRED DONATED PRODUCT.

FORM 990, PART X, LINE 15, OTHER ASSETS:

EXPLANATION: DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM DIRECT
RELIEF FOUNDATION ON A MONTHLY BASIS. THE BALANCE DUE AS OF JUNE 30,
2014 CONSISTS OF THE FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A) 1,768,157

CURRENT YEAR APPROVED TRANSFERS 1,724,052

ACTUAL TRANSFERS TAKEN (1,428,221)

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2014 \$ 2,063,988

(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, CHANGES IN NET ASSETS:

NET TRANSFERS FROM DIRECT RELIEF FOUNDATION FEIN 20-5983698 947,683.

TRANSFERS TO DIRECT RELIEF INTERNATIONAL SOUTH AFRICA -111,012.

TOTAL TO FORM 990, PART XI, LINE 9 836,671.

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

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

CURRENT YEAR APPROVED TRANSFERS FROM FOUNDATION (A)	1,724,052
BEQUESTS/OTHER ASSETS TRANSFERRED TO FOUNDATION (B)	(1,022,450)
ACCRUED BEQUESTS/OTHER ASSETS RECEIVABLE (B)	246,081
<hr/>	
	\$ 947,683

(A) DIRECT RELIEF FOUNDATION MAINTAINS CUSTODY OF THE BOARD RESTRICTED
INVESTMENT FUND (BRIF), WHICH IS A BOARD DESIGNATED ENDOWMENT. DIRECT
RELIEF FOUNDATION WAS FORMED AS A SUPPORTING ORGANIZATION OF DIRECT
RELIEF. THE FOUNDATION IS ORGANIZED TO OPERATE SOLELY AND EXCLUSIVELY
TO SUPPORT, BENEFIT, OR CARRY OUT THE PURPOSES OF DIRECT RELIEF.

THE PURPOSE OF THE BRIF IS TO PROVIDE A RESERVE FOR CURRENT AND FUTURE
OPERATIONS OF DIRECT RELIEF. THE BRIF ALSO PROVIDES FUNDING TO PAY FOR
ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AND SOME MANAGEMENT AND
GENERAL EXPENSES. FOR THE YEAR ENDED JUNE 30, 2014, THE DIRECT RELIEF
FOUNDATION TRUSTEES APPROVED FOR THE BRIF TO PROVIDE FUNDS COVERING ALL
OF DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE
COMPENSATION OF THE CEO.

DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM THE FOUNDATION TO PAY
FOR THESE EXPENSES ON A MONTHLY BASIS.

(B) 100% OF BEQUESTS, IRREVOCABLE TRUSTS, INSURANCE POLICIES,

ANNUITIES, ETC., ARE TRANSFERRED TO THE DIRECT RELIEF FOUNDATION,

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UNLESS OTHERWISE SPECIFIED BY THE DONOR.

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

EXPLANATION: THE AMOUNT REPORTED REPRESENTS TRANSFERS TO DIRECT RELIEF

INTERNATIONAL SOUTH AFRICA, A SOUTH AFRICA CORPORATION THAT IS 100%

OWNED BY DIRECT RELIEF. THE TOTAL TRANSFERS TO DIRECT RELIEF

INTERNATIONAL SOUTH AFRICA FOR THE YEAR ENDED JUNE 30, 2014 WERE

\$110,012.

SCHEDULE B, PART II, COLUMN (D):

EXPLANATION: 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.

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

► Attach to Form 990. ► See separate instructions.

Inspection

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Identification of Related Tax-Exempt Organizations

Identification of Related Tax-Exempt Organizations Committee if the organization answered "Yes" on Form 990 Part IV Line 34 because it had one or more related tax-exempt organizations.

For Paperwork Reduction Act Notice see the Instructions for Form 890

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

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

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

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

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

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

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)

- f Dividends from related organization(s)
 - g Sale of assets to related organization(s)
 - h Purchase of assets from related organization(s)
 - i Exchange of assets with related organization(s)
 - j Lease of facilities, equipment, or other assets to related organization(s)
 - k Lease of facilities, equipment, or other assets from related organization(s)
 - l Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
 - p Reimbursement paid to related organization(s) for expenses
 - q Reimbursement paid by related organization(s) for expenses
 - r Other transfer of cash or property to related organization(s)
 - s Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a:s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIRECT RELIEF FOUNDATION - SEE PART VII	R	1,022,150 . CASH VALUE	
(2) DIRECT RELIEF FOUNDATION - SEE PART VII	S	1,428 ,221 . CASH VALUE	
(3) DIRECT RELIEF INTERNATIONAL SOUTH AFRICA - SEE PART VII	R	110 ,012 . CASH VALUE	
(4)			
(5)			
(6)			

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

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

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

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

EXPLANATION: FOR THE YEAR ENDED JUNE 30, 2014, THE TRUSTEES OF DIRECT
RELIEF FOUNDATION APPROVED TO PROVIDE FUNDS TO DIRECT RELIEF TO COVER
ALL OF DIRECT RELIEF'S FUNDRAISING EXPENSES AS WELL AS 100% OF THE
COMPENSATION OF THE CEO.

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 APPROVED THE DISTRIBUTION OF \$45,000 TO DIRECT
RELIEF FOR THE FISCAL YEAR ENDED JUNE 30, 2014.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

DIRECT RELIEF ACCRUES THE AMOUNTS RECEIVABLE FROM THE FOUNDATION ON A

MONTHLY BASIS. THE BALANCE DUE AS OF JUNE 30, 2014 CONSISTS OF THE

FOLLOWING:

PRIOR YEAR APPROVED TRANSFERS (A) 1,768,157

CURRENT YEAR APPROVED TRANSFERS 1,724,052

ACTUAL TRANSFERS TAKEN (1,428,221)

TOTAL AMOUNT RECEIVABLE AS OF JUNE 30, 2014 \$ 2,063,988

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

CARRIED FORWARD TO BE TAKEN IN FUTURE YEARS.

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

EXPLANATION: THE AMOUNT REPORTED REPRESENTS TRANSFERS TO DIRECT RELIEF

INTERNATIONAL SOUTH AFRICA, A SOUTH AFRICA CORPORATION THAT IS 100%

OWNED BY DIRECT RELIEF. THE TOTAL TRANSFERS TO DIRECT RELIEF

INTERNATIONAL SOUTH AFRICA FOR THE YEAR ENDED JUNE 30, 2014 WERE

\$110,012.